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The Therapeutic Use of Hope

Bonnie Lee Timmer Aardema

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THE THERAPEUTIC USE OF HOPE

by

Bonnie Lee Timmer Aardema

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
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THE THERAPEUTIC USE OF HOPE

Bonnie Lee Timmer Aardema, Ed.D.

Western Michigan University, 1984

Hope is a fundamental element of human behavior which activates, shapes, and sustains psychological development. The literature presents hope as a significant nonspecific factor in psychotherapy; however, the specific use of hope is not examined. There has been little exploration or specification of the characteristics, dynamics, and effects of hoping on individual psychology. The author examines hope as a psychological construct and presents a theory of hope development, loss, and distortion, and a model is presented for the therapeutic use of hope in counseling and psychotherapy.

The author draws from the philosophical, eschatological, and psychological literature concepts regarding the characteristics and functions of hope. Theoretical formulations are given to describe hope development in accordance with each developmental era and the accompanying tasks as conceptualized in selected object relations and constructive-developmental theories. The possible cause and effect patterns of hope loss and distortion are examined within the context of the developmental eras, with particular attention given to the development of depression. A model for the assessment of hope functioning in counseling and therapy clients is provided.
A model for the therapeutic use of hope in therapy is presented as a conceptual tool for practitioners. The model provides a framework for understanding client hoping behavior and for determining means of engendering and therapeutically using hope to effect client change. The principles of the model are first described for the general therapy process, then for therapy conceptualized as a developmental process. Third, the model is applied to client hope loss and distortion patterns in terms of unique developmental disturbances.

Finally, the theory and model are evaluated using selected standard criteria. The theory and model for the therapeutic use of hope offer a conceptual framework for understanding client hope disturbances and providing treatment factors for the engendering and therapeutic use of hope as it is considered to be a significant factor in psychological growth and change.
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ACKNOWLEDGMENTS

This research has been a journey in professional and personal growth. I am grateful to the writers whose work has expanded my thinking, and the clients who have taught me of their hope and despair. I hope in some measure this research will contribute to the growth of others.

I wish to thank Dr. Edward L. Trembley, my chairperson. With his excellent advisement, I have been able to clarify and refine my ideas into presentable form. His interest and assistance in this research has stimulated its beginning and made possible its completion. I am grateful to Doctors Robert Betz and Frank Gross, my dissertation committee members, for their expertise and interest in this research.

I am grateful to my husband, Bob, who has supported my efforts throughout my years of graduate studies. His confidence in me and his kindly tolerance of the stresses and strains inherent in sharing my endeavors are greatly appreciated.

I especially wish to thank my children, Mike and Andy. They have taught me many valuable lessons about growing and have given me generously of their love and hope. I look forward to their welcome as I emerge from my embeddedness at the completion of this final step in my formal studies.

Bonnie Lee Timmer Aardema
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CHAPTER I

INTRODUCTION

Statement of the Problem

The purpose of this study is to present a theoretical formulation of the characteristics and effects of human hoping in the process of psychological development and change, and to present a model for the therapeutic use of hope in counseling and psychotherapy. This research is concerned with hoping, which is considered to be a process of subjective cognitive and affective experiences.

The study will (a), provide a basis for a theoretical understanding of the function of hope in human behavior, its development and change by drawing on selected philosophical and psychological literature; (b) examine the dynamics of hoping in the process of psychotherapy; and (c) present a model for the therapeutic use of hope in psychotherapy and counseling.

Significance of the Problem

Hope is a fundamental element of human behavior which gives force, shape and direction to the process of psychological development and change. Since psychotherapy and counseling aid individuals in the process of development and change, it is vitally important that there be an understanding of the function of hope in human behavior. The significance of hope is acknowledged throughout the literature. However,
such references state only that hope is of major importance to people; there is little attempt to specify the characteristics, functions, and effects of hoping. As yet, we have no formally established psychology of hope.

A need for theoretical formulations regarding hope is of particular importance in the field of psychotherapy since a large proportion of the therapist's client population features hopelessness as part of their concerns. Clients seeking help for depression frequently complain directly of feelings of hopelessness and despair. Moreover, a lack of hope is evident in most neurotic disorders in that such clients seem unable or unwilling to see for themselves alternative possibilities of behaving and living. In effect, they experience a sense of hopelessness in their neurotic entrapments of self-defeating, repetitive behavior. The therapist's attention is sharply drawn to the lack of hope manifested by many of her/his clients, thus emphasizing the need for a more careful understanding of what hope is, how it develops normally and goes awry, and how one might engender it in counseling and psychotherapy.

In addition to the importance of the therapist's understanding human hope in client behavior, therapists need to conceptualize how to treat persons who are experiencing hopelessness. Though the psychological literature contains references to the importance of hope as an element in successful therapy, hope remains one of the non-specific factors that occur in therapy. Practitioners are expected to know about hope and to use it therapeutically either naturally or by accident (Frank, 1961,
Like other non-specific factors, hope is not easily quantified. This has undoubtedly led to a lack of investigation of hope by counselors and psychologists because of the traditional scientific research focus on measurement and observable behavior. However, as a consequence, psychotherapists and counselors are left without any model of the therapeutic use of hope with which to approach and understand the function of hope in the process of therapy and counseling.

Parameters of the Concept of Hope

The subject matter of this research is a subjective experience referred to as hope. Hope is an internal psychological process involving constant movement (Lynch, 1965; Marcel, 1978) and is not to be construed as a static state. Thus, the more accurate term, hoping, will be used extensively to convey the process nature of hope.

Hoping is focused toward the future. As such, it is both expectational and active in nature. These aspects include both cognitive and affective experiences concerned with the continuous prospect of engaging the conflict between the limits and possibilities of one's self, others, and the world. The conflict between life's limits and life's possibilities is one which confronts us as long as we are living. The hoping person actively faces this prospect of conflict and engages in a number of activities regarding possibilities such as imagining, considering, and approaching the existence of future possibilities. These activities will be explored as part of the nature of hoping.
There is also an aspect of hoping which is relational. Though hoping is subjective, it is also intersubjective (Marcel, 1978). One person's hoping can be stimulated, shaped, maintained, shared, or disrupted by another person or persons. The ability to have hope in someone or something is a condition which permits extending beyond the limits of one's self. The relational aspect of hoping will be examined particularly as it relates to the development of hoping in the course of an individual's life, and also as it relates to the therapist's potential for influencing client hoping.

There are a variety of kinds and levels of hoping. Some authors have used a continuum to conceptualize hoping as it varies from the most basic or simple form to one which is much more complex (Marcel, 1978; Schachtel, 1959). This research will discuss several kinds of hoping such as specific, magical, and unrealistic hope (Davies, 1979; Fitzgerald, 1979; Schachtel, 1959) which are considered to be at the lower end of the continuum, as well as those at the upper end of the continuum: realistic, fundamental, and transcendant hope (Davies, 1979; Fitzgerald, 1979; Lynch, 1965; Marcel, 1978; Schachtel, 1959).

Hoping is understood to be an inherent human capacity (Fitzgerald, 1979; Fromm, 1968; Lynch, 1965; Marcel, 1978) which is shaped by early life experiences. The development of hoping continues throughout one's life. As part of this process, the individual develops a hoping set, or process pattern, which guides the hoping behavior. The hoping set may restrict or limit a person's hoping to only certain kinds, certain levels of intensity, or indeed affect whether one tends more toward
despairing or toward hoping. As with other learned behavioral sets, given the right circumstances and experiences, the structure of the set itself can be altered. Therapy has a potential for altering the structure of the client's hoping set. Such changes enable the client to find a quite different way of facing the paradoxes of limits versus possibilities in the course of future experiences. This permits change which extends beyond the specific conflict which instigated therapy. In this research, the author will address the significance and the use of hope in the therapeutic healing process.

Those factors which influence the growth, development, and distortion of hoping which will be examined include: relationships with significant others particularly in terms of object constancy, relating, and usage; circumstances and life events/experiences which confront the individual with change, and the dynamics of the personal meaning-making process.

In summary, hoping is understood to be intrinsic to an individual's movement and struggle through the life process in which there is constant confrontation with the issues of personal and world limits and possibilities. The nature of the process of hoping will be explored including the expectational, active, and relational aspects. The development of hoping and of hoping sets will be examined as well as those factors which influence the growth and change of hoping. Particular focus will be given to the therapeutic use of hope in the therapy and counseling process.
Theoretical Formulations Methods

The purpose of this research is to formulate and present a theoretical understanding of the nature of human hope and its use in psychotherapy. To accomplish this purpose, four general analytic research methods will be employed. Each method will be used in the three substantive chapters of the research; namely, the literature review, the theoretical formulations, the model for the use of hope in therapy. The four methods are (a) identification and categorization, (b) description, (c) synthesis, and (d) integration.

Identification and Categorization

The research will identify and categorize information from the review of relevant literature and the writer's observations which pertain to the nature, development, distortion and therapeutic use of hope. Of particular interest will be the identification and categorization of various notions of the development and distortion of hope throughout the life cycle. Object relations (Erikson, 1963, 1980, 1982; Fairbairn, 1952; Guntrip, 1969, 1973; Klein, 1932, 1952; Mahler, 1968, 1975; Winnicott, 1958, 1965) and developmental-constructive (Kegan, 1982) theories will provide the basis for the identification and categorization work.

Description

A large portion of the research that follows is descriptive of how it is thought that the psychological construct of hope develops,
is maintained and becomes distorted. Descriptions from the observations of various theorists and of the writer regarding the dynamics of distorted hope as frequently seen in adult clients, especially those who complain of depression, will be presented (Arieti α Bemporad, 1978; Kegan, 1982; Guntrip, 1969; Winnicott, 1965).

Synthesis

Beginning with a review of selected counseling, psychotherapy and philosophical literature, the writer will select and combine conceptual definitions and statements about hope, its characteristics, development, distortion and use in therapy. These notions will then be integrated with the writer's notions regarding therapy. A major aspect of any theoretical research is to discover, extract and synthesize ideas and research findings existent in the literature and the theorist's experience.

The psychological literature will include a presentation of the major ideas regarding the enterprise of human hoping as presented by several authors (Beavers κ Kaslow, 1981; Erikson, 1963, 1980, 1982; Fitzgerald, 1979; Frank, 1961, 1965; French, 1952, 1958; Menninger, 1942, 1959; Rabkin, 1977; Schachtel, 1959; Stotland, 1969). Hope per se is not a topic that heretofore has received much attention in the counseling and psychology literature. Typically no distinctions are made with regard to the various types and functions of hope, but rather most references assume hope has the same meaning and function regardless of context. Therefore the psychological literature leaves
the reader unclear with often contradictory statements. This study will select and combine from the various sources a set of conceptual definitions and statements which, in addition to the writer's experience, will clarify the nature, distortion and therapeutic use of hope.

The subject of human hoping has been given more extensive treatment in the philosophical literature. A review of selected philosophical authors on the subject of hope is appropriate both because of their more extensive analysis of hoping, and because any psychological or counseling theory is based on a philosophical understanding of the nature of man and human behavior. The primary authors to be reviewed are: Bloch, 1954; Fitzgerald, 1979; Fromm, 1968; Lynch, 1965; and Marcel, 1978.

Integration

The final methodological step in this research is the integration of ideas about hope from the work of other theorists and from the writer's experience into a model instructive to therapists and counselors who work with clients presenting hope-related concerns. To treat any psychological concern requires that it be understood (diagnosed) and that relevant therapy procedures be planned and implemented. The model will offer guidelines for such treatment.
Definition of Terms

The following terms will be used throughout the research:

**Despair**: A process of surrendering one's self to limitations and negative expectations, focusing on negative judgments of past, present, and future realities, and a closing off of self from others.

**Hope**: An internal psychological process which involves both cognitive and affective behavior of imagining, considering, and acting toward possibilities; it is oriented toward future development; and it is relational in the object relations sense of the term relational.

**Hoping set**: The pattern of an individual's hoping which is engendered in infancy and both continues to develop and to be a factor in the development of an individual throughout life.

**Fundamental hope**: Hope which transcends all particular objects and is directed toward fulfillment and meaning; it contains all the elements of hope in their highest form (transcendent hope).

**Magical hope**: "The mere wistful expectation that somehow things will change for the better through the action of some external agency" (Davies, 1979, p. 31).

**Realistic hope**: Hope which is grounded in an understanding of the concrete conditions of life.

**Specific hope**: Hope which is attached to a specific object or outcome.

**Therapeutic hope**: Hope engendered in the relationship between counselor or therapist and client, which promotes client growth and change.
Organization of the Study

The remaining chapters of this study are organized in the following manner. Chapter II is a review of selected literature in accordance with the purposes and methods described in the previous section. Chapter III presents theoretical formulations regarding the development of hope, the loss and distortion of hope, and hope assessment. The development of hope, and the loss and distortion of hope are explored according to the developmental sequence and significant factors conceptualized in object relations theories and the constructive developmental theory reviewed in Chapter II. In the assessment portion of Chapter III, a method for assessing hope function, hope loss and distortion is presented. The relevant factors and parameters involved in hope assessment are explored. In Chapter IV, a theoretical model for the therapeutic use of hope is presented. The model makes use of the theoretical formulations presented in Chapter III, and explores the major phases and features of the use of hope in the therapy process. In Chapter V, the usefulness and limitations of the theory are discussed in light of established sets of criteria applicable to this type of theoretical endeavor.
CHAPTER II

REVIEW OF SELECTED LITERATURE

The Nature of Hope

This section will draw from the philosophical literature to provide a framework for understanding the nature of hope. The concepts of the nature of hope presented by the following authors will be briefly reviewed: Gabriel Marcel (1978; Nowotny, 1974), William F. Lynch (1965), Eric Fromm (1968), Ross Fitzgerald (1979a; 1979b), and Ernst Bloch (1954-1959, 1979; Hudson, 1979; Moltmann, 1979). It was necessary to draw from the philosophical literature since so little has been written in the psychological literature about the nature of hope. It was also appropriate since understanding the nature of hope requires viewing hope within the context of the nature of man and the human condition. All of the authors reviewed consider hope to be a vital aspect of human living.

Gabriel Marcel

The French philosopher Gabriel Marcel (1965, 1978; Nowotny, 1974) developed a metaphysics of hope. The major theme underlying his work is his concept of the nature of man as Homo Viator, or man as a wayfarer. For Marcel, this signified that human beings are in the process of becoming, and that life is a journey through which one develops or becomes. He described the human condition as being-on-the-way. The two major human characteristics which shape the journeying are the
search for meaning and the search for fulfillment. Marcel used the term fulfillment to mean development of the self, or one's potential, not in the sense of fulfillment of desires. In man's search for greater meaning and possibilities of fulfillment, man confronts and struggles with the limits posed by reality. Marcel described the struggle with limits as *experiencing captivity*.

Captivity can be any situation in which man experiences deprivation over a period of time, such as during sickness, separation from others, sterility, and ultimately the limit constituted by death. Thus, captivity is an experience in which one feels deprived of the possibility for finding greater meaning and fulfillment. The significance of the experience of captivity is that the individual faces the tendency to *despair*. For Marcel, despair is more than just a recognition of realistic limitations, it is a process the individual follows when a judgment is made that the limitations prevent the possibility of finding meaning and fulfillment. The process of despairing is one of the self turning against the self. "It is at bottom to renounce the idea of remaining oneself" (Marcel, 1978, p. 57). In other words, one cannot remain oneself if the essential characteristics of human journeying are surrendered. The despairing individual gives up, or denies, that he/she can find living to have meaning and possibility of fulfillment. Marcel considered it an essential characteristic of being human that limits and possibilities of reality are continually confronted as part of the search for meaning and fulfillment.
Marcel viewed hope as the driving force, that is, the motivation, behind man-the-wayfarer. Hoping man refuses to surrender to the temptation to despair. Hope is "to hold on and to keep a firm hold of oneself, that is to safeguard one's integrity" (Marcel, 1978, p. 38). Hope is not a matter of wishful thinking, or denial of limits and constraints. "Hope consists in putting forth a sort of interior activity" which searches for transcendence of the limits which jeopardize one's sense of meaning and fulfillment. To illustrate Marcel's concept of hope, he used the example of a man faced with an incurable illness. When the man learns of the illness, he may initially hope for recovery despite the fact that he knows the disease is incurable. When he recognizes there is no hope for recovery, he may become despairing, since he believes everything is lost if he does not recover. It is at this point the transcendent nature of hope can be illustrated.

From the moment when he will not only have recognized in an abstract manner, but understood in the depths of his being, that is to say, seen, that everything is not necessarily lost if there is no cure, it is more than likely that his inner attitude towards recovery or non-recovery will be radically changed; he will have regained the liberty, the faculty of relaxing. . . . (Marcel, 1978, p. 46)

The individual is then able to transcend the limits posed by the incurable illness in the sense that he can still find meaning and fulfillment in living; everything is not lost.

Hope motivates individuals toward continual reconciliation of those conflicts which challenge a sense of meaning and fulfillment. Through transcendence of these conflicts, the individual affirms the characteristic of being human which is to journey. For Marcel, being human
involves a consciousness of life as a process, or journey, in which human beings search for meaning and endeavor to develop their potential. Hope is the motivational force, an interior activity, which perpetuates the journeying.

Marcel described two sets of characteristics of hope. The first set of characteristics included humility, patience, nonacceptance and active waiting.

*Humility* is defined as an intellectual modesty. Marcel described humility as the refusal to make a fatalistic judgment when the individual faces adverse circumstances. Thus, the hoping individual has a humility which prevents presuming the right to make a judgment that there are no solutions, no possibilities for meaning and fulfillment.

*Nonacceptance.* In addition to the refusal of the right to make a fatalistic judgment, Marcel described the characteristic of nonacceptance to indicate hope is also active and positive. Nowotny (1979) quoted Marcel as follows:

> The refusal of fatalism becomes something active and positive, as if it pushed back certain limits, or as if it granted to certain favourable possibilities a vital space for development. (p. 56)

A nonacceptance of insolvency means to accept that possibilities exist. Creating a *vital space* for the development of possibilities implies the restructuring of one's view which is more than just acknowledging possibilities may exist—it is also to make room for them in one's imagining, thinking, and doing. Marcel indicated nonacceptance is not only characteristic of hope with regard to a particular life episode. In a broader perspective, nonacceptance is characteristic of hope's stance.
toward the life process which Marcel considered analogous to a trial.

"Hoping man adapts himself to the rhythm of the trial and treats it as an integral part of himself" (Nowotny, 1979, p. 56).

Patience. This term was described as the characteristic manner in which the hoping person regards the duration of time.

The hoping man does not try to alter time's duration: he puts his confidence in a certain process of maturation in the temporal order, believing that reality is such that growth and development are possible. (Nowotny, 1979, p. 56)

Patience means allowing time for the creative process of growth and development to work.

Active waiting. The characteristic of patience does not mean passivity. Hope involves an active waiting or state of expectancy which continues to imagine and act toward the possibilities in the future.

It is much more bound up with life and action than with passive expectation. Hope is an active waiting for a future that is open, and it helps to prepare that future in some way by its very expectation of it. (Nowotny, 1979, p. 57)

The second set of characteristics of hope which Marcel defined were called metaphysical characteristics. They include: trust in reality, prophetic character, quality of response, mutuality.

Trust in reality. Hope is to put one's trust in reality, a reality which contains a creative principle that allows for possibilities beyond the present facts, beyond the order of simple prediction. For Marcel, this trust in reality concerns the existence of possibilities beyond empirically testable experience, and a trust that one has a part in creating future possibilities for one's self.
**Prophetic character.** In contrast to despair, which Marcel said "encloses me within time as though the future, drained of its substance and its mystery, were no longer to be anything but the place of pure repetition" (Marcel, 1978, p. 60), hope pierces through time. He used the paradoxical phrase *memory of the future* to describe hope's prophetic character. The word *memory* implies something from the past. Marcel considered that the past experiences which are part of the memory aspect of this prophetic character are those experiences which held inner renewal, a transcendence of constraints, and the experience of reconciliation. Thus, the use of the term memory did not imply a repetition of the past in any specific form. Rather, the prophetic character of hope involves the imagining of future transcendence.

**Hope as a response.** Marcel related the notion of a creative power in reality with the concept of grace. Thus, he considered hope to be "a willed response to a reality which appears to it as 'gracious'" (Nowotny, 1979, p. 62). This is not meant in the way desire is described or in the sense of narcissism, rather Marcel understood hope to be connected to will and freedom. In contrast to a passive expectation of something desired, Marcel considered hope as "the prolongation into the unknown of an activity that is central - that is to say, rooted in being" (Marcel, 1966, p. 33). Thus hope is a willed response to the possibility of greater meaning and fulfillment.

**Mutuality.** Marcel regarded the relational character of hope, which he called its *intersubjective character*, as one of the most fundamental aspects of hope.
Hope is always in some way related to a 'thou'. In this it differs from desire, which is egocentric, and from despair, which cuts itself off from relationships with others. (Nowotny, 1979, p. 62)

Marcel believed that hope was impossible for the isolated consciousness.

The relational character of hope is one of mutuality.

Hope, therefore, seems to involve a spiritual bond in which there is mutual interaction: hope generates openness to others or communion with them; reciprocally, this communion itself generates a hope that keeps the soul in a sort of active readiness to believe, trust, take action, overcome despair. (Nowotny, 1979, p. 63)

The mutuality of hope can also foster creative development for those who share hope, for "experience undeniably shows that the hope we put in them (others) can help to transform them" (Marcel, 1963, p. 148).

Marcel stated the ultimate and authentic formula for hope is "I hope in thee for us" (Marcel, 1978, p. 60). Hope is connected with love in that love is the ultimate mutuality or communion.

In thee-for us: between this 'thou' and this 'us' which only the most persistent reflection can finally discover in the act of hope, what is the vital link? Must we not reply that 'Thou' is in some way the guarantee of the union which holds us together, myself to myself, or the one to the other, or these beings to those other beings? More than a guarantee which secures or confirms from outside a union which already exists, it is the very cement which binds the whole into one. (Marcel, 1978, p. 60-61)

Marcel's description of the relational aspect of hope suggests hope extends beyond the self and concerns one's relationship to oneself, others, and one's world.

William F. Lynch

A major contributor in the study of hope is William F. Lynch, a priest, teacher of literature, and author. This review will draw
from his book, *Images of Hope* (Lynch, 1965). Lynch endeavored to relate his understanding of hope and hopelessness specifically to the condition and healing of the mentally ill. As a result, his work is not only significant in understanding the nature of hope, but also pertinent to developing concepts for the use of hope in psychotherapy.

For Lynch, transcendence is the foundation for viewing the human condition. He called this view "an organic, or structural, or integrated view of reality" (1965, p. 229). In contrast to Marcel, Lynch described reality as nonconflictual. Although within reality there are many opposites, which Lynch called *pairs*, such as "passivity and activity, dependence and independence, relationship and autonomy, love and hate" (1965, p. 230), these pairs of opposites are not truly in conflict. Rather, both elements of any pair exist because they are both necessary. The existence of one does not demand canceling out its opposite either in reality or psychologically. What is necessary is simultaneously to keep elements separate and put them together so that each has its distinct identity.

There are indeed thousands of conflicting wishes and possibilities in the heart, but that is not the same as saying that there is conflict at the heart of reality, and that there is no exit from this basic split. (1965, p. 231)

Lynch believed human conflict with reality stems from man's *absolutizing instinct*, which operates to view one side of a pair in an absolute form, which then makes it necessary to deny, reject, or cancel out the existence of its opposite. Thus, the absolutizing instinct would dictate that if one is to be good, one must be absolutely good, there can be no bad. If one is to be independent, no dependency can
be permitted. Absolutizing creates striving for what is impossible. It leads to hopeless struggles to find a "perfect" reality which cannot exist. It also causes conflict about those parts of self and world which are being canceled out.

Lynch then saw man as creating limits to his true potential, by tending to view the impossible as that which is necessary, and the possible as undesirable, or impossible via absolutizing. Those realities which are limited are construed to be limitless, in an effort to find what can only be found if the limits are accepted.

A second element in man's conflict with reality is "things which should have their own absolute identities, limits, boundaries, begin to dissolve and lose themselves in each other. Instead of helping to create and liberate each other, their movement is toward blurring and destroying each other" (1965, p. 81). For example, the pair of independence and dependence becomes entrapped in conflict by the blurring of the distinct meaning of each. It is only when each is accepted that interdependence is possible, which, in turn, liberates each part of the pair to be lived fully.

Thus with his nonconflictual reality, Lynch presented a hopeful view of reality itself. Difficulties stem primarily from man's lack of acceptance and use of what is, rather than reality being against the human condition.

Although the absolutizing instinct which leads to hopelessness is a part of the nature of man, Lynch also saw hoping as intrinsic to
human nature. "Hope comes close to being the very heart and center of a human being" (1965, p. 31). He defined hope:

... as the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out, that we as human persons can somehow handle and manage internal and external reality, that there are 'solutions' in the most ordinary biological and physiological sense of that word, that, above all, there are ways out of illness. (1965, p. 32)

As man finds himself continually confronted with realities which seem impossibly at odds, which seem to prevent him from living in meaningful and fulfilling ways, hope searches for a way out. That way out is found in transcending the perceived conflict and finding reconciliation, so that man can continue to move toward greater living of his potential.

Lynch understood hope as the basis for all of our doing, since "everything we do in life is based on the hope that doing will get us somewhere, though sometimes we know not where" (1965, p. 34). So hope keeps man doing and is always future focused. It keeps man making a constant decision to move into the future, and acting toward that future. Because the future cannot be known, hope "is something midway between knowledge and willing" (1965, p. 34). Man is able to move into the future because he imagines it is possible that something worthwhile will come of that very movement.

Central to Lynch's understanding of the nature of hope was the function of imagination. He saw imagination as "the gift that envisions what cannot yet be seen, the gift that constantly proposes to itself that the boundaries of the possible are wider than they seem" (1965, p. 35). When hoping becomes contaminated with hopelessness, imagination...
becomes limited. A person's focus turns to hopeless projects, and to endless repetitions of past patterns which are self-defeating and neurotic entrapments. The neurotic individual endeavors to solve problems by repeating the same destructive behavior patterns, unable to imagine any other view of the self or situation, or imagine any other pattern of behavior. Though it could be said the neurotic individual hopes, it is a contaminated form of hope since the imaginative nature of hope is limited to the destructive possibility.

In summary, Lynch presented a view of reality as nonconflictual and as not against living as fully human. Reality conflicts stem from man's absolutizing instinct and the blurring of boundaries of limits and possibilities. Hope draws and drives man forward, enabling reconciliation of conflicts through transcending obstacles to living fully. "Hope is indeed an arduous search for a future good of some kind that is realistically possible but not yet visible" (1965, p. 23). Imagination of possibilities is a central characteristic in the function of hope.

Erich Fromm

Erich Fromm (1968) addressed the nature of hope and its relevance to the human condition in his book, The Revolution of Hope. He presented a framework for understanding the human condition in a chapter entitled "What does it mean to be human?" Fromm specified several characteristics which distinguish humans from other creatures. Like Marcel and Lynch, Fromm suggested the term transcendence as the
underlying connection in these human characteristics. "Man is born as a freak of nature, being within nature and yet transcending it" (1968, p. 63). Of all the creatures, human beings have the least degree of instinctual determinism, and the greatest capabilities of consciousness. Man is "the only case of life being aware of itself" (1968, p. 71). The price of this condition of human awareness is insecurity. Man endeavors to find security, to find a way of being at home in a world which he also transcends. This being at home requires more than survival. Man "has passions which are specifically human and transcend the function of survival" (1968, p. 71). Being at home in the world also includes man's transcendence of his realities, a way which is being "at home without being imprisoned" (1968, p. 69). This is essentially a statement of the inherent conflicts man finds with the limits and possibilities which exist for human beings.

Fromm placed hope within a category of experiences unique to human beings which he termed humane experiences. He devoted a chapter to hope, in which he also included the human experiences of faith and fortitude as corollaries (Fromm, 1968). He viewed hope as "a psychic concomitant to life and growth" (p. 13). It is essential to living and growing in the sense of living as fully and uniquely human.

When hope has gone life has ended, actually or potentially. Hope is an intrinsic element of the structure of life, of the dynamic of man's spirit. (Fromm, 1968, p. 13)

In order to understand the true nature of hope, it is necessary to separate it from the disguised forms of hopelessness with which
hope is often confused. The primary distinction Fromm described was between true hope and a disguised form called passive hope. The passive waiting for something, whether the object be a fuller life, or deliverance, or liberation, or salvation, is not true hope by virtue of the passivity. It is also distinct from true hope in that passive hope empties the present of any significance, and in Fromm's terms, worships the future. By contrast, then, Fromm understood true hope to involve active waiting, and an approach to time which bridges the present and the future. "To hope is a state of being. It is an inner readiness, that of intense but not-yet-spent activeness" (1968, p. 12).

Fromm also separated out another form of disguised hopelessness which takes the disguise "of phrase making and adventurism, of disregard for reality, and of forcing what cannot be forced" (1968, p. 8). Here it is not passivity but a disregard for the limits of reality which marks the distinction.

Hope is paradoxical. It is neither passive waiting nor is it unrealistic forcing of circumstances that cannot occur. It is like the crouched tiger, which will jump only when the moment for jumping has come. Neither tired reformism nor pseudo-radical adventurism is an expression of hope. To hope means to be ready at every moment for that which is not yet born, and yet not become desperate if there is no birth in our lifetime. (Fromm, 1968, p. 9)

It is the nature of hope to keep man moving toward growth and transcendence.

Hope and faith, being essential qualities of life, are by their very nature moving in the direction of transcending the status quo, individually and socially. It is one of the qualities of all life that it is in a constant process of change and never remains the same at any given moment. (Fromm, 1968, p. 16)
Therefore, the alternative to growth and transcendence is stagnation, decay, and death. Hoping is synonymous with life, growth and transcendence in the constant process of change which is part of the reality of life.

Fromm's framework regarding the nature of hope included the notion that hope is the internal cognitive and affective state of being which keeps man focused on and acting toward growth and transcendence. Hope is also based in the realities of man's limits and his transcendence. Hope keeps man growing toward "a higher form of feeling at home in the world", one in which "not only his intellect develops, but also his capacity to feel related without submitting, at home without being imprisoned, intimate without being stifled" (1968, p. 69).

Ross Fitzgerald

Fitzgerald is an Australian social philosopher. He wrote about the nature of hope as inherently connected with meaning and transcendence. In his book, The Sources of Hope (Fitzgerald, 1979a), he wrote a chapter entitled "Hope, meaning and transcendence of the 'self'" (Fitzgerald, 1979b). He made a distinction between particular hope and fundamental hope. It is the nature of fundamental hope which he addressed in relation to meaning and transcendence.

This is because hope is intimately connected with questions of meaning(s) and values. Here I am not referring to particular hopes ('I hope it rains', 'I hope he comes') whose non-realization is not a matter of crucial importance, but to fundamental hope (hope about our existence and the world) which makes an ultimate difference with regard to human life. Fundamental hope is about human and cosmic possibility; it involves questions of personal or social 'salvation'; put metaphorically, hope is a way out of
the darkness in which we find, or may find, ourselves.
(Fitzgerald, 1979b, p. 244)

Fitzgerald understood fundamental hope to involve a state of being, or an internal psychological stance. He emphasized that this internal stance is intimately connected with the human process of meaning making. He contrasted fundamental hope with the notion of optimism.

Optimism is a subjective psychological state or disposition, while fundamental hope involves a stance or attitude to the world that confers meaning or meanings on, for example, human death, fallibility, temporality and suffering. Fundamental hope can be experienced/can be a stance adopted by a person of pessimistic disposition. One cannot ground one's life on optimism; one can on hope, precisely because hope involves the discovery that existence (one's own and the world's) has meaning or meanings. (Fitzgerald, 1979b, p. 245)

The concept of a connection between hope and meaning is shared by another Australian philosopher, Max Charlesworth (1979). He wrote:

Of course, the notions of meaning and hope are inextricably bound up with each other, for to say that human existence is meaningless is to say that it is hope-less. Again, if there is no ground of meaning—no ontological basis for the meaning with which we endow human existence—then equally human life will be hopeless, nothing more than 'a wishful projection into the void'. To discuss the meaning of existence is therefore also to discuss the basis or foundation of hope. (p. 168)

Fitzgerald described the contrast between fundamental hope and fundamental despair as essentially a contrast between meaning and meaninglessness.

In a state of fundamental despair life is futile, everything lacks meaning; that is to say is hopeless. For that is what fundamental despair involves - a loss of meaning and (therefore) of hope. (Fitzgerald, 1979b, p. 245)

Fitzgerald described the connection of hope and meaning making.

Individuals confer meanings through fundamental hope and find hope in the process of discovering the meanings which indwell in them.
It is my contention (supported I believe by 'ordinary' experience) that meaning and meanings indwell in us as human beings—as members of a species and as the unique persons we are—if only we can tune into ourselves and others and to the surrounding world. In this sense, while as conscious creatures we also confer meanings upon the world, human meanings and personal meanings are not created or invented, but discovered (that is, they are there). (Fitzgerald, 1979b, p. 248)

In stating that meanings are there to be discovered, Fitzgerald argued that reality and the nature of man hold inherent possibilities of meaning, rather than the notion held by some philosophers that there is no meaning. Personal meaning comes from fulfilling "the meaning-potential inherent in one's nonrepeatable life-situation and in one's 'authentic' self" (Fitzgerald, 1979b, p. 248).

Fitzgerald introduced transcendence as a necessary explanatory concept for the finding of meaning and hope. He emphasized the meaning of transcendence as going beyond, or responding to something beyond the isolated self. He apparently meant both a going beyond one's limits in terms of growth and creativity, and a sense of connection with others and the world.

The more a person transcends the false narcissistic self, the more human that person becomes. This is what the following, seemingly paradoxical statement means: (self) existence is authentic only to the extent to which it points to something that is not itself. It is only beyond the 'self' that hope lies and despair ends. (Fitzgerald, 1979b, p. 254)

In summary, Fitzgerald understood the nature of hope as a psychological stance which is connected with meaning and transcendence of the self. Fundamental hope involves both the process of striving for meaning(s) and the discovery of meaning. Meaning and hope are found
as one is able to transcend the isolated self and discover a relationship between self and world which offers meaning and purpose to existence.

**Ernst Bloch**

Ernst Bloch is internationally known as "the philosopher of hope" and his 1800-page exploration of hope, *The Principle of Hope* (1954-1959), is sometimes considered to be one of the major philosophical works of this century (Hudson, 1979). Since Bloch's book has not yet been translated into English, this review will rely on the analysis of Bloch's contributions provided by Wayne Hudson (1979), a specialist on Ernst Bloch, and Jurgen Moltmann (1979), a German theologian and author.

Bloch held an unprecedented view of the place of hope. "For Bloch, hope is not only psychological. It is a fundamental determination within reality in general" (Hudson, 1979, p. 145). In Bloch's words as translated by Hudson:

> Expectation, hope, intention to still unbecome possibility, is not only a fundamental characteristic of human consciousness. Concretely rectified and grasped, it is a fundamental determination within objective reality as a whole. (Hudson, 1979, p. 145)

For Bloch, as with other writers previously reviewed, hoping involves a way of being with regard to limits and possibilities. However, Bloch took a position which challenged the traditional meaning of limits and possibilities. He introduced a radical view of both reality and the dimension of time. Most approaches view what is possible, or what can be hoped for, as within the context of the
limits set by the nature of reality. Bloch argued that reality holds
developing possibility which is not set by the limits which are defined
as we are now able to understand them. The principle of hope is that
possibilities exist though they cannot yet be seen, or made concrete.
Bloch extended this principle to describe not only a psychological
concept, but a principle describing the nature of reality. The nature
of reality contains the possibility for transformation of the structure
of reality as it is presently known. Thus, Bloch defined a new meaning
of possibility. Beyond the categories of actual and potential possi­
bility, Bloch described what he considered to be the fundamental
category, which he called the objective-real possibility. This is
"possibility which has not yet achieved all of its conditions, even
theoretically, and is therefore objectively incomplete" (Hudson, 1979,
p. 147).

Though Bloch viewed hope as a "fundamental determination within
objective reality as a whole", it is important to note that Bloch
"does not mean that a human psychological state can be attributed to
reality in general" (Hudson, 1979, p. 145). Rather, he meant "human
hope must be related to the world in which it occurs, and to the
possibility content developing in that world" (Hudson, 1979, p. 145).

In describing the nature of human hope, Bloch defined two forms
of hope, subjective or psychological hope, and objective hope. He
defined subjective hope as the hope that hopes, which implies the
process of hoping, continuing to imagine new possibilities, described
by other authors in this review as characteristic of fundamental hope.
Bloch defined objective hope as the hope that is hoped, which implied it has to do with a particular object, goal, or outcome. This form of hope has been described by other authors as particular hope or specific hope. Since Bloch viewed hope as having the function of causality in shaping the future of the world by virtue of what possibilities are formulated and set as goals, it seems appropriate to extrapolate a similar application for the function of human hope within the individual. Human hoping then shapes the individual's development by virtue of what possibilities are envisioned, formulated as goals, and toward which one's self is directed. Like other authors reviewed, Bloch understood hope to be active in nature, and to have a transcendent relationship to time. Hope encompasses what is known in the past and present, and yet does not define the future only in terms of past and present possibilities. Hope provides "images and outlines of a possible future in 'theory'" (Hudson, 1979, p. 152). Therefore, part of the nature of subjective hope is to continue to envision possibilities.

Bloch included a category of unreasonable hopes which are illusory. How these are recognized was not clarified in the analysis of Bloch's concepts which was used for this review. It appeared from the analysis given by Hudson (1979), that illusory hopes are eventually recognized as man diligently pursues his hopes. Bloch cautioned that man should not fall into a facile optimism which would demand that possibilities be immediately realizable, or fall into a premature pessimism which concludes that radical possibilities can never be realized. However, the determination of which hopes are nonillusory requires testing.
them over a long historical period, at least in regard to socio-political hopes.

As Hudson stated, Bloch's writings are often highly esoteric, full of oblique references and difficult terminology (Hudson, 1979). However, the major elements of the nature of hope which he described seem in accord with the nature of hope described by other authors reviewed. Subjective hope, or fundamental hope, is an active, ongoing process of envisioning future possibilities. The possibilities an individual envisions, formulates as goals, and acts toward, shape the future development of that individual.

Summary of the Nature of Hope

In this overview, the major elements of the nature of hope have been presented. Hope was described as the driving force of life, an integral part of man's search for meaning(s) and fulfillment. Hope is active, and activating of self-growth and development. Hopelessness and despair are a turning against the self, a turning toward death. Hopelessness and despair involve a loss of meaning. In contrast to the active nature of hope, despair and hopelessness are immobilizing.

Hope is transcendent. The possibilities imagined transcend the limits or boundaries found in one's past and present reality. Hope is transcendent of time in that it encompasses the past, is active in the present, and is oriented toward future possibilities. Hope is also transcendent in the sense that it transcends any particular object, is not defined by the object, but encompasses both the process.
of hoping and the object hoped for. Transcendence is also an inherent human characteristic; man is both within nature and transcends it.

Hope is realistic. The hoping person does not deny reality, or engage merely in wishful thinking and optimism. The possibilities imagined are grounded in reality and evolve from a confrontation with the limits and constraints of reality.

Hope is relational, that is, hope involves a relationship between self, other(s), and world. The quality of the relational character of hope has been described as one of mutuality between persons, a sense of belonging, to extend beyond the isolated self, or as a form of communion. Hope can also be engendered through relationship to another person.

Since there has been considerable confusion and contradiction in the common use of the term hope, it is important to note the elements just described are considered to be part of the nature of hope in its highest form. The authors reviewed have used such terms as transcendent or unconditional hope, and fundamental hope, to clarify the nature of hope in its highest, or true form. This form has been distinguished from another form of hope called specific, particular, or objective hope, which is attached to a specific object, goal, or outcome and yet is considered to be a form of hope.

In the next section of the review, the nature of eschatological hope is examined.
Eschatological Hope

Included in this review to this point has been an examination of selected philosophical views of hope in the context of the human condition. Now attention will be directed to a brief review of eschatological hope. Eschatological hope arises from a Christian view of the nature of man and the human condition. The review focuses on the Christian understanding of eschatological hope with particular emphasis on the characteristics which are common to fundamental hope as described by the previous authors reviewed.

Before beginning with the authors to be reviewed, it is necessary to note a major distinction in types of eschatologies. Mythical eschatologies present a cyclical view of history which emphasizes a return to the origin, an original state of order or perfection. Historical eschatologies are grounded in historically datable events which are perceived as pointing toward the future inaugurated by them. The future is viewed as a transformation of the past and present, rather than a return to a past state of perfection. Christian eschatology is an historical form.

Carl Braaten

Braaten (1969) began his thesis with an examination of the phenomenology of hope. Braaten referred to Marcel in describing "two types of conditions of hope: those which are determined objectively and those which are determined subjectively" (Braaten, 1969, p. 15). He described the first type, objectively determined hopes, as those
in which the reason(s) for hoping are exterior to the self. These hopes are usually expressed in I hope that statements, and imply a wish, and to some extent a belief that the wish may be realized. However, these hopes from an existential point of view are more or less a matter of indifference to the individual. Objective hopes are contrasted with subjectively determined hopes.

The second type of hope is essential in the sense that I cannot divorce my existence from that for which I hope. My hoping is directed toward a situation which fully engages my whole existence. (Braaten, 1969, p. 15)

Braaten described the hoped for object as that which is existentially lacking, and yet believed to be appropriate and possible for the self.

We hope for deliverance, and this is envisaged as something that essentially belongs to me - which is appropriate to my existence - such as realizing my potentialities or overcoming a state that has deprived me of my true self. (Braaten, 1969, p. 15)

Braaten's position closely followed Marcel's, and hoping is conceptualized as a psychological stance of the self toward the future of one's existence in a way that is meaningful and realizing of the true self.

Braaten also related hope with the freedom to be, which was viewed as involving transcendence.

To be free is to stand before possibilities to transcend the present situation or to change the status quo. Without this sense of freedom, there could be no hope. (Braaten, 1969, p. 15)

Another Christian writer, Thomas Merton (1955) expressed the relationship between hope and freedom as:
We are not perfectly free until we live in pure hope. For when our hope is pure, it no longer trusts exclusively in human and visible means, nor rests in any visible end. (p. 14)

For Braaten, the transcendent nature of hope included a transcendence of time which encompasses the past and present, and envisions future possibilities beyond those which are part of the past and present.

Hope's picture of the future is not totally novel, nor is it merely a mirror of the familiar or the old. It is a visionary transformation of the old into a new creation. (Braaten, 1969, p. 21)

His view of the transcendent nature of hope is similar to other authors reviewed. It is also characteristic of Christian eschatology as an historical form of eschatology which regards the future as a transformation of the past and present, rather than a return to a past state of perfection as espoused in mythical eschatologies.

Like Fromm, Braaten described the nature of man as paradoxical; man is both within nature and transcends it. Thus Braaten considered it part of the nature of man to hope to transcend the limits found in reality.

It belongs to man's nature as man to hope for fulfillment beyond death. Man understands himself as one who must seek to cross over borders, to push back frontiers, to overcome even the limits of his own finitude, not only partially and relatively but absolutely. (Braaten, 1969, p. 24)

Since hope concerns transcendent possibilities, the language of hope often describes the future possibilities in terms of eliminating the negative aspects of man's past and present condition, such as, a time when there will be no pain, sorrow, evil, sickness, or war. The
ultimate negative limit is death. At this point, Braaten focused on life after death as the ultimate object hoped for. However, it appears in taking this focus, Braaten defined hope by the object hoped for.

The question a person wants answered is not so much whether to hope, but what to hope for, upon what to hope, or in whom to hope. (Braaten, 1969, p. 22)

I do not think that it is possible to separate the act of hoping from the object of hope without rendering the act itself meaningless. (Braaten, 1969, p. 23)

This seems in contrast to other authors who considered the primary struggle to be between hoping and despairing, which is a matter of whether or not to hope. Fundamental hope is defined as transcending all particular objects (Fitzgerald, 1976b; Lynch, 1965; Marcel, 1978). Though the object of fundamental hope may be understood to be fulfillment and meaning, this has not been defined as possible only after death.

Braaten described Christian eschatology in terms of the Christian beliefs which reveal how transcendence from the negative elements in man's existence can be achieved. For the Christian, the hope for immortality is found in the resurrection of Christ. The symbol of the kingdom of God represents both individual and social fulfillment.

This is a kingdom in which bodily and spiritual ills of mankind are healed. It is a kingdom in which power and love and justice work in harmony for a total personal and communal fulfillment in which the authority of the Lord is joyfully acknowledged. (Braaten, 1969, p. 27)

Aside from the religious symbols, the essential elements of social and individual fulfillment are similar to the humanitarian ideal. However, since Braaten's primary focus was on the object of hope,
and this object is only attainable after death, he had some
difficulty clarifying the psychological significance of hope in
the present. Braaten suggested if hope is to be more than expectant
waiting for the future, it must have to do with endeavoring toward
approximations of the idea of the kingdom of God. However, here he
found a dilemma to which he did not suggest an answer:

The dilemma is this: If the kingdom of God is postulated
as something attainable through an upward sloping movement
of our history, then it will be attacked by so-called real-
ists in the name of the radical estrangement of man . . . .
On the other hand, if the kingdom of God is presented as a
realm totally outside of history, then the links between the
ultimate and the penultimate are broken, history loses its
meaning, present tasks are emptied of eschatological meaning,
and the idea of 'approximations' is unfounded. Whether this
is only an apparent dilemma would have to be the subject of
a theological paper. (Braaten, 1969, p. 28)

It appears, then, through Braaten's emphasis on the object of hope as
defining hope, he lost sight of fundamental hope as a process. The
following quotation from Erich Fromm (1968) clearly illustrated this
difference:

Man and society are resurrected every moment in the act of
hope and of faith in the here and now; every act of love, of
awareness, of compassion is resurrection; every act of sloth,
of greed, of selfishness is death. Every moment existence
confronts us with the alternatives of resurrection or death;
every moment we give an answer. This answer lies not in what
we say or think, but in what we are, how we act, where we are
moving. (Fromm, 1968, p. 17-18)

C. S. Lewis (1960), a well-known Christian writer, handled the apparent
dilemma of present versus future focus in a similar vein:

Hope is one of the Theological virtues. This means that a
continual looking forward to the eternal world is not (as some
modern people think) a form of escapism or wishful thinking, but one of the things a Christian is meant to do. It does not mean that we are to leave the present world as it is. If you read history, you will find that the Christians who did most for the present world were just those who thought most of the next. (Lewis, 1960, p. 118)

The transcendent nature of hope which encompasses past, present and a transformed future is a major theme of the next author to be reviewed.

Jurgen Moltmann

Moltmann is a German theologian and author of the Theology of Hope (1967). Moltmann stated an eschatology which focuses exclusively on the object hoped for, and which holds a doctrine of the last things, robs life before death of the critical significance hope offers. In contrast to Braaten, he proposed:

In actual fact, however, eschatology means the doctrine of the Christian hope, which embraces both the object hoped for and also the hope inspired by it. From first to last, and not merely in the epilogue, Christianity is eschatology, is hope, forward looking and forward moving, and therefore also revolutionizing and transforming the present. (Moltmann, 1967, p. 16)

His understanding of the encompassing nature of hope (encompassing both hoping and the object hoped for) was the nature of transcendent hope (Marcel, 1978) and fundamental hope (Fitzgerald, 1979b).

Moltmann also considered the nature of hope to be inherently active, not a passive waiting. He used the term, straining after the future, to describe the active quality of hope. The future vision of the hoping person is both based in historical reality and extended beyond the
present reality in a way which forces the person to recognize the contradictions between life as it is and life as it could be. The hoping person cannot rest in a state of passive waiting for the arrival of what could be. Rather, hope is a psychological state of being which compels the individual to actively pursue the future.

It (hope) sets out from a definite reality in history and announces the future of that reality, its future possibilities and its power over the future. (Moltmann, 1967, p. 17)

Hope's statements of promise, however, must stand in contradiction to the reality which can at present be experienced. (Moltmann, 1967, p. 21)

... faith, wherever it develops into hope, causes not rest but unrest, not patience but impatience. It does not calm the unquiet heart, but is itself this unquiet heart in man. Those who hope in Christ can no longer put up with reality as it is, but begin to suffer under it, to contradict it. (Moltmann, 1967, p. 21)

Moltmann described hope in Christ as both a very active struggle within the present and a straining after the future promise. The promised future holds significant meaning for one's life in the present. It is not an escape from the realities of life but rather an approach to the living of those realities.

To believe does in fact mean to cross and transcend bounds, to be engaged in an exodus. Yet this happens in a way that does not suppress or skip the unpleasant realities. Death is real death, and decay is putrefying decay. Guilt remains guilt and suffering remains, even for the believer, a cry to which there is no ready-made answer. Faith does not overstep these realities into a heavenly utopia, does not dream itself into a reality of a different kind. (Moltmann, p. 19)

Moltmann also addressed the realistic nature of hope described by other authors reviewed. It is not the nature of hope to deny reality;
the hoping person suffers from the limits of reality. Neither does the hoping person deny the possibilities of transcending which offer reconciliation.

That we do not reconcile ourselves, that there is no pleasant harmony between us and reality, is due to our unquenchable hope. This hope keeps man unreconciled, until the great day of the fulfillment of all the promises of God. (Moltmann, 1967, p. 22)

Moltmann further clarified his understanding of hope by examining the contrasting elements of hopelessness and despair. He viewed the sin of despair as primarily either a refusal to believe God is all that is promised if promises are not fulfilled now, or a refusal to believe man is capable of being what God asks. He called these two forms of hopelessness presumption and despair:

Presumption is a premature, selfwilled anticipation of the fulfillment of what we hope for from God. Despair is the premature, arbitrary anticipation of the non-fulfillment of what we hope for from God. Both forms of hopelessness, by anticipating the fulfillment or by giving up hope, cancel the wayfaring character of hope. They rebel against the patience in which hope trusts in the God of the promise. They demand impatiently either fulfillment 'now already' or 'absolutely no' hope. (Moltmann, 1967, p. 23)

Moltmann's description of these features of hopelessness is indeed similar to the statements of Marcel (1978) regarding despair as a capitulation before a negative judgment laid down by man as well as Lynch's (1965) descriptions of the absolutizing instinct in man which forces limiting possibilities (promises) to all or nothing categories.

The results of hopelessness and despair are a ceasing of endeavor toward the future, a presumptive claim that the past and present are
all that is or can be. Thus the sin of despair is characterized by what is not done.

God honours him with his promises, but man does not believe himself capable of what is required of him. That is the sin which most profoundly threatens the believer. It is not the evil he does, but the good he does not do, not his misdeeds but his omissions, that accuse him. (Moltmann, 1967, p. 23)

Hopelessness contrasts with the active nature of hope in that the active pursuit of transcendence ceases. Though cloaked with claims of being realistic, hopelessness gives a false picture of reality.

Hope alone is to be called 'realistic', because it alone takes seriously the possibilities with which all reality is fraught (Moltmann, 1967, p. 25)

Thus hopes and anticipations of the future are not a transfiguring glow superimposed upon a darkened existence, but are realistic ways of perceiving the scope of our real possibilities, and as such they set everything in motion and keep it in a state of change. (Moltmann, 1967, p. 25)

One further aspect of the nature of hope emphasized by Moltmann is what he called hope's way of thinking. Hope is not just a "noble quality of the heart" but must "embrace and transform the thought and action of men" (Moltmann, 1967, p. 33). Moltmann here spoke of the connections between hope and faith. It appears he was speaking of faith in terms of holding a certain set of beliefs or concepts about human existence.

...Hope is the mobilizing and driving force of faith's thinking, of its knowledge of, and reflections on, human nature, history and society. Faith hopes in order to know what it believes. (Moltmann, 1967, p. 33)

This way of thinking, then, explores the possibilities of faith's concepts and framework. Moltmann said, "the believing hope will itself provide inexhaustible resources for the creative, inventive imagination.
of love" (Moltmann, 1967, p. 34). Faith, then, provides a framework of concepts about the nature and meaning of human existence. Hope searches out the possibilities of this framework. Moltmann's understanding of the major elements of eschatological hope were essentially similar to the nature of hope other authors have called fundamental or transcendant hope.

In this portion of the literature review, the nature of hope has been examined in the context of the nature of man and the human condition. Eschatological hope is founded on the Christian perspective of the nature of man, God, and the relationship between them. Both the philosophical writers and the authors on eschatological hope described the same essential elements in the nature of hope.

The Psychology of Hope

In the previous sections of this literature review, the nature of hope has been examined as described within the context of the human condition. Emphasis was placed on the nature of hope in its highest form, transcendent or fundamental hope. However, human behavior presents a range of types and forms of hoping which are necessary to distinguish in examining the psychology of hope. In this section, various forms, characteristics, and functions of hope are examined as they are described in the psychological literature. Although Marcel (1978) is known for his philosophical writings on hope, some of his concepts will be included here since they pertain to the psychology of hope.
Gabriel Marcel

Marcel offered a continuum of the forms of hope with transcendent hope at one end-point. He considered forms of hope which are defined by the object hoped for to be the coarser forms. For Marcel, hope may be degraded to the form of desire, which he placed at the other end-point of the continuum. Desire is defined by the object desired, is essentially possessive and self-centered, and is focused on the satisfaction of the need aroused in the individual. A psychological narcissism is implied.

Desire is by definition ego-centric and tends toward possession. The other is then considered only in relation to myself, to the pleasure he is able to procure for me if I am concupiscent, or simply in relation to the service he can render me. (Nowotny, 1974, p. 244)

Desire implies a state of tension, the idea of an imagined satisfaction, and an attainable object. Desire is essentially impatient, and differs from transcendent hope on almost every count. Transcendent hope is not self-centered or possessive; it transcends any particular object, and it is patient rather than impatient. Whereas desire belongs to the category of having, or possessing for oneself, hope has to do with being, with an individual's sense of self-existence. Desire is in the category of specific hopes, which are attached to a specific object. For this form of hope, the correlate is fear, fear of not obtaining one's object. Marcel believed fear is not the correlate of transcendent hope, but that the correlate of transcendent hope is despair.

Marcel did not describe the types of hope on the continuum between transcendent hope and desire or specific hopes. Since only the end-
points of the continuum are described, we assume forms of hope in between them are more or less contaminated by the features of desire, and are to a lesser or greater degree a matter of being or a matter of having.

Ernst Schachtel

Schachtel (1959) approached the psychological nature of hope from a psychoanalytic framework. Within his theoretical framework, hope is considered to be a specific emotion or affect. He considered a continuum with the endpoints of magical hope and realistic hope. These endpoints correspond with Schachtel's two categories of affect, embeddedness affect and activity affect. Hope can belong to either category depending on the form of affect which it contains.

Magical hope is described as wishful expectation that somehow (magically) the wish will be fulfilled by the action of some person or external agency. Magical hope is an embedded affect and, as such, is infantile. It stems from the unconscious insistence on the continuation of quasi-uterine embeddedness. Like the infant, the person with magical hopes is not required to make any effort.

Another person, God, fate, some event, such as marriage, the birth of a child, moving to another house or to another city, a trip, or -- quite often -- the mere flow of time, the beginning of a new year, the eternal tomorrow, will magically bring fulfillment without one's having anything to do about it. (Schachtel, 1959, p. 37)

Magical hope is essentially passive, although:

It may range from an attitude of resigned and passive waiting, as described poignantly in Samuel Beckett's play, Waiting for Godot, to a conscious or unconscious, insistent and often angry demand. (Schachtel, 1959, p. 37)
Magical hope has a distorted view of time.

Hope is closely related to time. In magic hope the time of the present is emptied and the emphasis shifts to the future. The present may be experienced as an unwelcome obstacle, as an empty span to be waited out, as time to be killed, time without meaning, fullness, weight. It may stretch endlessly in boredom, restlessness, or futility, or it may be felt as something to be kept free for the advent of the hoped-for future, but actually empty. (Schachtel, 1959, p. 38)

At the other endpoint of the continuum is realistic hope, which is hope as an activity affect. It is based on real possibility rather than a magical possibility.

Here, no magic transformation of reality is expected, but the hope is based on the attempt to understand the concrete conditions of reality, to see one's role in it realistically, and to engage in such efforts of thoughtful action as might be expected to bring about the hoped-for change. The affect of hope in this case has an activating effect. By activity I mean not only motor activity but also the activity of thought or of relating to another person, e.g., in an attitude of loving concern. (Schachtel, 1959, p. 38)

For Schachtel, realistic hope has an activating effect which includes thought, actions, and relating with a certain attitude.

With regard to time, realistic hope is directed toward the future but does not empty the present of any significance.

In the activity-affect of realistic hope, however, the present is not experienced as a desert through which one has to wander in order to arrive at the future. It receives its significance from the activities which make one's life meaningful and/or through which one tries to help bring about hoped-for change. (Schachtel, 1959, p. 39)

To illustrate this point, Schachtel used the example of a man building a house. Although there is a specific outcome which is hoped for (the completion of the house), it is also possible for the man to fully devote himself to each activity involved in the steps toward the ultimate goal. The process involved in the building is as important as the goal
of completion. Schachtel's illustration suggested a concept of realistic hope as containing both the hoping process and the object hoped for as in the sense of fundamental hope other authors have described. Indeed, in the example given, the man's image of the completed house (the object hoped for) may be changed, revised, and modified by the process of building.

Schachtel stated there are all degrees of transition and mixed forms of hope between the end-points of magical hope and realistic hope. He suggested the forms of hope most frequently found are located somewhere between the two extremes depending on which type of affect quality is prevailing. Schachtel's description of the characteristics of magical and realistic hope are essentially similar to those given by Marcel for hope as desire and transcendent hope.

Thomas French

Thomas French (1952) is one of the few psychoanalytic writers to make extensive use of hope as a psychological construct. References to the nature and function of hope appear throughout his five-volume work, The Integration of Behavior (1952). French viewed hope as the activating force of the ego's integrative function. In psychotherapy, French believed hope was a source of therapeutic incentive which should be of critical importance to the psychotherapist.

In rational behavior the subordination of behavior to purpose is made possible by integrative capacity based on hope of success in carrying a plan through to execution. Our thesis now is that hope plays a similar role in psychoanalytic therapy. Our clinical experience confirms this conclusion: If a psychoanalyst wishes to keep in touch with the motives that are
responsible for his patient's therapeutic incentive, he must be alert always to discover and give explicit recognition to the patient's successively emerging hopes of a solution for his conflicts. (French, 1958, p. 42)

French clarified the form of hope he considered to be a source of therapeutic incentive as distinct from a more magical form of hope.

Let us immediately forestall a possible misunderstanding. By hope we do not mean some vague anticipation by the patient that his treatment will help him or an equally vague confidence in the therapist. We are talking about much more specific hopes, focused on just what is to be achieved by therapy. These hopes are usually unconscious and often energetically repudiated. They have their roots in old hopes, long repressed, emerging out of the patient's past; but these old hopes have in every case undergone modification so that they are now oriented toward the immediately present realities of the therapeutic situation. (French 1958, pp. 42-43)

In the process of therapy, the specific hopes repeatedly emerge and undergo modification. The patient's need to repudiate them stems from the patient's past experience of these hopes ending in traumatic or disastrous consequences. Thus, as the hopes begin to reemerge in the therapy situation, the patient fears they will lead to the previously experienced consequences. As the therapist recognizes the emerging hopes, she/he is able to assist the patient in modifying the hopes and to orient them appropriately to the present reality.

Our thesis is that such specific hopes, repeatedly emerging and continually undergoing modification in adaptation to the therapeutic situation, are essential for maintenance of the gradually increasing integrative capacity on which success in therapy depends. (French, 1958, p. 43)

From French's descriptions, the major characteristics and function of hope can be extracted. French described the form of hope called specific hope, which he considered to be activating, realistic, and
oriented toward new possibilities. The hopes are initially feared by the client since in his/her past experiences the imagined possibilities contrasted with associated actual life experiences which were traumatic or disastrous.

In addition to the nature of specific hopes, French referred to the integrative capacity of hope as new hopes emerge and are recognized. This suggested the hoping process as one of continually imagining possibilities, considering them within the context of reality, and orienting one's behavior toward realistic possibilities of growth and change which offer a more integrated view of self and world. The relational aspect of hope can be inferred from the fact that it is through the therapeutic relationship that hopes are reemerging, recognized and modified. The client becomes better able to relate to self and world.

Karl Menninger

Karl Menninger (1959) moved beyond the more traditional psychoanalytic understanding of the nature of hope by describing a view of hope as having the characteristics of fundamental hope. Initially, he viewed hope as "a consciousness of the unrealizable wish" (1942, p. 215). He understood hope essentially defined as a form of motivation.

This essential identity of hoping, wishing, purposing, intending, attempting, and doing is a little difficult for the practical common-sense man to grasp, because for him it makes a great difference whether a thing is executed or only planned or only hoped for. There is an external difference, to be sure; and there is an internal difference, too. But
internally, (psychologically) from the standpoint of motive, there is no difference. There is a difference in the fate of the impulse, the degree with which it is correlated with reality, inhibited by internal fears, supported by other motives, etc. - but the motive force is the same . . . .

The hopes we develop are therefore a measure of our maturity. (1942, p. 217)

In a lecture in 1959, Menninger stated he had extended his view of hope to more than expectation, and something other than simply optimism. He suggested his own views had moved toward those of Marcel, to whom he referred:

The optimist, like the pessimist, emphasizes the importance of 'I'. But hope is humble, it is modest, it is self-less. Unconcerned with the ambiguity of past experience, hope implies process; it is an adventure, a going forward, a confident search (Menninger, 1959, p. 484)

This brief description included several characteristics of fundamental hope; selflessness as opposed to a form of refined narcissism, orientation toward the future as open to new and realistic possibilities, hoping as a process rather than a specific wish, and hope as active as well as activating.

Ezra Stotland

In his work, The Psychology of Hope (1969), Ezra Stotland gave one of the few scientific presentations of hope as a significant and respectable psychological construct. His recognition of hope as an important psychological construct grew out of his research into the psychodynamics of suicide. Arthur Kobler and Stotland (Kobler & Stotland, 1964; Stotland & Kobler, 1965) found that hope and loss of hope were not only significant factors in suicide, but significant in many other life events.
of psychologically disturbed individuals. This finding led to the writing of *The Psychology of Hope*.

Stotland's basic premise was that hope is a necessary condition for action, both covert and overt behavior, and therefore he defined hope in terms of expectation about goal attainment; importance of goal, and associated goal related cognitive and affective activity. Action is crucial to his concept of hoping. Stotland used seven basic propositions from which hoping, its antecedents and consequences, are examined.

Stotland's propositions were the following:

**Proposition I:** An organism's motivation to achieve a goal is, in part, a positive function of its perceived probability of attaining the goal and of the perceived importance of the goal.

**Proposition II:** The higher an organism's perceived probability of attaining a goal and the greater the importance of that goal, the greater will be the positive affect experienced by the organism.

**Proposition III:** The lower an organism's perceived probability of attaining a goal and the greater the importance of that goal, the more will the organism experience anxiety.

**Proposition IV:** Organisms are motivated to escape and avoid anxiety; the greater the anxiety experienced or expected, the greater the motivation.

**Proposition V:** The organism acquires schemas as a result either (1) of his perception of a number of events in which examples of the same concepts are associated; or (2) of communication from other people.

**Proposition VI:** A schema is invoked by the organism's perceiving an event similar to a constituent concept of the schema or by the individual's receiving a communication from another directing him to invoke the schema; the greater the similarity between the event and the constituent concept, or the greater the importance of the person directing him, the more likely is the schema to be aroused.
Proposition VII: The probability that a schema will be invoked and remain aroused is, in part, a positive function of the number of times that it has been invoked previously; of the number of events previously perceived as consistent with the schema; of the importance to the organism of the person, if any, from whom one acquired the schema. (Stotland, 1969, pp. 7-12)

The first proposition addressed the motivational aspect of hope as linked with both the expectation (degree of probability) of goal attainment and the perceived importance of the goal. Stotland defined motivation as more than energy expenditure; rather motivation implies a disposition or a state of being in relation to a goal. Motivation involves actions which may be covert and symbolic, such as imagining and selective attending, as well as overt goal-directed acts.

In propositions II and III, Stotland addressed the affective nature of hope. Positive affect is associated with hoping when the level of expectation of attainment and the importance of the goal are both high. When the expectation of attainment is low and the importance of the goal is high, anxiety (negative affect) becomes associated with hoping. Anxiety as used here is a result of a threat to the organism's integrity and is to be distinguished from the usage of anxiety which means a state of arousal or tension. The various combinations of conditions pertaining to goal importance and attainment which may result, and the resultant anxiety responses of an individual are explored as the major concerns which psychotherapy addresses. Although Stotland does not use the term, the word unhoping seems an accurate one to indicate the anxiety patterns he described since the process turns in the direction of hopelessness. The hoping process is a necessary condition for action, while the loss of hope associated with
anxiety leads to inaction, depression, despair, and action against the self as in suicide.

Stotland continued in propositions V, VI, and VII to address the conscious and unconscious cognitive schemas of hoping, their features and parameters.

Stotland did not present categories or forms of hoping such as magical hope, wishing, or desire. Hope was considered to vary according to the degree of the elements involved, not a variation in the presence of the features of hope. In other words, all hoping was considered to involve motivational disposition, level of expectation of goal attainment, level of significance of goal, and cognitive and affective components. If a continuum of hoping were constructed, it would scale lesser or greater degrees of importance and the extensiveness of hope cognitive schemas. At the upper end of the continuum, hope involves higher order schemas which are the basis for perception of self and world, and goals which are not specific, but considered essential to the individual's reason to go on living. The lower order hopes would be those which are less intrinsic to the individual's sense of integrity, and involve less extensive and lower level schemas. For Stotland, hope was by definition active, activating, and necessary to the activity of life.

Erik Erikson

For Erikson (1982), hope was one of the vital virtues, or psycho-social strengths that emerge from the struggles of syntonic and dystonic tendencies at the three crucial stages of life. Hope emerges from the
very first crucial stage of infancy involving the antithesis of basic trust versus basic mistrust.

In the context of Erikson's developmental schema, each step of development is grounded in all previous ones. This implies that hope is a fundamental psychosocial strength affecting all stages of development from infancy onward. He held that in the epigenetic principle of development each stage gives "new connotations to all the 'lower' and already developed stages as well as to the higher and still developing ones" (Erikson, 1982, p. 59). This suggested the notion of a developmental aspect of hope as well, which both influences growth and change and takes on new connotations throughout the life cycle.

Erikson gave a simple definition of hope as expectant desire. He saw this as a "vague instinctual driveness undergoing experiences that awaken some firm expectations" (Erikson, 1982, p. 59). This concept was illustrated with the use of the word leap to describe the function of hope.

It is also well in accord with our assumption that this first basic strength and root of ego development emerges from the resolution of the first developmental antithesis; namely, that of basic trust vs. basic mistrust. . . . At any rate, hope bestows on the anticipated future a sense of leeway inviting expectant leaps, either in preparatory imagination or in small initiating actions. (Erikson, 1982, p. 59-60)

Hope, then, involves a view of the future which makes room for possibilities, imagines them, and acts toward them. That one risks a leap into the future implies that the expectancy is based on a basic trust in one's self, one's world, and in the venture involved in growth.

Thus is appears that Erikson described more than specific hopes. Rather, hope is a process. When hope weakens, the individual may move
backward developmentally rather than forward.

... We see in our sickest young individuals, in adolescence, semideliberate regression to the earliest developmental stage in order to regain -- unless they lose it altogether -- some fundamentals of early hope from which to leap forward again. (Erikson, 1982, p. 60)

Erikson also appeared to accept the understanding of hope as connected with meaning and one's being. He wrote:

... hope connotes the most basic quality of "I"-ness, without which life could not begin or meaningfully end. (Erikson, 1982, p. 62)

In his final stage of the life cycle, Erikson considered the antithesis of integrity versus despair. Hope is the initial psychosocial strength from the beginning, and without hope, life cannot meaningfully end. To describe the most mature form of hope commensurate with the final stage of his life sequence model, Erikson stated faith would be the appropriate conceptualization for the last possible form of hope. Erikson seems to have shifted to another psychosocial strength rather than actually giving a term to denote mature hope. In light of the concepts reviewed in this study, it would seem rather than faith, which connotes something distinct from hope, the most mature form of hope might be an uncontaminated fundamental hope.

Significance and Use of Hope in Counseling and Therapy

As noted earlier in this study, little attention has been given in psychological literature to hope as a significant factor in psychotherapy. Freud's picture of the nature of man with his primary emphasis on the death instinct and innate human aggression was not a hopeful one.
Freud gave some acknowledgment to the importance of hope in terms of expectations and confidence. He wrote:

Our interest is most particularly engaged by the mental forces that have the greatest influence on the onset and cure of physical diseases. Fearful expectation is certainly not without its effect on the result.... The contrary state of mind, in which expectation is coloured by hope and faith, is an effective force with which we have to reckon...in all our attempts at treatment and cure. (1953, p. 289)

Freud's point, however, was to emphasize that psychoanalysis was a scientific form of treatment that did not depend on mobilization of the patient's favorable expectations.

There are a number of writers in the areas of philosophy, religion and psychology who present a more hopeful picture of the human condition and who consider hope as a viable scientific construct. References are made to the importance of hope in psychotherapy although the topic remains relatively unexplored. Karl Menninger who stressed the importance of hope, pointed to the neglect of this topic in the psychological literature in his 1959 Academic Lecture to the American Psychiatric Association (Menninger, 1959). He emphasized that hope is both an essential feature of human nature, growth and change and that is a crucial element in successful therapy.

Significance of Hope in Therapy

Jerome Frank is one of few authors to give more than passing reference to the role of hope in psychotherapy. In *Persuasion and Healing* (1961), Frank included hope with faith and love as necessary components for success in all forms of psychotherapy. He found the
role of hope to include hope in the therapist as healer, hope in the ritual of the psychotherapy process as healing, and the client's hope that his/her particular psychological problems are treatable. Frank's research initially approached the role of hope from the framework of the medical model, considering hope to have a placebo effect resulting from the arousal of expectations of healing. The use of the term placebo seems an unfortunate one since it emphasizes the treatment itself as the measure of effect. Since an inert treatment may be associated with successful results, the implication is that the success is false. As Rabkin suggested:

The problem with the term 'placebo' is that is somehow makes the therapist feel cheap - he is 'pleasing the patient'.... It would be better to coin a word that means 'I give hope' instead of 'I please' as 'placebo' suggests. (1977, p. 23)

Frank also considered this attitude regarding placebo to be an obstacle to research in that "efforts to manipulate patients' expectancies are viewed as not quite respectable" (1965, p. 385). Frank referred to the work of Thomas French (1952) and writers of existential therapies as having contributed to restoring hope to a position of respectability as a "major integrative and healing emotion" (1965, p. 385). He wrote:

It would thus appear that efforts to heighten the patients' positive expectations may be as genuinely therapeutic as free association or habit training, and therefore as worthy of careful study. (1965, p. 385)

Frank understood hope to be a "fusion of physiological states of arousal with certain cognitions" (1965, p. 391). The cognitive aspects included envisioning favorable change in one's life situation, perception of the therapist, and perception of therapy. In his studies, Frank
explored the effects of client specific hopes or expectations such as those concerning: relief of symptoms, the therapist's behavior and commitment to help, what the therapy process entails, length of treatment, and client behavior. Positive therapy effects were found to correlate with the client having realistic expectations of the therapist, the process, and his/her own role in bringing about change. Frank suggested there are other factors involved in addition to the specific hopes examined, but these have not yet been specified.

These studies imply, furthermore, that the arousal of the patient's hope and the degree of therapy effectiveness are not determined by characteristics of the patient or therapist alone, but by interactions between certain permanent or transient properties of the patient, the therapist, and possibly other aspects of the therapeutic situation. So far little progress has been made in specifying the nature of these interactions. (Frank, 1965, p. 394)

Client Hopes

For the most part, references in the literature to the role of hope in psychotherapy concern client hopes and hopefulness. The common reference is the client's hope for help. In order for an individual to seek treatment there must be some level of hope that the treatment will offer relief (Bobgan and Bobgan, 1978; Lynch, 1965; Rabkin, 1977; Rycroft, 1979). The hope for relief through therapeutic help is also an indication of a loss or disturbance in hope.

Although the patient must have some hope, since if he did not he would not stir himself to come for treatment, his sources of hope must be in some way depleted or contaminated, since if they were not he would not need to come for treatment. (Rycroft, 1979, p. 16)
Some authors refer to this loss of hope as a state of demoralization (Ericson, 1979; Frank, 1961; Rabkin, 1977) or, in Adlerian terms, discouragement (Mosak, 1979). The implication of hopelessness as a factor in illness can be seen from the fact that the hope for help includes a hope to find hope.

Patients come to the therapist, bereft of a sense of self-esteem and personal potency, seeking the gift of hope which the therapist, who treasures life, is uniquely qualified to give. The cultivation of hope and the abolition of despair are prime ingredients in psychotherapy, yet have received little attention in the therapeutic literature. (Beavers & Kaslow, 1981, p. 199)

Rycroft (1979) described the therapy situation as "a social encounter between two persons, one of whom has already acquired virtue and hope from somewhere, and the other of whom hopes to acquire it from him" (1979, p. 16). The hope to acquire hope suggests a more fundamental hope than the specific hopes mentioned above. Ulanov (1981) expressed this fundamental hope of the self as follows:

In all the different reasons people seek therapy there lies a common hope - to find a true self that has been lost in the neurotic disturbances or crushed in psychotic disorder. (p. 78)

Fairbairn (1955) said the patient's hope is for salvation, which is the saving of his crushed and devitalized ego. For some authors, the hope for hope is associated with the hope for restoration or discovery of the true self because it is through hope and faith that the true self can be realized. This concept is found in Christian psychotherapy expressed by Adrian van Kaam (1976):

The therapist assists a person in the search for his authentic direction in life. Within the therapeutic relationship the fundamental triad of elementary faith, hope and love is awakened or restored. The awakening of this triad is the condition for any human unfolding, also the unfolding of the life of the spirit. (p. 79)
Guntrip (1957) expressed the same theme. He wrote:

Psychotherapy itself, however, while it uses a scientific technique for discovering problems, is an exercise of a personal healing influence by one human being on another, making possible the growth of confidence, faith and hope, and cancelling out past destructive influences. (p. 185)

Winnicott (1965) spoke to the issue of hope for the true self as that which underlies the antisocial behavior of a child and the psychotic regression of an adult. In either case, the behavior represents a hope that the environment will respond to the true self where there has previously been a deficit in environmental provision. Speaking of the antisocial child, he wrote:

The child knows in his bones that it is hope that is locked up in the wicked behavior, and that despair is linked with compliance and false socialization. (Winnicott, 1965, p. 104)

Client Hopes in the Therapist

A counterpart to the client's loss of hope in self is the hope placed in the therapist. Initially, the client's hopes may vary in type from magical to realistic, and range from restricted to extensive hope that the therapist and therapy will bring relief. As is characteristic of magical hope, the client may wish for a magical cure to be bestowed upon him/her by the powerful therapist healer without any effort required of the client. Although many therapists would eschew such blatant deception, some authors advocate the therapist encourage the client to hold magical hopes, at least initially. Gillis (1974) wrote:

To achieve influence from the start, the therapist should make every effort to enhance the patient's expectation of benefit. He can develop ploys beyond the wildest dreams of a used car salesman. (p. 91)
Advocates of this view encourage techniques which increase the client's perception of the therapist as all-knowing expert and therapy as a highly sought after cure. Rabkin (1977) mentioned such techniques as having the client go through some degree of ordeal to enter therapy so as to increase the perceived value of the therapy, and wrote of the use of interpretations not because of their accuracy, but because they convey the therapist's wisdom and expertise. Most authors, however, stress that although the client's magical hopes may initially provide the therapist with greater influence for change, this should be considered a temporary condition from which the therapist should endeavor to assist the client in forming more realistic hopes. Furthermore, most therapists recognize that client changes usually occur well into the therapy process, not in the initial stage of treatment. Beavers & Kaslow (1981) described a process they termed borrowing hope in which the client borrows hope from the therapist so that the client may come to find his/her own hope. By first replacing demoralization with borrowed hope from the therapist, "patients may develop or recapture a sense of basic trust and its corollary, an optimistic belief that life has value and meaning" (Beavers and Kaslow, 1981, p. 121).

Frank (1965) found that initial unrealistic client hopes may have the opposite effect; if unchanged they may lead the client to failure. "Psychotherapists have painfully learned that such unreasonably high expectations usually result in therapeutic failure" (1965, p. 391). He went on to say that this condition sometimes results in clients prematurely leaving therapy. Frank said:
Because they are in awe of the therapist, they politely answer all his questions and he thinks everything is going well; but all the time the patient is wondering what it is all about, until suddenly he quits without warning. (1965, p. 392)

It seems then that it is in the context of the client's fundamental hope of finding the true self that the therapist must understand and address the specific hopes brought to therapy. The role of hope in psychotherapy is not only a matter of specific hopes and expectations, whether magical or realistic, but more crucially a matter of fundamental hoping which serves a healing and integrative function in the self.

From the literature we find that client hopes include the areas of hope or hopelessness in self, hope for help, hope in the therapist, and hope in the therapy process.

**Therapist Hope**

Therapist hoping is another area of the role of hope in psychotherapy. This includes the therapist's hope or hopelessness for helping a particular client, hope in self as healer, and hope in the therapy process.

If the therapist has little or no hope that a particular client can make any significant changes in the core problems, then this lack of hope will effect the behavior of the therapist toward that client and the choices made about the treatment offered. In contrast, if the therapist is hopeful, the therapist's hope may serve to engender client hope. Dorothy Rowe (1982) wrote of the effects of therapist hope/hopelessness in the client's true self:

If I act towards other people in the belief that they can find this inner strength, then I am not hindering and, indeed, I
may even be helping them find it. But, if I act towards others as if they have no centre of truth and strength - if I treat them as lifelong schizophrenics, or irredeemable psychopaths, or incorrigible character disorders - then I am actively preventing them from summoning up sufficient trust in themselves to attempt the search for inner truth. (1982, p. 194)

Guntrip (1957) wrote of a case history in which the major component inducing client change was the persistant hope of the therapist. The client had shown no progress, and had made little investment in therapy for a considerable period of time, "but gradually the fact that I did not end her treatment as hopeless began to give her the first bit of hope and confidence in me" (1957, p. 158-159).

Winnicott (1965) expressed this notion in his unique way of turning ideas around:

A patient who had much futile analysis on the basis of a False Self, co-operating vigorously with an analyst who thought this was his whole self, said to me: 'The only time I felt hope was when you told me that you could see no hope, and you continued with the analysis.' (1965, p. 152)

Winnicott's report pointed out that effective therapist hope is not simply a matter of conveying positive expectation of relief. In order for therapist hope to stimulate client hope, the therapist's hope must be accurately based on the source of the client's difficulty.

One argument given in support of the significance of therapist hope comes from the sometimes surprising success of the novice therapist with a so-called hopeless case (Rabkin, 1977). It seems unlikely in such examples that the success is due to the therapist's expertise or the effective use of a particular treatment method since the therapist is an inexperienced one. Rather, the success seems related to the hopeful attitude of the naive therapist. The therapist did not accept
the assumption, (or was not "knowledgeable enough" to make it), that the case was hopeless and proceeded with enthusiasm and effort to bring about change.

Another aspect of therapist hope is the therapist's hope in self. This is most often referred to as confidence in one's ability or expertise (Mosak, 1979; Rabkin, 1977). At a more fundamental level, this is described as the therapist's own capacity for hoping. Rycroft (1979) put it as follows:

The analyst, unless he is a hypocrite or charlatan, must have faith and hope deriving, in the first instance, from his belief in the efficacy or virtue of his professional skills but more fundamentally from the 'sensitive care' and 'personal trustworthiness' he has received from his own analysts and his own parents. (p. 16)

Hope Engendering

The literature reviewed offered some explanation of the process of engendering hope. Frank found the communication of clear, positive and realistic expectations prior to therapy was an effective means of giving hope. Expectations, setting, and structuring can have hope engendering effects on the client, but "obviously the most important is the therapist himself" (Frank, 1965, p. 390). Therapist attitudes or characteristics found to be hope engendering include: enthusiasm (Rabkin, 1977), empathy or understanding (Frank, 1965; Mosak, 1979), non-condemnation (Mosak, 1979), and positive regard (Frank, 1965). Shepard & Watson (1982) suggested that nonverbal cues such as eye contact and tone of voice reflect meanings which can either "inspire hope and confidence" in a client or "impart confusion, anxiety, or suspicion" (p. 149). Although terminology may differ, most authors refer to some form of love as a
primary healing and hope-engendering condition (Bobgan & Bobgan, 1978; Frank, 1961; Mosak, 1979; Rycroft, 1979, van Kaam, 1976). For some authors, therapist attitudes engender hope by overcoming distrust.

It seems safe to conclude that part of the beneficial effect of certain attitudes of the therapist lies in their capacity to overcome the patient's basic distrust and thereby awaken his hopes of help. (Frank, 1965, p. 390)

A basic distrust of self and world (others) must be overcome in order for the client to find hope in the self, others, and in living in relationship with others without experiencing the dire consequences on which the distrust was originally based. This is a major theme of the object relations theorists as well as others such as Ulanov (1981) who wrote from a Jungian framework. For these authors, fundamental hope, like Erikson's (1980) basic trust, is stimulated or thwarted through the first relationship, that of infant and mother. The first relationship is the ground on which an individual's fundamental faith, hope, and love are founded. This sets the stage for the future development of the person.

As van Kaam wrote:

This original triad—awakened in the early mother-child relationship—is of essential significance for the wholesome unfolding not only of one's personal but also of one's spiritual life. (1976, p. 77)

In object relations terms, the first significant human relationship establishes the foundation from which the individual's self-object views, object relating, and hoping/unhoping unfolds throughout development. The giving of hope by one person to another implies there must be some form of relationship in which two people participate. The giving of hope in therapy is through the therapy relationship which offers those
elements which, like those offered in the first relationship, provide a
facilitating environment for the client to grow and change, and the
presence of a good-enough therapist.

The relational characteristics, as Frank (1965) noted are difficult
to specify and to quantify and measure scientifically. This is clearly
apparent in the fact that although there are ample references in the
literature that certain qualities are necessary, and that hope is
engendered through the therapy relationship, the necessary relationship
features remain general and abstract without specification of the
engendering process.

One exception is an article by Beavers and Kaslow (1981) entitled
The Anatomy of Hope. The authors addressed the cultivation of hope in
their model for family therapy. They listed nine elements of genuine
hope which the capable therapist offers. The nine elements listed
were:

1. To be heard, acknowledged and empathized with within a
nonjudgmental framework.
2. To have success experiences as defined by the individuals
involved.
3. To develop the capacity to observe themselves in relation
to others and evaluate the transactions and the results.
4. To develop skills in communicating that provide confidence
and optimism, based on efforts, not to control, but to share in
creating and sustaining mutual and reciprocal relationships.
5. To reduce the deeply felt mistrust of others always present
in troubled people.
6. To pick up the ray of sunshine, the positive feelings and
accomplishments, the appreciation and admiration of one another,
whenever these are found, and to magnify them.
7. To distinguish now from then, to experience the present,
to review the past from a more adult perspective rather than
continuing to act as a small, insignificant and powerless
child.
8. To develop and help utilize a personal community, a network
of caring people.
9. To develop or rediscover beliefs in values beyond one's own being and one's family, a relatedness to the larger universe and a feeling of harmony with (at least part of) it. (1981, p. 121-122)

As can be seen from the list, these elements are more accurately described as factors which contribute to the development of hope, rather than being elements of hope. Apart from the first item on the list, the other items seem to be outcomes or goals of treatment which contribute to hopefulness by virtue of the fact that the client's level of functioning has improved. In Beavers and Kaslow's exploration of these points, it becomes clearer that these elements are achieved by therapist presenting the therapy relationship as a model for other relationships.

One other exception in the literature is a model proposed by Burns and Persons (1982) called a cognitive approach to hope and hopelessness. Their underlying assumption was that "negative feelings and moods (including depression, anxiety, and hopelessness) are the product of irrational distorted thoughts" (p. 32). From this assumption it follows that the removal of irrational thoughts will remove the negative emotions. The replacement of irrational thoughts with rational thoughts will at least make the negative emotions less likely if not lead to more positive feelings. The model proposed a number of strategies and techniques for challenging irrational thoughts and replacing them with rational ones. They list a number of common "thinking errors" which seem very similar to the irrational beliefs listed by Albert Ellis (1979) although the authors do not cite him in the reference list. The thinking errors list included: all or nothing thinking, overgeneralization, mental filter, disqualifying the positive, jumping to conclusions,
catastrophizing, emotional reasoning, should statements, labeling and mislabeling, and personalization. (1982, p. 40). The therapy process involves assisting the client in identifying distorted thoughts and producing rational responses, and then practicing the new behavior. Some techniques they found helpful included: keeping a daily record of dysfunctional thoughts, role-playing in which the client and therapist dispute the dysfunctional thoughts, testing the hopelessness hypothesis, listing the advantages and disadvantages of staying depressed, and challenging the client's definition of hopelessness. The authors emphasized the method of therapy, rather than the therapy relationship, as the significant hope engendering factor. It seems more accurate to say the method is hopelessness combating, rather than hope engendering, since the focus is on reducing the dysfunctional thoughts which lead to hopelessness. It is assumed a lack of hopelessness will therefore lead to hope.

In summary, the literature contains references to the significant role of hope in psychotherapy. The role of hope includes client hopes, hopelessness, therapist hopes/hopelessness, and hope in the therapy process. Hope is considered to be an important factor in healing and change. Aside from a few exceptions, the specific dynamics of hope and how it is engendered in therapy remain unexplored.

Selected Themes From Object Relations Theories and Constructive-Developmental Theories

Object relations according to Guntrip is:

... a scientific study of human beings, not as organisms, but as personal egos, whole selves in personal relationships,
whose lives have meaning and value to them only in those terms. (Guntrip, 1973, p. 49)

In this section of the literature review, the initial development of object relations theory is examined as found in the work of Klein, Fairbairn, Erikson and Winnicott, each of whom made significant contributions by modifying some of the classical Freudian concepts and schemata. The object relations theorists developed new theoretical constructs based on a psychodynamic understanding of the ego in relation to objects. Object relations theory essentially rejects the classical psychoanalytic theories of biological instincts and drives and the structural id-ego-superego scheme. Object relations theorists are ego psychologists and tend to place primary emphasis on the development of self-other relations.

Once we accept that the psyche-soma remains basically a unified whole whose fundamental energy is libidinal, and that aggressive drives develop in the service of the libidinal ego, we can take for granted that the whole-person ego retains its primary psychosomatic energy for use in whatever ways and directions are necessitated by its object relations situation. (Guntrip, 1973, p. 139)

The psychic self or mind-ego uses the body both for symbolic self expression and for direct action, and for both together as a psychosomatic whole, not as a poor little defensive ego at the mercy of powerful id-drives or organic instincts. (Guntrip, 1973, p. 87)

The development of these understandings required a break with Freud's biologically based perspectives and with his conception of the separation of energy and structures. The work of Melanie Klein, though she claimed to be extending Freud's theories, presented an initial and novel perspective which stimulated other changes.
Melanie Klein

The work of Melanie Klein (1932, 1948, 1952) is considered the first significant turning point toward the establishment of psychodynamic object relations theory (Guntrip, 1973). Klein's findings grew out of her work with young children and her analysis of their play. She analyzed play as revealing the unconscious fantasies of children in the same way that the dreams and free associations of adults are used in psychoanalytic technique. Her work centered around an exploration of the earliest stages of ego development, early infantile anxiety positions, and the infantile origins of psychosis. She proposed the Depressive and Paranoid positions as developmental processes and explored internal objects, object splittings, and the fantasy "inner world" of young children. Klein retained the traditional concept of the death instinct and the notion of an inherent conflict between life and death instincts present from birth.

(Klein) saw human life as an intense hidden dramatic tragedy, a psychodynamic and fearful struggle between the forces of love and death inherent in the baby's constitutional make-up. Quite clearly, in Klein's estimation, the death instinct overshadows the love or life instinct, and is the true and ultimate source of persecutory and all other forms of anxiety. (Guntrip, 1973, p. 55)

She found the internal fantasy world already well developed in children between two and three years of age and held that "this fundamental and innate conflict becomes observable in the infant's fantasy life as soon as it is developed enough to achieve clear expression" (Guntrip, 1973, p. 55). This internal world is:
. . . an internal world in which the child is living in fantasied and highly emotion-laden relationships with a great variety of good and bad objects that turn out ultimately to be mental images of parts or aspects of parents . . . . Life is now viewed, in this internal world of fantasy and feeling, as a matter of ego-object relationships. (Guntrip, 1973, p. 55-56)

In the formation of internal objects, Klein assigned only a secondary role to the external world. At birth the psychic self is bound up with the hostile tension between the life and death forces. Out of this internal life through the mechanisms of projection and introjection "a pattern world is created into which the child's experience of the external world is fitted" (Guntrip, 1973, p. 57). The hostile tension between the life and death forces does not reflect the infant's mixed experiences of external objects, but is a natural condition from birth. Thus in the first relationship with an external object (or other), the mother, the infant projects its own death instinct onto the breast, and since this is overwhelming, the baby must then internalize a good breast to counteract this bad one. Klein's efforts to retain the classical notion of a death instinct in her theoretical interpretation of these mechanisms was a point of considerable criticism by other object relation theorists.

Klein's discovery of intense aggression at an astonishingly early age led her to new theoretical conclusions regarding the origins of guilt and anxiety. In line with the traditional Freudian thinking, Klein expected to see the origins of guilt and anxiety in the orthodox concept of the Oedipus conflict and consequences of libidinal impulses. However, she discovered this view was far too simple to explain her findings. Instead she believed the origins of aggression were pre-oedipal and
she came to conclude: "impulses of hatred and aggression are the deepest cause and foundation of guilt" (Klein, 1948, p. 26).

Anxiety and guilt are manifestly due to aggression rather than:

...to sexuality, per se, arising from the development of sadistic parental images which persecute and punish the child for his own aggression with monstrous ruthlessness. The origin of complexes lies far back in the pre-verbal period. (Guntrip, 1961, p. 197)

From her exploration of anxiety situations in the first year of life, Klein found two kinds of anxiety, persecutory and depressive. From these she formulated the concepts of the paranoid-schizoid position and the depressive position. Originally, she labeled these paranoid and depressive positions but was influenced by the work of W. R. D. Fairbairn and changed paranoid to the paranoid-schizoid position.

The term position was chosen because -- though the phenomena involved occur in the first place during early stages of development -- they are not confined to these stages but represent specific groupings of anxieties and defenses which appear and reappear during the first years of childhood. (Klein, 1932, preface)

The persecutory anxiety of the paranoid-schizoid position is seen in the first three months of life. Guntrip described the Kleinian concept as follows:

Persecutory anxiety arises if one is under direct attack oneself, if aggression goes against the ego. It is fear for one's own safety. Kleinians, parting company here with Freud, believe that the internal danger to which the ego can feel exposed in the unconscious may be so great as to develop into a fear of death, a terror of extinction and annihilation. (Guntrip, 1961, p. 217)

Later, depressive anxiety develops, which involves a fear not for oneself but for one's love objects. Guntrip stated:

When the mother begins presently to be experienced as a whole person and the good and bad parts, aspects or phases of her
dealing with the infant are brought together, an ambivalent relationship to the mother arises to replace the earlier 'splitting' of the object into unrelated good and bad objects. In the earlier position the infant could feel desire towards the good object and terror towards the persecuting bad one, without these two reactions influencing each other. Now that love and hate can be felt towards one and the same changeable object, the anxiety arises that in hating one's object as bad one may destroy it as good. (Guntrip, 1961, p. 216)

This led to the Kleinian concept of reparation. The ego is conceptualized as having an integrating function in efforts to repair damaged object relations so as to maintain a sense of ego unity.

The infant, Klein stated:

... introjects the object as a whole, and simultaneously becomes in some measure able to synthesize the various aspects of the object as well as his emotions toward it. Love and hatred come closer together in his mind, and this leads to anxiety lest the object, internal and external, be harmed or destroyed. Depressive feeling and guilt give rise to the urge to preserve or revive the loved object and thus to make reparation for destructive impulses and fantasies. (Klein, 1932, preface)

Klein's conception of these positions in personality development showed a considerable shift from the classical psychoanalytic view of physiobiological maturation of instinct through the oral, anal, phallic, and mature genital phases. Her scheme was based on the idea of "the quality of ego-experience in object relations" (Guntrip, 1973, p. 61).

Development is viewed in terms of object relations from the very beginning of life. Development is concerned from the beginning with the maintenance of an integrated self, but always in relation to the other. Klein wrote:

... object-relations exist from the beginning of life, the first object being the mother's breast which to the child becomes split into a good (gratifying) and bad (frustrating) breast; this splitting results in a severance of love and hate. ... (Klein, 1952, p. 293)
In normal development, with growing integration of the ego, splitting processes diminish, and the increased capacity to understand external reality, and to some extent to bring together (these) contradictory impulses, leads also to a greater synthesis of the good and bad aspects of the object. This means that people can be loved in spite of their faults, and that the world is not seen only in terms of black and white. (Klein, 1963, p. 9)

The major criticism of Klein's work regards her adherence to the death instinct as primary concept which is considered to be an unnecessary theoretical interpretation; Guntrip stated that "the speculative idea of a death instinct does not represent anything that is actually clinically presented, but something that, from the clinical point of view, is an a priori assumption" (Guntrip, 1961, p. 209). A second major criticism of Klein's theory is the assignment of only a secondary role to external objects which are described as having the function of receptacles for projection. Her clinical findings suggested that the origins of hate and object splitting can be explained in terms of failure of the external world to satisfy the infant's efforts to maintain unity.

Following the work of Klein, the work of W.R.D. Fairbairn represented a further break with orthodox psychoanalytic personality development notions.

W. R. D. Fairbairn

W.R.D. Fairbairn (1952) moved object relations theory even farther away from the classical psychoanalytic notions by rejecting the Freudian position which separated energy and structure in the personality. Fairbairn conceived a model of the structure of personality which is closer to that of the modern physics model of the nature of matter.
Fairbairn thought "in terms of mutually reacting dynamics, within a structure, not of entities in static or mechanical relationships" (Holbrook, 1971, p.142). He rejected the id concept entirely, and used the concept of a whole human being with a unitary ego existing from the beginning of life. As Guntrip noted, the concept of the unitary ego alters the significant questions in understanding human life:

To Fairbairn the preservation and growth of this wholeness constitutes mental health. The question of primary importance from birth onward is not the gratification or satisfaction of instincts, not the control of impulses or drives, not the coordination or reconciliation of independent psychic structures, all of which arise because of the loss of the 'pristine unitary wholeness of the psyche.' The question of first importance is the preservation, or if lost, the restoration of psychic wholeness, the safeguarding of the basic natural dynamic unity of the psyche developing its ego-potential as a true personal self. (Guntrip, 1973, p. 94)

For Fairbairn, hate and aggression stem from the inevitable realities which frustrate and deprive the infant of its libidinal needs rather than from a death instinct or uncontrollable id impulses. Fairbairn also gave new meaning to the term libidinal which, in classical psychoanalytic use, meant sexual desire:

Since the fundamental activities of the infant are all appetitive, the satisfaction derived from their indulgence may be described as sensuous. To call it sexual, as Freud does, involves a mistaken narrowing of the conception concerned. The truth seems to be that in infancy sensuous satisfaction is undifferentiated. . . . For similar reasons the 'libido' should be regarded as the biological life-impulse, from which, in individual development, the sex-instinct is differentiated, rather than a something strictly sexual from the start. Freud, however, regards the libido as sexual from the outset because the adult sex-instinct develops from it. (Fairbairn, 1929, p. 340)

Guntrip summarized Fairbairn's thinking as follows:

Fairbairn regards sex as but one form of libidinal experience, and the way in which an individual uses his sexuality
as depending upon his character and personality as formed by his experiences in object-relationships. (Guntrip, 1961, p. 259)

Fairbairn espoused the idea that libidinal meant vital impulse or life energy and that the libidinal ego is that aspect of the psychic self which embodies this force. He concluded that the goal of the libidinal ego is the object. The object here means primarily the other person with whom the infant forms a libidinal relationship. Guntrip summarized this notion as follows:

The entire process of growth, disturbance, and restoration of wholeness as an ego or personal self depends upon the ego's relations with objects, primarily in infancy, and thereafter in the unconscious (the repressed infantile ego split and in conflict) interacting with object-relations in real life; not just any objects, material things, toys, foods, but the all-important class of objects who are themselves egos, human objects beginning with the mother, and proceeding if necessary to the psychotherapist. (Guntrip, 1973, p. 95)

It will be recalled that in Melanie Klein's view, the infant began with a split personality, being locked in the conflict between love and the death instinct. In contrast, Fairbairn saw the libidinal life energy as primary, and saw splitting, hate and aggression arise out of frustrations of this primary drive toward wholeness. Whereas Klein saw the external object world as secondary, Fairbairn viewed the external world as causing the need for internalization of objects by its failure. He held that only bad objects are internalized, and this results from a situation in which the failure of the mother to satisfy the baby's libidinal needs becomes intolerable for the infant.

To ameliorate this intolerable situation, he splits the figure of his mother with two objects—a satisfying ('good') object and an unsatisfying ('bad') object; and with a view to controlling the unsatisfying object; he employs the defensive process of internalization to remove it from outer reality,
where it offers prospects of being more amenable to control in the form of internal object. (Fairbairn, 1952, p. 172)

However, internalized objects in conflict may result in a psychological situation which is intolerable. Such conflict necessitates further splitting of both object and ego in an effort to resolve the conflicts.

He thus finds himself confronted with another intolerable situation—this time an internal one. . . . He splits the internal bad object into two objects—(a) the needed or exciting object and (b) the frustrating or rejecting object; and then he represses both these objects (employing aggression, of course, as the dynamic of repression). (Fairbairn, 1952, p. 172)

In Fairbairn's scheme, the exciting object, which is an internalized form of the tantalizing mother who excites needs without satisfying them, becomes attached to the libidinal ego.

The rejecting object, which is an internalized form of the rejective, angry, authoritarian mother who actively denies satisfaction, becomes attached to the anti-libidinal ego.

The ideal object is the emotionally neutral mother whose neutrality reduces conflict but "with whom needs are avoided so as to view without much feeling, and with whom conformity is accepted in hope of at least approval" (Guntrip, 1973, p. 98). The ideal object is projected back into the external mother. Internally, it is related to the central ego, which conforms with the idealized object. The good mother remains in the infant's life as good memories of being loved consistently.

Thus, part of the energy of the self is withdrawn and directed at dealing with the inner, psychological world, and part is directed at dealing with the outer world. The split-off part of the self which deals with the outer world in this situation does not involve the
true self. Rather, Fairbairn's central ego is like Freud's reality-ego and Winnicott's false self, which is reactive to the external world but separate from the true self.

Mental health is a measure of the individual's preservation of basic unity of the ego through the stages of development and maturation, which is to say a limited degree of splitting occurs. Mental illness is a measure of the loss of this unity. "Psychotherapy is the reintegration of the split-ego, the restoration of its lost wholeness" (Guntrip, 1973, p. 94). Fairbairn expressed this in terms of a continuum of wholeness or integration:

Accordingly, we must recognize the possibility of development resulting in all degrees of integration of the ego; and we may conceive a theoretic scale of integration such that one end of the scale represents complete integration and the other end represents complete failure of integration, with all intermediate degrees. On such a scale schizophrenics would find a place towards the lower end, schizoid personalities a higher place, schizoid characters a still higher place, and so on: but a place at the very top of the scale, which would represent perfect integration and absence of splitting, must be regarded as only a theoretical possibility. (Fairbairn, 1952, p. 9)

Fairbairn's intense interest in processes involved in the schizoid position influenced Klein's thinking as noted above. Guntrip further expanded Fairbairn's concept as separate from Klein's two positions, and described three positions as follows:

It seems to me, however, that the schizoid position is a third and separate concept. In the schizoid position the infant is withdrawn from object-relations. In the paranoid position, the infant is in relationship but feels persecuted by his objects. In the depressive position he has overcome these difficulties and has become able to enter more fully into whole-object relationships, only to be exposed to guilt and depression over the discovery that he can hurt those he has become capable of loving. (Guntrip, 1973, p. 61)
In the schizoid individual the withdrawal from object relations may lead to what can be called a death impulse. The fundamental schizoid fear is that love is destructive. This leads the schizoid individual, in Fairbairn's analysis, to the substitution of hate for love. Although this is a defense mechanism in the interest of survival, it is a condition of "reversed relationships with the world" (Holbrook, 1971, p. 131). As Holbrook wrote:

These are really false strategies of survival. Because such manifestations are a matter of life and death, of the very survival of the identity, those whose minds function in this way must seek to preserve their splits and reversed relationships with the world at all costs: hence the energy, tenacity, and ruthless cunning of schizoid individuals whose inverted values and destructive or self-destructive impulses have all the false vitality of a hold on life which is yet a drive to death. (Holbrook, 1971, p. 131)

Fairbairn's interest in the schizoid personality seems appropriate since it is in this personality we find the distinct separation of self and a flight from object-relations.

With Klein and Fairbairn the development of object relations theory moves away from classical psychoanalytic notions and focuses on early infant behavior and the early developmental positions of ego. The next author reviewed is Erik Erikson, who also made significant contributions to the development of object relations theory.

Erik Erikson

Erik Erikson's (1963, 1980, 1982) ego-identity studies represented a further development in object relations theory. Freud was concerned with ego development throughout his work, but he did not view the ego as the core of the self but rather as an agent mediating between
the id, superego, and the outer world. Freud viewed the stages of development as rigidly adherent to physiobiological factors; and personality development was seen in terms of psychosexual stages. Erikson's work, on the other hand, explored the psychosocial development of the ego. He conceptualized ego development in relation to the external world with the process of self-other relationships throughout the life cycle as being the central developmental issue. He went far beyond Freud's psychosexual stages both in terms of adult development and in a different understanding of the place of sexuality in his scheme. Though Erikson retained some concepts relevant to instinct theory, his work focused on how the infant, as a developing person, gets to know and live with the object world in a fully object relational sense.

In Erikson's scheme, stages of development are conceptualized in terms of modes of relating and the accompanying role of bodily zones. Beginning with infancy, there are a small number of possibilities of relating. Erikson described four basic ways of relating, two of which can function in two different ways, so essentially he saw six ways of relating available to infants. These modes remain functional throughout life, although there are variations in the sophistication of expression as the individual develops. The four basic modes for relating are:

1. Getting, which can be either peaceful reception or angry seizing.

2. Giving out, which may either be a true giving, or may be a rejecting or throwing away.


4. Attacking.
These modes of relating may be loosely associated with Freud's descriptions of oral, anal, and genital erogenous zones; however, for Erikson these were areas or zones of the body which do not define the way of relating. Rather, the person's mode of relating defines the use of the body or zones for that purpose.

Freud's oral incorporative modes of sucking and biting may be associated with both peaceful receiving and angry seizing. In Erikson's view these behaviors are best understood in terms of the infant's mental attitude of needing to get and take in:

To him (the infant), the oral zone is only the focus of a first and general mode of approach, namely incorporation. . . . For a few weeks at least, he can only react if and when material is brought into his field. As he is willing and able to suck on appropriate objects and to swallow whatever appropriate fluids they emit, he is soon also willing and able to 'take in' with his eyes what enters his visual field. . . . His tactile senses too seem to take in what feels good. (Erikson, 1963, p. 72)

The infant's expression of the need to get and take in, or incorporate, from the environment may focus primarily on the mouth but is not limited to this area. Neither is the mouth limited to incorporative reactions. The mouth may also be used for spitting out or rejecting, holding on (retentive), attacking, and invading. As Erikson stated, "The functioning of any orificial body zone requires the presence of all the modes as auxiliary modes" (Erikson, 1963, p. 73). Thus the mental attitude and the use of a bodily zone belong together, making up the response of a whole person to his/her world. The various ways of relating become developed by different cultures into recognized social modalities of those cultures, or ways of carrying on human relations.
Erikson described the anal zones as having the modes of retention and elimination. Anal retention may be variably expressed as a holding on to express anxiety, expression of fear of losing, or expression of anger and stubborn resistance. Elimination may be an effortless letting go or an angry casting out. These ways of relating represent the mental attitudes of the infant and can be expressed in a variety of kinds of behavior.

In the genital mode, for the female, taking in remains a primary mode. However, depending on the mental attitude, this may be a masochistic suffering of invasion, a sadistic seizing, or a loving receptivity. In the male, Erikson saw the intrusive mode. This may be invading and exploring, or sadistic, or loving giving. As Guntrip pointed out, the use of the term intrusive is perhaps unfortunate since it implies aggression; however, Erikson used the term to describe the process of development to active doing. He stated:

The intrusive mode dominates much of the behavior of this stage, and characterizes a variety of configurationally similar activities and fantasies. These include the intrusion into other people's bodies by physical attack; the intrusion into other people's ears and minds by aggressive talking, the intrusion into space by vigorous locomotion; the intrusion into the unknown by consuming curiosity. (Erikson, 1963, p. 87)

Erikson extended and broadened classical psychobiological libido theory by describing each stage of development in terms of the various modes the developing human uses in relating to others and world. As Guntrip said, "Erikson has converted Freud's libido theory into an object-relations theory" (Guntrip, 1973, p. 90).
Erikson commented on Freud's position as follows:

It seems to me that Freud has done with the libido something analogous to George Stewart's handling of a storm. In his book, *Storm*, Stewart makes a major cataclysm of nature the central character of his story . . . . It is as if the world and its people existed for the glory of that storm . . . Early psychoanalysis similarly describes human motivation as if libido were the prime substance, individual egos being mere defensive buffers and vulnerable layers between this substance and a vague surrounding 'outer world' of arbitrary and hostile social conventions. . . . we must search for the proper place of the libido theory in the totality of human life. (Erikson, 1963, p. 64).

Erikson also took issue with traditional psychoanalytic view of the death instinct and aggression:

. . . that second primeval power the assumption of which followed the concept of the libido in the psychoanalytic system--namely, an instinct of destruction, of death. I shall not be able to discuss this problem here, because it is essentially a philosophical one, based on Freud's original commitment to a mythology of primeval instincts. His nomenclature and the discussion which ensued have blurred the clinical study of a force which will be seen to pervade much of our material without finding essential clarification; I refer to the rage which is aroused whenever action vital to the individual's sense of mastery is prevented or inhibited. (Erikson, 1963, p. 68)

Erikson did not reject instinct theory entirely; he took a different perspective on the meaning of instinct in the human being. He held the notion that there are biologically determined patterns, which he referred to as vague instinctual (sexual and aggressive) forces, while at the same time he differentiated these from what is understood to be an instinct in the animal world.

When we say that animals have 'instincts,' we mean that at least the lower forms have relatively inborn, relatively early, ready-to-use ways of interacting with a segment of nature as part of which they have survived. (Erikson, 1963, p. 94)
However, the drives man is born with are not instincts; nor are his mother's complementary drives entirely instinctive in nature. Neither carry in themselves the pattern of completion, or self-preservation, of interaction with any segment of nature; tradition and conscience must organize them. . . . Man's 'inborn instincts' are drive fragments to be assembled, given meaning, and organized during a prolonged childhood by methods of child training and schooling which vary from culture to culture and are determined by tradition. (Erikson, 1963, p. 95)

His use of terms such as drive fragments and minimal instinctive equipment leave unclear the nature of such forces. However, it appears Erikson's concern was in the psychosocial developmental possibilities rather than an examination of the nature of biological origins. He wrote: "Whatever reaction patterns are given biologically and whatever schedule is predetermined developmentally must be considered to be a series of potentialities for changing patterns of mutual regulation." (Erikson, 1963, p. 69). This lack of clarity about the biological determinants of personality has led to criticism of Erikson by some object relations theorists. Although Erikson endeavored to unite biology, psychology, and the social sciences by viewing them as aspects of one process instead of three isolated systems, Guntrip saw Erikson's terminology as suggesting a separation of these systems:

Erikson and Allport both accept the idea of infantile organic drives that are later woven into culturally determined adult motive patterns. I do not regard that as satisfactory because it perpetuates the idea of the personality as a psychosocial pattern developed later on the foundation of purely biological drives at the beginning. There cannot be any time when a human being is all soma and no psyche. (Guntrip, 1973, p. 83)

. . . they (Jones, Kris and Erikson) superimposed psychology on top of biology. (Guntrip, 1973, p. 81)
In *Identity and the Life Cycle*, Erikson (1980) pointed out his primary purpose had been a concentration on "the place of psychosocial identity within the developmental logic of the human life cycle" (p. 13). For my itinerary through issues of identity and of the life cycle does not come to rest in reaching a foothold in existing ego psychology . . . . This psychosocial orientation, furthermore, has become part of a historical one which would force us eventually to view the ego's functioning (as well as our attempts to grasp the nature of what we have been calling 'ego') as processes underlying a historical relativity. (1980, p. 12)

Erikson enlightened understanding of the social development of the ego-identity. His theory gave significance to the external object world in ego-object relations which Melanie Klein devalued. The next author reviewed, D. W. Winnicott, focused on the earlier developmental stages, and explored what he called the "absolute start of the ego" as well as ego development in the early infant/mother relationship.

**Donald W. Winnicott**

D. W. Winnicott (1957, 1958, 1965, 1968, 1971a, 1971b, 1975, 1977; Davis and Wallbridge, 1981) made significant contributions to an understanding of early ego development. His conceptions of the absolute start of the ego were based on the notion that from its origin the ego can only develop in relational terms. Winnicott's understandings developed from some 40 years of working with mothers and their infants and growing children as a pediatrician and psychiatrist, which gave him an unrivaled opportunity to analyze these initial relationships. Many of Winnicott's concepts are particularly helpful in the theoretical portion of this study.
The Winnicott Publications Committee has compiled a book introducing his work entitled *Boundary and Space* (Davis & Wallbridge, 1981). This title seems a fitting introduction since throughout his work Winnicott explored psychodynamic processes in terms of the movements and shaping of boundaries and space, form and content, the development of inner and outer reality and the relationships between them.

Winnicott used the word *ego* to denote the beginning of the person. The beginning person is described as a physical and psychological (his term was *psychical*) being with a variety of inherited tendencies and potentials. Winnicott held that inherited tendencies of the psyche include those that lead toward the integration or the attainment of wholeness (Davis & Wallbridge, 1981, p. 37). Winnicott described the rudiments of integration as follows:

> It is useful to think of the material out of which integration emerges in terms of motor and sensory elements, the stuff of primary narcissism. This would acquire a tendency towards a sense of existing. Other language can be used to describe this obscure part of the maturational process, but the rudiments of an imaginative elaboration of pure body-functioning must be postulated if it is to be assumed that this new human being has started to be, and has started to gather together experience that can be called personal. (Winnicott, 1965, p. 60)

The significance of the environment in this earliest stage is crucial. The mother serves as a holding environment for the infant who is at this stage absolutely dependent on her. Within the reliable holding environment, the infant can experience a sense of going-on-being without traumatic disruption of these alternating states of sensing and reacting. Winnicott considered these alternating states to be periods of integration and unintegration and believed these periods
exist before birth. These considerations led him to make the remarkable statement that birth is "an exaggerated example of something already known to the infant," provided the birth is normal. In a paper read before the British Psycho-Analytic Society in 1949, Winnicott (1975) said:

In health the infant is prepared before birth for some environmental impingement, and already has had the experience of a natural return from reacting to a state of not having to react, which is the only state in which the self can begin to be. This is the simplest possible statement that I can make about the normal birth process. It is a temporary phase of reaction and therefore of loss of identity, a major example for which the infant has already been prepared, of interference with the personal 'going along,' not so powerful or so prolonged as to snap the thread of the infant's personal process. (p. 183)

This gives a rudimentary picture of the process Winnicott saw as repeating throughout the stages of development, a process of the ego experiencing alternating states of integration and unintegration within the context of the environmental structure. Winnicott saw the environmental structure as facilitating the inherited tendencies of the maturational process. He stated:

In infancy the growth-process belongs to the infant, and is the sum of inherited tendencies, and this includes the maturational process. The maturational process only takes effect in an individual infant in so far there is a facilitating environment. The study of the facilitating environment is almost as important at the beginning as the study of the individual maturational process. The characteristic of the maturational process is the drive towards integration, which comes to mean something more and more complex as the infant grows. The characteristic of the facilitating environment is adaptation, starting almost at 100 percent and turning in graduated doses towards de-adaption according to the new developments in the infant which are part of the gradual change towards independence. (Winnicott, 1965, p. 238-239)
The infant is in a state of absolute dependence on the mothering person which corresponds to the mother's adaptation to the infant. The mother gradually becomes less preoccupied with and adaptive to the infant, as the infant in turn becomes relatively dependent. Winnicott's terms facilitating environment and good enough mother suggested the environmental provisions which are sufficient for healthy development.

When the facilitating environment is good enough (this always means that there is a mother who is at first given over to her job of infant-care, gradually and only gradually, reasserting herself as an independent person) then the maturational process has its chance. The result is that the infant personality achieves some degree of integration, at first under the umbrella of ego-support (the mother's adaptation) and in time more and more an achievement that stands on its own legs. (Winnicott, 1965, p. 239)

Winnicott viewed de-adaptation and disruptions which naturally occur as necessary in facilitating the child's ego development. The good enough mother both impinges on and provides support to the infant so that the infant is both encouraged to mature and also experiences support. No disruption or impingement is so powerful or so prolonged as to sever the infant's personal process toward integration.

Winnicott's inseparable linking of the ego and object worlds is a clear statement of an object relations theory perspective. During a discussion at a Scientific Meeting of the British Psycho-Analytic Society sometime in 1940, Winnicott startled his colleagues with the statement: "There is no such thing as an infant, meaning, of course, that whenever one finds an infant, one finds maternal care, and without maternal care there would be no infant" (1975, p. xxxii). Winnicott connected this concept of the necessity of relationship with his understanding of dependence.
Ego-psychology only makes sense if based firmly on the fact of dependence, and on the study of infancy as well as on the study of primitive mental mechanisms and psychic processes.

The beginning of ego emergence entails at first an almost absolute dependence on the supportive ego of the mother-figure and on her carefully graduated failure of adaptation. This is part of what I have called 'good-enough mothering'; in this way the environment takes its place among the other essential features of dependence, within which the infant is developing and is employing primitive mental mechanisms. (Winnicott, 1965, p. 9)

The importance of self-other relationships is central throughout life, as expressed by the fact that independence is never absolute. In a presentation to the Atlanta Psychiatric Clinic in 1963, Winnicott (1965) stated:

The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent. (p. 84)

In other words, ego development at any life stage cannot be properly viewed outside the context of relationship to object world.

Winnicott's term ego-relatedness can be understood within the context of his understanding of dependency. In infancy, the reliable holding of the mother gives support to the immature ego of the infant.

This aspect of the relationship between the infant and the mother was called 'ego-relatedness' to contrast it with the relationship based on id-needs, which is at the root of psychoanalytic theory. (Davis and Wallbridge, 1991, p.38)

It allows for the development of the capacity to be alone which, for the mature individual, is a state of relaxed comfort in being with one's self. This concept again demonstrates Winnicott's conceptualization of development in terms of paradoxes, since the capacity to be alone develops out of ego-relatedness, a form of felt togetherness,
which proceeds through being alone in the presence of someone to the capacity to be alone.

Returning to the ideas of boundary and space, in the beginning the infant is unable to distinguish me from not-me; that is, there is no boundary between and no clarity of the contents between me and not-me. As development progresses, the two are separated by what might be called a limiting membrane, which to some extent is equated with the skin. As development continues, the sense of boundaries grows clearer as well as the understanding of what is me and not-me. Personalization is the term Winnicott used for the process of claiming one's whole psyche and physical self as one's own, and as real. In infancy it includes development of experiencing the whole body as the dwelling place of the self. The environmental provision which facilitates this development Winnicott summed up in the term handling.

Winnicott found the development of a sense of self as a separate reality begins with primitive object relating, and progresses to object use. At first the infant is unable to distinguish object from self and Winnicott referred to such an object as a subjective object. In object use, it becomes an object objectively perceived. The environmental provisions which facilitate this process include object presenting and object permanence. In object presenting, the mother presents what is needed at the right time.

From this develops a belief that the world can contain what is wanted and needed, with the result that the baby has hope that there is a live relationship between inner reality and external reality. (Davis & Wallbridge, 1981, p. 41)
The infant experiences finding just what is needed at just the right time as if he/she created exactly what he/she needed and has omnipotent control over the object world. There is a natural loss of this sense of omnipotence as the me and not-me become clarified, the mother de-adapts, and the survival of the object (mother) demonstrates the object has permanence beyond the baby's control.

Within this developmental sequence, Winnicott saw the link with infantile aggression. He believed that aggression can be traced to the prenatal motility of the infant. He rejected the idea of a death instinct, and felt that anger was too sophisticated an emotion for the infant. Rather the activity of the infant results in destruction by chance, such as when the infant by closing his/her eyes causes the object to vanish.

Primitive motility fused with erotic impulses brings destructiveness aimed at the object. This destructiveness, like any other experience, has its imaginative elaboration in fantasy. The object is seen to survive the destruction, and thus to take on a quality of permanence. (Davis and Wallbridge, 1981, p. 70)

This actual survival of the mother though the infant has "destroyed" her gives rise to further clarification of the object objectively perceived.

A new feature thus arrives in the theory of object-relating. The subject says to the object: 'I destroyed you,' and the object is there to receive the communication . . . . 'You have value for me because of your survival of my destruction of you.' 'While I am loving you I am all the time destroying you in (unconscious) fantasy.' Here fantasy begins for the individual. The subject can now use the object that has survived. It is important to note that it is not only that the subject destroys the object because the object is placed outside the area of omnipotent control. It is equally significant to state this the other way round and to say that it is the destruction of the object that places the object outside the area of the subject's omnipotent control. In
these ways the object develops its own autonomy and life, and (if it survives) contributes-in to the subject, according to its own properties. (Winnicott, 1971a, p. 90)

Following the change from object relating to object use, the baby is able to experience ambivalent feelings toward the object. Winnicott drew from Klein's work regarding the development of guilt and efforts of reparation, and added his own idea that this achievement in development gives rise to the capacity for concern.

One of Winnicott's most original contributions was made in his conception of a potential space to which both fantasy and reality, both internal and external worlds, contribute. In the very beginning, the space between the mother and infant seems to be both boundary and space which is shared, since the infant is unable to distinguish between the me and not-me. In the gradual development of a separation of the me and not-me, there exists a third area of experiencing. For Winnicott, a double statement of reality, inner psychic reality and other shared reality, is not enough. In a paper presented in 1951, Winnicott (1958) stated:

My claim is that if there is need for this double statement, there is need for a triple one; there is the third part of the life of a human being, a part that we cannot ignore, an intermediate area of experiencing, to which inner reality and external life both contribute. (p. 230)

In this area, this space between the me and the not me, the internally created and the externally presented, are not distinguished. They are both present. Early in development, this potential space between individual self and environment is the area of transitional objects and transitional phenomena. The transitional object, a favorite toy or
possession, is neither entirely from without nor entirely internally created. It is both, and for the infant it has a reality, vitality and meaning and can serve as a reliable representation of the reality of the mother while she is away.

The potential space is the area of children's play, which Winnicott saw as an extension of the use of transitional phenomena. This space is also the area of creativity, which is a bringing together of both inner and outer worlds. It is the area of meaningful communication between people. Winnicott used the term mutuality in experience in interpersonal relationships to indicate an overlap of potential spaces of the individual persons. Within this context, he considered this overlap of potential spaces to be the area where psychotherapy is done. He linked psychotherapy with play, in the sense that therapy, like play, is a creative exploration of the worlds of fantasy and reality, an exploration of the inner world and world shared with others, to which both client and therapist contribute.

One further aspect of boundary and space concerns separations or boundaries which can develop within the inner space. Winnicott understood these splittings of the self to be a result of the self organizing defenses against the fear of annihilation and as a way of relating to reality in order not to betray the true self. He found two primary categories:

1. distortions of the ego-organization that lay down the basis for schizoid characteristics, and
2. the specific defense of self-holding, or the development of a caretaker self and the organization of an aspect of the personality that is false (false in that what is showing is
a derivative not of the individual but of the mothering aspect of the infant-mother coupling). This is a defence whose success may provide a new threat to the core of the self though it is designed to hide and protect this core of the self. (Winnicott, 1965, p. 58)

This false self develops particularly from failure in the object presenting stage. The mother substitutes her own schedule for that of the infant so that the infant is required to comply with her schedule. The necessity to comply results in the child's need to deny, repress, or hide one's true self and develop a false compliant self in order to accomplish a minimally adequate relationship with the mother. From this prototypical interaction, a false set of relationships evolves. The true self remains latent or hidden and is not fully realized. The false self may take a pattern of conformity, or adaptation, or rebellion against the unsatisfactory environment.

The False Self has one positive and very important function: to hide the True Self, which it does by compliance with environmental demands. (Davis and Wallbridge, 1981, p. 51)

It is important to note Winnicott believed compliance and compromise are a necessary part of healthy development. In healthy development, however, the true self is realized and compromise ceases to become allowable when crucial issues are confronted. "When this happens the True Self is able to override the compliant self" (Winnicott, 1965, p. 150). Thus, the compliance which characterizes the false self involves the sacrifice of integrity and as a defensively maintained protection for the True Self is, in fact, a self-betrayal.

It can be seen from this review of Winnicott's theory his fundamental position is a hopeful one. He emphasized the positive achievements in
healthy development and the natural striving toward integration within a facilitating environment. This presents a considerable contrast with the picture Klein offered of the infant ego caught between the forces of life and death instincts.

The object relations theorists reviewed to this point presented what Guntrip (1973) described as the whole-person-ego approach to object relations which is the orientation of the British writers. These theorists stress that the ego is the core of identity and personal reality as it develops through object relations across the earliest years of life; Erikson extended this perspective to include the entire life span. This review of object relations theorists will conclude with a brief examination of the major notions of several theorists of prominence outside of the British school of object relations. These writers included Hartmann, Jacobson, Kernberg, Mahler, Bowlby, Horner and Kohut. These writers are to be differentiated from the British school in that they espouse, at least to some degree, what Guntrip has called the system-ego approach to object relations theory. Adherents of the system-ego approach tend to conceptualize object relations as only one of the functions of the ego.

Heinz Hartmann

The major proponent of a system-ego theory is Heinz Hartmann whose work first appeared in the 1930's and continued into the 1960's. Since he immigrated to America and his work was not translated or available to the major British writers until the late 50's, his work
has been more influential on the American writers. Hartmann expanded Freud's concepts of ego psychology. As noted in the title of his first essay in 1939, *Ego Psychology and the Problem of Adaptation* (1958), Hartmann followed a physiological base and adaptation remained his key concept. For Hartmann, the ego was an organ of adaptation. It was an organ both of defense against the inner world (a world of id-drives and conflicts with the super-ego), and of adaptation to the outer world. Adaptation was conceptualized as of two types: autoplasic, or altering oneself to fit the environment, and alloplastic, or altering the environment to fit in with oneself. His use of the term relation was in the biological sense meaning activity relations rather than personal relations. The psychopersonal viewpoint maintained by person ego theorists focuses on experience rather than action, on being as important prior to doing.

Hartmann (1964) extended ego theory to include the notion that not all ego processes are developed out of conflict with id-drives, but can develop with reference, or in relation, to the outer world. Because of his conceptualization of man as basically an adapting organism, his view was criticized as reducing human living to a matter of biological survival. Guntrip wrote: "The person, the quality of selfhood, is more important than survival, which is not worthwhile without it" (1973, p. 113).

**Edith Jacobson**

Edith Jacobson's (1964, 1971) theorizing included elements of both system-ego and person-ego views, and she is therefore a theorist.
positioned between Winnicott and Hartmann on a continuum of object relations theory. She focused on the problems of ego formation and the development of ego-identity. She proposed an object relations theory of ego development in which the infant begins life as a *primal psycho-physiological self in a primary undifferentiated psychosomatic matrix*. From this initial undifferentiated state, the separation of self and object gradually takes place through the course of development via object relations experience.

The development of the ego, and of drives differentiated appropriately to the nature of the object-world, and the development of increasingly definite perception of objects and their nature, all proceed together. (Guntrip, 1973, p. 128)

Within this context, libido is understood as the essential life energy which drives the growing ego or self toward object relations. Jacobson considered libidinal and aggressive drives to be equally important since both were thought to be psychobiologically predetermined and promoted by internal maturational stimuli as well as by external stimuli. This was in contrast to other theorists who stressed that clinical observations show aggression to be a secondary manifestation occurring only as a direct result of fear. Her position that aggression is an inborn factor was criticized as confusing two different issues and allowing clinical observation to be overridden by theory (Guntrip, 1973).

**Otto Kernberg**

The American writer Otto Kernberg (1976, 1980, 1982a, 1982b), whose work has been published since the 1960's, was influenced by
Jacobson's work as well as by Klein, Fairbairn, and Mahler. He also took into account Freud's theories and Hartmann's ego-psychology. Kernberg (1976) endeavored to integrate drive theory and object relations theory and, like Jacobson, viewed aggression as a primary drive.

Libido and aggression represent the two overall psychic drives which integrate instinctive components and other building blocks first consolidated in units of internalized object relations. (Kernberg, 1976, p. 104)

As is evident from the terms used in the above quotation such as building blocks and units, Kernberg emphasized structure as opposed to psychodynamic process. He considered his definition of object relations to be less restricted than the British writers. For Kernberg, object relations theory concerned:

... the buildup of dyadic or biopolar intrapsychic representations (self and object-images) as reflections of the original infant-mother relationship and its later development into dyadic, triangular, and multiple internal and external interpersonal relationships. (Kernberg, 1976, p. 57)

The self is a composite structure derived from the integration of multiple self-images and the internalized representations of external objects called object-images. Each internalization of self and object-image is established in the affective context, and is referred to as a self-object-affect unit. These units are primary determinants of the overall structures of the mind (id, ego and superego) (1976, p. 57).

Margaret Mahler

Margaret Mahler's work (1968; Mahler, Pine and Bergman, 1975) has been influential on a number of writers in addition to Kernberg. She is noted for her work on the early stages of development as a
separation-individuation process. In her theory, at birth the child is in a state referred to as normal autism. Over the earliest months of life the infant's innate attachment seeking behavior interacts with the maternal response and leads to the stage of normal symbiosis. In the following subphase called hatching, there is an initiation of differentiation between self and object. The practicing period begins at about 10 months of age and continues until about 16 months during which the child is rapidly maturing in autonomous functions of locomotion, perception, and learning. The child has a sense of magic omnipotence "which is still to a considerable extend derived from his sense of sharing in his mother's magic powers" (Mahler, 1968, p. 20). The child is also increasingly confronted with separateness from the mother.

The next subphase is called the rapprochement period. This begins around 18 months and extends up to three years of age. Mahler wrote:

By the eighteenth month, the junior toddler seems to be at the height of the process of dealing with his continuously experienced physical separateness from the mother. This coincides with his cognitive and perceptual achievement of the permanence of objects in Piaget's sense (1936). This is the time when his sensorimotor intelligence starts to develop into true representational intelligence, and when the important process of internalization, in Hartmann's sense (1939)--very gradually, through ego identifications--begins. (Mahler, 1968, p. 21)

During this period, the child finds through experience with reality a loss of the sense of magical omnipotence, a process which Winnicott called disillusionment. The child is now vulnerable to shame. There is also awareness of helplessness and dependence upon the object who is now perceived as powerful and separate. This point is considered the rapprochement crisis.
The rapprochement period described by Mahler has been of particular interest to writers examining the features of the narcissistic and borderline personalities. The concept of the grandiose self, stemming from the sense of omnipotence and superiority, and the concept of the idealized object, stemming from the sense of the object as now all powerful and separate, correlate with features of the narcissistic and borderline personalities. The rapprochement period is considered to be the phase when the condition becomes apparent, though the borderline condition may actually originate at an earlier point in development. This rapprochement period and crisis also corresponds to Klein's transition from the paranoid to the depressive position.

The final subphase is called identity and object constancy. This begins at about three years of age. For Mahler, the term object constancy meant the internalized good object or "the maternal image is now psychically available to the child just as the actual mother was previously available for sustenance, comfort, and love" (Horner, 1984, p. 34-35). Mahler's understanding of object constancy seems a further development of what Winnicott (1965) called ego-relatedness and the capacity to be alone. This is also the period of achievement of the capacity to hold ambivalent feelings toward the object. In healthy development, good and bad object representations become integrated, rather than split, so that when hatred is felt because the object is experienced as bad, the hatred is tempered by positive feelings which are associated with the same object. Reality testing and a sense of reality are established. Psychosis is considered to result from disturbances in the earliest periods of development, character disorders from...
disturbances in the subphases from four to five months on. If identity
and object constancy have begun to be established, disturbances will
result in neurosis rather than the more serious disorders.

*John Bowlby*

For the various writers reviewed, ego development concerns pro-
cesses of identification, differentiation, and integration. These
processes involve several phases of attachment and separation of self
and object. John Bowlby (1969, 1973) built his theory on the theme of
attachment, separation and loss. He was particularly concerned with
the reactions and emotional distress which can result from separation
and loss at various points in development. He found anxiety, anger,
and depression as consequences of loss and separation; and found an
associated sequence of protest, despair, and detachment in his observa-
tions of young children. Bowlby viewed attachment behavior as a major
issue throughout life. It is most critical in the earliest stages of
development as shown by the studies of Spitz (1965) who found infants
separated from their mothers for long periods of time developed emotional
deficiency diseases of analclitic depression and hospitalism, with
hospitalism sometimes being fatal. Attachment behavior changes in form
and expression throughout this life cycle. Disturbances in attachment
behavior, including forms of detachment, can be seen in the various
psychopathologies. Bowlby's work was consistent with the object rela-
tions theory thrust of relating ego-development to innate urge toward
object relating and attachment.
Althea Horner

Althea Horner, whose work has appeared in the 1970's and 1980's, synthesized the work of a number of the authors reviewed here into her overall framework. In her book, Object Relations and the Developing Ego in Therapy (1984), she attempted to offer an integrated and comprehensive framework of object relations theories. She wrote:

In this book attachment theory, cognitive theory dealing with mental structures, and object relations theory are brought together, with the major focus on the evolution of a cohesive, reality-related, object-related self. (1984, preface)

She included the work of Mahler, Piaget, Winnicott, Bowlby and Kohut primarily, as well as taking into account the theories of Klein and Kernberg. Horner focused on early development in terms of attachment, separation and individuation themes following Mahler's phases. Horner's exploration of the rapprochement subphase and the accompanying developmental features of the grandiose self and the idealized object is effectively applied to her understanding of pathology from clinical observations. In a similar way, Horner incorporated Bowlby's attachment theory and Winnicott's descriptions of possible false self constructions. Horner wrote of attachment through the false self and explored how these attachments are manifested clinically. She also addressed the interaction of disturbances in early development with those developmental issues which occur later. Her work presented major concepts of a number of writers in a well-integrated framework.
Heinz Kohut

Heinz Kohut (1971, 1975, 1977, 1978) is particularly well known for his exploration of the narcissistic personality disorders in object relations terms (Greene, 1984). His theories are referred to as a psychology of the self and sometimes are not considered a true object relations theory (Abend, Porder, & Willick, 1983). Kohut (1971) accepted Hartmann's (1964) definition of the self and followed an emphasis on a structural system-ego approach. However, Kohut created some confusion by redefining crucial terms, offering contradictory definitions and using terms inconsistently. For example, he first defined the term self in Hartmann's sense as a content of the ego, and then used the term to mean not a substructure but a supraordinate one. He wrote of the self as "a supraordinated configuration whose significance transcends that of the sum of its parts" (Kohut, 1971, p. 97). He defined a new concept called self-object, which is both an object and is experienced as part of the psychic apparatus. In 1977, Kohut acknowledged that he had been unable to reshape traditional theoretical framework to fit his observations. Kohut then redefined and consistently used the term self to mean the core of the personality. He conceptualized the self as having two poles. One is concerned with strivings for power and success and is called the grandiose-exhibitionistic pole. The other is concerned with idealized goals. He viewed the basis of psychopathology in the narcissistic personality as a weakened or defective self, rather than as concerning conflicts of impulses or drives. His terminology included cohesive self and fragmenting as opposed to similar concepts.
other writers called ego-integration and splitting. Kohut used the term **empathy** to describe levels of relating:

I have composed my views into three propositions: (1) Empathy, the recognition of the self in the other, is an indispensable tool of observation, without which vast areas of human life, including man's behavior in the social field, remain unintelligible. (2) Empathy, the expansion of the self to include the other, constitutes a powerful psychological bond between individuals which—more perhaps even than love, the expression and sublimation of the sexual drive—counteracts man's destructiveness against his fellows. And (3), Empathy, the accepting, confirming, and understanding human echo evoked by the self, is a psychological nutriment without which human life as we known it and cherish it could not be sustained. (1975, p. 355)

Empathy takes a place of central importance in his thinking. In light of this emphasis it is interesting to note Kohut (1977) maintained there can be a healthy development of self-esteem separate and apart from object relatedness. This seems inconsistent with his concept that the self develops in psychological structure formation through the process of transmuting internalization of which he wrote:

(1) that it cannot occur without a previous stage in which the child's mirroring and idealizing needs had been sufficiently (empathically) responded to (by the self-objects); (2) that it takes place in consequence of the minor, non-traumatic failures in the responses of the mirroring and the idealized self-objects; (3) that these failures lead to the gradual replacement of the self-objects and their functions by a self and its functions. (1978, p. 416)

It seems this implies that there must be a continuity of relatedness for this process to occur.

**Robert Kegan**

The final author to be reviewed is Robert Kegan, a Harvard psychologist and author of *The Evolving Self* (1982). Kegan's book is
of central importance in the present study since it presents a theory of development which draws on object relations theory. Kegan proposed a theoretical context which can encompass a variety of apparently divergent theories "by moving from the dichotomous choice to the dialectical context which brings the poles into being in the first place" (1982, p. ix). Dichotomous choices which have separated various theoretical approaches include theorizing about such dualistic questions as: Which is primary, affect or cognition, drives or ego-development, interpsychic or interpersonnel, biological or psychosocial? For Kegan, the underlying context which can hold both sides of theoretical dichotomies is the activity of meaning making. Kegan's 1982 book will be the only Kegan work cited in the following review.

Kegan attempted to bring together the traditions of ego-psychology, object relations theory, and existential phenomenology by uniting them in a "third tradition" called a constructive-development theory. The central historical figure in this tradition is Jean Piaget (1952). Kegan presented the constructive-developmental tradition as a combination of:

... constructivism (that persons or systems constitute or construct reality) and developmentalism (that organic systems evolve through eras according to regular principles of stability and change). (1982, p. 8)

This tradition attends to the development of the activity of meaning constructing.

A central emphasis in Kegan's work is that meaning making is a process or motion. Process is the fundamental ground. He clarified this saying:
The subject of this book is the person, where 'person' is understood to refer as much to an activity as to a thing—an ever progressive motion engaging in giving itself new form. (1982, p. 7-8)

The concept of human being as a process is reminiscent of authors previously reviewed in this study. Marcel (1978) wrote of man the wayfarer as a being-on-the way, in a process of becoming. Fromm (1968) stressed man as in a constant process of transcending. Bloch (1954) wrote of the whole of reality in process of becoming new form.

As Kegan noted, it seems difficult for us to consistently use the concept of motion in our psychological thinking, in part because of our language. The phrase "state of being" is an example of how quickly the sense of motion in the word "being" becomes lost in the concept of "a state" which implies something static. Kegan wrote:

While it may be possible for us to accept in isolation . . . that what is most fundamental about life is that it is motion (rather than merely something in motion), it remains that we are greatly tempted--and seduced--by our language into experiencing ourselves and the world as things that move. (p. 8)

Kegan's style of writing clearly attempted to keep the concept of movement actively before us. For example, Kegan wrote that this fundamental activity which we are is meaning constructing. In his definition of meaning, Kegan again endeavored to bring together separate views of psychological thinking. One view was the scientific one where meaning is a process of developing a logical, reliably interpretable and systematically predictive theory. The other view was an existential one, which describes meaning as "a process of generating a new vision which shall serve as the context of a new commitment" (Fingarette, 1963, p. 68)
The first view is characteristically espoused by traditional psychological theory. The second is held by the existential phenomenological traditions. In order to recognize both ways of thinking as valid, a theory must attend to both the form and system of meaning, and the very process and movement of meaning making. Kegan stated:

... the resulting psychology would be able to attend not only to the shape and sequence of our various consolidations of meaning, but to the universal processes themselves of constructing, defending, subordinating, surrendering, and re-constituting a meaning. (p. 12)

The crucial significance of meaning and meaning-making in being human is an idea not new to this review. As noted above, Marcel (1978) considered meaning and fulfillment as fundamental necessities. In Fitzgerald's (1979) work meaning was described as essential to a sense of self. Moltmann (1967) wrote of hope's way of thinking, which is essentially a process of meaning making. Kegan extended these ideas by proposing that meaning making construction is the activity of being. Kegan placed this activity in a developmental framework describing an evolution through qualitatively different stages of human growth which proceeds according to regular principles of stability and change. Each stage is the establishment of an evolutionary truce which creates a balance of subject and object. This balance is the context from which the person makes sense of the world. Kegan used Schachtel's (1959) term embeddedness to describe the nature of an evolutionary truce. The self is embedded in the truce, that is, the self is undifferentiated from the truce itself. The person is the truce. In order to evolve, the self
emerges from embeddedness, through differentiation, to integration, which is itself a new truce in which the self is now embedded.

That development is a process of self-object differentiations is a familiar concept from the review of object relations theories. Kegan suggested his framework differs from the traditional views in that for him, self object differentiation processes continue throughout the lifespan, not just in the first few years of life. The early years initiate themes and are the years in which the first subject-object differentiations are made. Infancy "inaugurates a disposition on the part of the person toward the activity of evolution" (1982, p. 77); however, the subject object differentiation process continues. Kegan stated:

Subject-object relations emerge out of a lifelong process of development: a succession of qualitative differentiations of the self from the world, with a qualitatively more extensive object with which to be in relation created each time; a natural history of qualitatively better guarantees to the world of its distinctness; successive triumphs of 'relationship to' rather than 'embeddedness in.' (p. 77)

To clarify the changes taking place in evolutionary transitions, Kegan used the terms being and having. Since the person is the meaning making context, it is accurate to say one's self is the subjectivity, it is a matter of being. The newborn is therefore described as being his/her reflexes. When the child emerges from this level of embeddedness, a new subject object differentiation is established so that what was once part of the subject, or self, is now known as separate from the self, that is, it is now object. We can then say the child has reflexes, rather than is them. The first evolutionary truce establishes the self as now embedded in one's perceptions and impulses. To illustrate this
point Kegan referred to Piaget's (1952) preoperational stage experiments. When liquid is transferred from one container to a second taller thinner container, the child in the preoperational stage will say there is now more liquid. The child's perception defines the object. If the child's perception changes (it now looks like more liquid in the secondcontainer), then the object changes (there is more liquid). The child does not understand this differently because the child is his/her perceptions, and that is the subjectivity from which sense is made of the object. To respond differently the child must evolve to a new evolutionary truce where the subject (self) can be separated from one's perceptions, and the self can be said to have perceptions then rather than to be them. This shift from being to having is an essential concept in each of the evolutionary transitions Kegan described.

The distinction between being and having is an important one for other authors previously reviewed. Marcel (1978) explored this distinction as crucial to understanding man as a hoping person. For Marcel, I am statements reflect an experience of embodiment which correlates with the term embedded that Kegan employed. Having is related to ownership and possession, where one's essential identity is separate from what one has. Hoping, a matter of being, is contrasted with desire, which is a matter of having. For Fromm, (1968) the distinction between being and having is important in understanding the meaning of identity:

I want to stress only the concept that identity is the experience which permits a person to say legitimately 'I' - 'I' as an organizing active center of the structure of all my actual or potential activities. (Fromm, 1968, p. 86)
It should also be noted both Marcel and Fromm, like Kegan, described being as a process, an activity, an experiencing.

In the object relations theories of Winnicott (1965) and Guntrip (1969), an emphatic distinction is made between being and doing which seems very similar to Kegan's concepts. Guntrip (1969) used this distinction to examine the foundations of ego-identity. To capture the quality of process Guntrip used the term inbeingness, which he understood as prior to the first subject-object differentiation in which the ego can accurately be said to be formed. Guntrip stated that the infant is a "pristine unitary psyche" and the ego is there "as a potentiality" (Guntrip, 1969, p. 249). Guntrip further stated that "The ego in its earliest beginnings is the psyche subject experiencing itself as 'satisfactorily in being'" (1969, p. 250). It appears Guntrip endeavored to describe a context, or ground, from which to view ego-development and suggested the existence of something which can be considered subject even in the earliest stages of life, a something which is best described as an activity, or experiencing.

All psychic experience, however unintegrated or disintegrated, must have some degree of ego-quality as the experience of a 'subject.' There has to be a 'subject' to have the experience even of depersonalization and derealization. (Guntrip, 1969, p. 250)

It is an experience that we could only express in sophisticated verbal form by the simple statement 'I am,' or possibly 'I am because I feel secure and real,' (not 'I do' or even 'I think,' for 'thinking' is only a psychic form of 'doing') though it must be a long time before we can arrive at such clarity. (Guntrip, 1969, p. 251)

Kegan's concept of being as the activity of meaning constructing offers a subject which can serve as the context in which to view the
ideas Guntrip described. As noted earlier, Kegan argued that in considering evolutionary activity as the fundamental ground in personality, dichotomous choices can be brought together. Kegan was "putting forth a candidate for a ground of consideraton prior to, and generative of, cognition and affect" (p. 81). This avoided the choice between I am because I feel (which Guntrip tentatively posits in the quote above) or I am because I think. Kegan stated: "evolutionary activity is intrinsically cognitive, but it is no less affective; we are this activity and we experience it" (p. 81).

This difference in Kegan's approach is also seen in his view of two concepts essential to object relations theory, internalization and separation. Internalization in traditional psychological usage means a taking inside, or a shift from what was once external to what is now intrapsychic. Kegan emphasized we cannot internalize something unless we are first able to see it as separate from ourselves, or until we emerge from our embeddedness in it. He found it more accurate to describe internalization "as a process by which something becomes less subjective" (p. 31). What is internalized is a new subjectivity.

In a similar way Kegan held a different emphasis in understanding separation anxiety. He stated the anxiety is not really about the loss of the object, since during the initial period in development when separation anxiety has been observed, between six to eight months and approximately 21 months of age (Bowlby, 1973; Spitz, 1946, 1950), the object has not yet been completely differentiated from the me. Thus it would be more accurate to say that separation anxiety is about the loss
of a part of one's self or an experience of separation from self. Separation anxiety ceases at about 21 months which is about the time when the differentiation of self and object is complete, therefore separation from the object is no longer experienced as a loss of part of one's self.

The concept of separation anxiety as concerning a loss of part of oneself is applied to each emergence from embeddedness throughout the life cycle as Kegan conceptualized it. In each era's transition, the individual is vulnerable to a qualitatively different kind of separation anxiety. During the first phase of differentiation from embeddedness the affect may be anxiety and depression. Later, as the "old me" becomes further separated from a "new me," the affect may become predominantly anger and repudiation. When a new balance is firmly established, separation anxiety ceases.

In Kegan's view the underlying force of evolutionary activity is the movement toward greater coherence of organization, also described as a movement to preserve and enhance integrity. This is similar to the definition of libidinal force as a life energy toward wholeness or integration used by some object relations theorists (Fairbairn, 1954; Guntrip, 1969; Winnicott, 1965). The existence of such an intrinsic motivation is also presented in the philosophical authors reviewed (Fitzgerald, 1979; Fromm, 1968; Marcel, 1978).

In Kegan's model, this intrinsic life energy drive moves development through five evolutionary truces, or balances. Each represents a new subject-object balance. The first era of development from birth to
about two years is called the Incorporative Era. During this era the child is embedded in reflexes, sensing, and moving. The establishment of the first evolutionary truce creates the Impulsive Balance. The child is now embedded in impulses and perceptions. The second truce establishes the Imperial Balance in which impulses and perceptions now become object (the child has them) and the new subjectivity is expressed in Kegan's language as I am my needs, interests, and wishes. The third truce establishes the Interpersonal Balance, which is described as I am my relationships, and I now have needs, interests, and wishes. The fourth balance is the Institutional Balance. Relationships now shift to object for the new subjectivity which is the self as an institution, concerned with authority, identity, psychic administration, and ideology. It can be described by the statement I am my self system, or I am my organization. The fifth and final balance is the Interindividual Balance. There is now a "self" before which one can bring the operational constraints of the organization which are now object. The new self is an interpenetration of systems, a self which is value originating, and system generating.

Kegan's description of the shifting involved in each of these truces, and use of the terms I am and I have can be misunderstood to imply the environment (or object) is merely an internal reality projected onto the external world. He stressed this is not his conception. Rather, his effort is to show that the distinction between the individual (internal psychological reality) and the social (external reality) is not absolute. It is just as accurate to say the self is embedded in a balance, as it is
to say that the person is in a culture of embeddedness. He referred to
Winnicott's term, holding environment, which described the significance
of the relationship between the infant and the environment as so
important that Winnicott made the statement "there is no such thing as
a baby" (Winnicott, 1957). There must be a baby and someone. Kegan
believed this idea is not only crucial in infancy, but is part of each
truce in evolution.

There is not one holding environment early in life, but a
succession of holding environments, a life history of
cultures of embeddedness. They are the psychosocial
environments which hold us (with which we are fused) and
which let go of us (from which we differentiate) (p. 116)

Thus, with each of the balances listed above, Kegan also described a
culture of embeddedness. For the incorporative balance, it is the
mothering culture; for the impulsive balance, the parenting culture.
The imperial balance is embedded in a role recognizing culture of school,
family and peer group. The interpersonal balance is embedded in a
culture of mutuality; the institutional balance in a culture of identity
or self-authority; and the interindividual, in a culture of intimacy.
The terms holding on and letting go serve to describe phases in the
evolutionary process which are applied to both self and environment. The
embeddedness culture serves the functions of holding on, letting go and
staying put, that is, "it must stick around so that it can be reintegrated"
(p. 121). If the embeddedness culture does not stay in place during a
transition, and disappears at the moment the person is beginning to emerge
from it, the loss may be experienced as a loss of part of the self, a
repudiation of the self, of rejection, and being made object.
The underlying construction of Kegan's model differs from other models considered earlier in two other significant ways. First, he used a helix rather than the traditional linear or stair step model. Second, he understood evolution as a movement back and forth between two great human yearnings, the longings for autonomy and inclusion.

Although there is an upward progression in Kegan's helix model, this indicates a progression of greater complexity. No balance is considered to be worse or better than any other. Themes and issues are revisited, but in qualitatively different ways each time. An evolutionary truce does not constitute an effort to return to a homeostatic state of the fetus in utero, or a detour to secure peace which was more efficiently obtained at an earlier time.

Rather, each qualitative change, hard won, is a response to the complexity of the world, a response in further recognition of how the world and I are yet again distinct—and thereby more related. (p. 85)

The second underlying construction, the two human yearnings, is depicted in the helix model as the two poles (more accurately, as the outer edges of the model) between which the helix can be seen to spiral. Kegan theorized each balance to be actually an 'imbalance' favoring one or the other of these two yearnings. Truces 1, 3, and 5; the Impulsive, Interpersonal, and Interindividual, favor inclusion. Truces 2 and 4, the Imperial and the Institutional, favor autonomy.

Kegan suggested that his model:

... recognizes the equal dignity of each yearning, and in this respect offers a corrective to all present developmental frameworks which univocally define growth in terms of differentiation, separation, increasing autonomy, and lose sight of the fact that adaptation is equally about integration, attachment, inclusion. (p. 108)
The search for a balance between these two yearnings is an idea not new to this review. Fromm (1968) wrote of being at home in the world without being imprisoned, and being intimate without being stifled (p. 69). Lynch (1965) wrote of a nonconflictual reality wherein relationship and autonomy, independence and dependence are not absolute categories but held in tension, each side necessary to the other. Marcel (1978) used the term intersubjectivity to define a mutuality between persons which is similar to Kegan's interindividuality in that it assures each person both the greatest distinction and greatest intimacy. In Christian eschatology these two yearnings might be described by the terms brotherhood of man or communion (inclusion), and individual salvation and uniqueness before God (autonomy).

Winnicott approached the issues of inclusion and autonomy in his stages of independence and dependence. He declared there is no absolute independence:

Independence is never absolute. The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent. (Winnicott, 1965, p. 84)

It appears these authors spoke to the notion that mature development is a balance similar to what Kegan calls the interindividual balance, one which holds both autonomy and inclusion rather than choosing one or the other.

Kegan's model offered this fundamental struggle for balance with a clarity and depth not found in other writings. He found the reason each truce is a temporary one to be in part because the balance is an imbalance in favor of one or the other pole which can therefore
become constraining. This causes a natural emergency whichprovokes renegotiation of one's evolutionary balance.

In the opinion of this writer, it would be more consistent with Kegan's understanding of the final, fifth, balance to conceptualize it as falling between the two poles of inclusion and autonomy. This is the final balance proposed, which implies there is no natural emergency arising from a sense of imbalance. Also, it is described as the most integrative of autonomy and inclusion. In speaking of the intimacy and reciprocity which are part of this balance he wrote that intimacy is a commingling:

which at once shares experiencing and guarantees each partner's distinctness (p. 106).

Reciprocity now becomes a matter of both holding and being held, a mutual protection of each partner's opportunity to experience and exercise both sides of life's fundamental tension (p. 254).

Though the interindividual balance can be said to be toward inclusion in its mutuality, intimacy and reciprocity, in "fashioning a bigger context in which these separate identities interpenetrate" it assures greatest distinctness (autonomy). Therefore the "bigger context" of which Kegan spoke seems more consistent with his notion of evolutionary activity as the larger context which encompasses both sides of a dichotomy.

In summary, Kegan's constructive-developmental theory offered a framework which encompasses major concepts of many of the authors in this review. The underlying context in which to view human development is the activity of meaning constructing. This activity is being, and

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is a movement toward wholeness or integration which evolves throughout
the life span in balances. Each balance is a new subject object
construction which establishes a truce in favor of one or the other of
the two fundamental yearnings, autonomy and inclusion. To understand
each balance as a meaning making construction process offers a view
of development which avoids the forced dichotomous choices found in
other theories. It provides a framework which can encompass object
relations theory, the cognitive developmental theories of Piaget
(1952), and the moral developmental theories of Kohlberg (1969) and
Fowler (1981). It also includes the philosophical and phenomenological
perspectives.

The encompassing nature of Kegan's framework makes his theory an
appropriate one for the final work in this selected literature review.
It is also pertinent to the theoretical portion of this study in which
a number of his concepts will be used to understand hoping development,
dynamics of hoping, and therapeutic use of hope.

Dynamic Theories of Depression

Depressive complaints and patterns are commonplace in the contem­
porary therapist's practice. Depression is a frequent and complicated
psychological disturbance which challenges therapist expertise and
creativity. In part this challenge is composed of the task of assisting
clients to find hope where there is none, or where the hoping is distorted
and neurotic. Depression is in large part a disturbance of the hoping
function and is therefore, germane to the topic of this study. This
section will briefly review several object relations theories of depression for the purpose of suggesting where disturbances in hope originate and how they are maintained thereby rendering depressed clients incapable of perceiving possibilities that would positively influence the quality of their existence. While it is recognized that persons experiencing psychological difficulties other than depression may also have disturbances in hoping functions, there is little question that it is the depressed client who most vividly displays the potentially life-threatening ramifications of hopelessness.

The person who is considered the most likely candidate for clinical depression varies somewhat according to the definition of depression used and to the theory of depression accepted by the therapist (Trembley, 1979). No therapist would miss the severe, overt signs of a serious depression but many clients do not present us with severe depressive syndromes and may be considered by the undiscerning therapists as clients who have primarily problems with anger, guilt, or schizoid emptiness. There are many contemporary theories and clinical counseling strategies for understanding and alleviating depression (Trembley, 1979); this brief review will focus on selected object relations theories of depression because the purpose here is at least to infer the developmental, self-other history of the depressive's hopelessness.

A number of major theoretical orientations which seem not to speak much to the origin of hopelessness are not considered relevant for review here; such theories include the behavioral (Ferster, 1973; Seligman, 1975; Lewinsohn, Sullivan & Grosscup, 1982), classical psychoanalytic (Fenichel, 1945; Freud, 1957; Menninger & Holtzman, 1950).
1973), existential (Frankl, 1963; Kemp, 1971), some cognitive theories
(Beck, 1967; Ellis, 1962; Mahoney, 1974; Rush & Giles, 1982), interpersonal theory (Klerman and Weissman, 1982), theories regarding the
social origin of depression (Brown & Harris, 1978), biochemical theories
(Fawcett, 1975) and those theories which hold that a particular group
is at high depressive risk (Wetzel, 1984).

Before going on, it should be noted that the focus here is on the
neurotically and characterologically depressed person, not on the
psychotically depressed individual who is nonfunctional and institution-
alized. The DSM-III (1980) codes ten depressive disorders (the DSM-II
had coded nine) and the ICD-9-CM (1978) codes fourteen depressive
disorders—which suggests that depression is not to be viewed simply or
as meaning just one type of disorder. The concern here is not to survey
all the types of, theories about, or treatments for depressions, but to
see if the origins of hopelessness can be ascertained from object
relations and developmental viewpoints as represented by Guntrip (1969),
Arieti and Bemporad (1979) and Kegan (1982).

Arieti and Bemporad (1978) provide comprehensive descriptions of
the experience of depression. Most therapists and counselors are well
aware of the depressive's complaints about feeling sad, lonely, unworthy,
helpless and hopeless. Not infrequently, the depressed person also has
a number of somatic complaints which have no basis in physical illness.
Depressions have a course they follow and which presents the therapist
with different problems at different points in the client's depression
(Trembley, 1979). For example, as a depression becomes more acute and
gripping, the client will often begin to show signs of both physical and mental retardation, profound self-blaming and utter despair. As a serious depression begins to lift, the risk of suicide is often greatest. Over the course of a depression, one's sense of hopelessness may become overwhelming. Throughout the course of any clinical depression, however, there is a consistent disturbance in the person's optimism, positivism and hopefulness.

Most depressions have components of loss (real or perceived), anger and guilt and hopelessness. This tends to be true of the milder depressions, the severe depressions and of the depressions associated with life transitions (Arieti and Bemporad, 1978). Secondary depressions, it may be noted, are often seen in persons who have neurological, endocrine, substance-abuse problems, and physical illnesses. Arieti and Bemporad suggested that the mild depressions include the reactive, characteriological and masked depressions. Mildly depressed people, who are in enough pain to seek counseling, continue to live their daily lives, but do so with a decreased capacity for enjoyment, achievement and flexibility. They continue to fight against the depressed feelings, often seeking emotional support from significant others with whom they maintain their relationships. The reactively depressed person often perceives a loss in his/her life, feeling some sort of subjective trauma has occurred; the loss may involve the loss of important others or of personal goals, or both. These people often grieve for themselves, they are self-centered and may commence to defend themselves from the awful feelings of depression through substance-abuse, depersonalization,
or obsessive hypochondriacal concerns. All depressives tend to over-
generalize, selectively attend, feel excessive and unrealistic responsi-
ilities, catastrophize, and engage in restrictive, often dichotomous
thinking—all of which require therapeutic attention. The mildly depressed
person is not totally and pathologically dependent on significant
others for finding his/her meanings and source of self worth, which is
a basis from which many therapists try to combat the hopelessness of
the depressed client. Although the depressed person is very caught up
in his/her depressive thoughts and feelings, those who are mildly
depressed can, with effort, often shift to nondepressive modes of
thinking.

Persons who seem to be more characterlogically depressed display
a constant mode of depressed cognition and affect no matter what is
going on in their lives. These people seem to have grown up being
depressed. Usually, these clients have a much stronger tie to a
significant person, but are restricted in their use of the other person
by a pervasive sense of losing the other. Despite the closer dependency
on the significant other, the efforts of the significant other to
encourage and give hope to the depressed person may not be very effective.
The depressed person may have a long-standing sense that they cannot
achieve their goals and may blame others for interfering with their
attempts to do so, the net effect being that they feel helpless and
hopeless about influencing the quality of their own lives.

Masked depressions and depersonalizations, when they are mild, are
most notable because one's life circumstances would suggest a depressive
reaction, but the client does not complain of feeling depressed. These clients often heavily somaticize their feelings or, in the case of depersonalizations, cut off their feelings from conscious awareness. Both of these patterns are understood to be in the service of protecting the person from the pain and hopelessness of the depression.

Arieti (Arieti and Bemporad, 1978) presented the submission-compliance paradigm as a formulation of how the predepressive personality develops. Arieti's notion has a somewhat traditional psychoanalytic theme to it in that it is related to the vicissitudes of infant movement from oral to anal stages of psychosexual development. Our interest here, however, is that the paradigm describes the movement of the infant/child from a position of psychological receptivity to environmental and significant other influences, to a position of psychological dependence—which may become pathological in nature—on the environment and significant others. In an object relations manner, Arieti traced the development of the pathological dependencies, losses, hopes, fears, self-condemnations, anger and guilt which underlie the depressive syndrome.

Arieti suggested the following developmental pattern. The pre-depressive personality is not usually a person who was abused or rejected as an infant. Rather, the infant was usually cared for by a good-enough mother, to use Winnicott's concept, during the first year. The mother's giving of nurturance and love was accepted by the infant and integrated into the infant's growing sense of self and world as symbols, meanings and values (at first as bodily sensations, later as internal experiences,
and still later as language-mediated symbols and meanings). In effect then, Arieti seemed to be describing a psychological development process similar to the process described by the object relations theorists previously reviewed. This development is one in which the infant/child's response to the facilitating holding environment is internally formulated as the developing structure of meanings about self, other, and the relationship between the two. Arieti suggested that the child's receptivity tends to favor the development of a personality which is initially extroverted, conforming and compliant in its modes of construing self-other relationships and disfavors the development of autonomous gratification modes. This seems akin to Winnicott's concept of the false compliant self construction in which the true self is hidden. In Kegan's theory, this tendency would be seen as the child's favoring the inclusion side of the developmental helix, both as a function of the infant/child's wish for inclusion, and the holding environment's (in this case, mother's) needs which serve as constraints to autonomy. The child's next natural evolutionary step is to move toward separation, but Arieti's predepressive personality seems to be unable to make this movement and the associated meaning constructions.

Arieti suggested that the child responds to the significant other's efforts to separate, usually during the second year if not before, as a fundamental loss. During this time, the mother, for a wide variety of reasons, will gradually begin to shift from her previously intense focus on the child to an increasingly greater focus on her own and other's concerns. Winnicott called this process de-adaptation, which
both he and Kegan emphasized is natural and desirable in healthy development. For Arieti's predepressive personality, if the mother's deadapting is too abrupt or otherwise ill-timed or insensitively carried out, the child may experience this shift as a severe trauma. It is likely that Winnicott would interpret this reaction as indicative of a failure in the child's establishment of a secure sense of being; instead of feeling secure, the child becomes "a reactor" to the external environment.

The effect of this shift in the mother's approach to the child, according to Arieti, is that, although the child continues to accept the mother's love when given, there is a growing acceptance of the expectations and demands of the mother. Thus, the child's former mode of receptivity moves into a mode of expectation—the child comes to expect more of self and of the other. The child's apparent loss here is the loss of the self that was loved and nurtured "just for being" by the giving mother. Instead, the child must gain the love and nurturance by somehow meeting the contingencies demanded by the mother. Unlike the preschizoid personality, the predepressive personality does not reject the now demanding mother, but rather dedicates itself to working to meet the conditions and expectations to assure the precious source of nurturance doesn't further dissipate. The child becomes increasingly compliant and submissive to the demands of the now dominant mother, in part to maintain a continuation of love, and in part in the hope of recapturing the love already lost. To be loved no longer means being loved just for being, but now means working for maternal love by
adapting to the fact that the love from the dominant other will be intermittent and conditional.

The child is also placed in a position of some insecurity and anxiety by the fear that he/she is not going to be found lovable by the dominant mother. There is also the fear that if some love was lost in the shift described above, then all love can be lost. That these fears may evolve into a sense of hopelessness can be easily understood. Yet, as Arieti pointed out, the situation is not yet doomed, for accompanying these fears and loss of hopes is the counterbalancing "hopes that he will be able to retain this love or recapture it if and when it is lost" (p. 133). Thus, there is the possibility of reparation and redemption for one's unworthiness and the hope that one can be loved again.

For Arieti, the dynamics involved here become complicated by the tendency of the submissive, compliant child to hold the dominant other as absolutely good, since she is the major source of love and nurturance. Thus, she is good even when she is demanding and punishing, which the compliant, submissive child construes to interpret as her "loving effort" to make the child worthy of her love. If the child doesn't meet the dominant other's expectations and love is withheld, the child blames self and feels at fault for the dominant other's lack of loving. The child, in effect, feels guilty now about him/herself. If the dominant other does not punish the child for failure to meet expectations (expectations which the child now also has as part of his/her meaning...
construction), then the child may work even harder to meet those expectations, that is, become still more compliant and submissive, as a form of self punishment.

Arieti concluded his discussion of the submission-compliance paradigm with a statement which is close in theme to Kegan's concept of the self as meaning constructing.

The interpersonal relation based on compliance and placation has predisposed the child to select and adopt specific ways of facing the world, others and himself. . . . These patterns of living do not consist only of movements, or of specific external behaviors. They are cognitive-affective structures which have been built as a result of learning, in the act of facing the early interpersonal situation. . . . According to the interpretation offered in this book, the patient sizes up a particular environment and relates to it in the best possible way or, rather, interrelates in the roles of both subject and object." (1978, p. 134)

For Arieti, the central cognitive constructs were the concepts of significant other and dominant other. In the early relationship (usually) with the mother, the mother is the significant other. It is with her the child develops the attitude of excessive compliance and that attitude has a great deal to do with the child's self-image. The child comes to construe the self view as a consequence of the way he/she believes other people think of him/her, and the self is evaluated based on the manner in which he/she treats others. As these patterns develop pathologically, the child eventually becomes psychologically anchored on the significant other. The balance then shifts toward the child becoming exclusively dependent on the other. At this point, where the child's sense of self has become pathologically attached to the other's demands and reinforcements, the other is now called the "dominant other." As Arieti stated, from the patient's point of view:
The relationship between the patient and the dominant other is not just one of submission on the part of the patient and domination on the part of the other. With this attitude are feelings of affection, attachment, love, friendship, respect and dependency, so that the relationship is a very complicated one. The dominant other is experienced by the patient not only as a person who demands a great deal, but also as a person who gives a great deal. (1978, p. 140)

Bemporad (Arieti and Bemporad, 1978) described the common dynamic and cognitive elements of mildly depressed persons which fit nicely with Arieti's concepts. Most depressed clients have a restricted relationship with a significant or dominant other who structures the ways in which the client can experience gratification and self-worth. In effect then, depressed persons usually have restricted sources of self-esteem. The depressed client is rather monopolized by the dominant other and does not develop a variety of sources for self-esteem. In therapy this means the therapist has to earn his/her right to become such a source for the client.

Fear of autonomous gratification is a common factor in depression. The client is unable to find much pleasure or to sense worthiness in their own activities; rather he/she acts in certain ways which are not for self, but for the dominant other who may then love and esteem them. The depressive seems to believe that the significant persons in their lives are always very conscious of the depressive's behavior, which sometimes leads the depressive to be not only somewhat paranoid in their ideations, but also to structure carefully and to ritualize their activities so as not to lose the dominant other's love. Once again, the rigid view of the depressive can be discerned here, and reveals an un-hopeful position. They can only seriously entertain a few possibilities
for how they might conduct themselves. Hopes for taking better care of themselves are limited because they draw attention away from meeting the expectations of the dominant other, and thus might increase the possibility of a rupture in the relationship. Hope is maintained that this careful effort will someday lead to being fully loved without loss. Serious clinical depressive episodes may occur when this hope becomes lost; when the client begins to see that years of careful control and restrictedness in their activities and ways of being will not (ever) lead to the special rewards they seek.

Bargain relationships, another component of most depressions, seem to control these clients' lives in that they deny themselves autonomous satisfaction in return for the care and nurturance they receive from the dominant other. The weaknesses of the dominant other are not clearly seen (are split from the dominant other and repressed), with a sort of cleansing of the object wherein the dominant other is seen as nearly perfect. Such idealizations of the dominant other clearly leave the dependent, depressed person vulnerable to the manipulations and oscillations in the caring offered by the dominant other. This characteristic, when coupled with the above components which restrict the depressive's relationships to one or a few dominant people, only serves to further empower the bargaining relationship as a potential trigger for depressive episodes.

Finally, depressives feel helpless about altering their environment in significant and healthy ways. There is little hope that any such possibilities of altering will not jeopardize the relationship with the dominant other. For the depressive, the more "hopeful"
possibility is that by masking and denying their own gratification efforts they might protect the relationship with the dominant other, which is perceived as the only viable possibility through which gratification might be brought to them.

It seems clear from the above description of the development of the depressive personality that any disturbance of the submission-compliance dynamic will constitute a potential, deeply threatening source of hopelessness for the individual. To the extent that the dominant other does not meet the depressive's demands for love and to the extent that the depressive self condemns for his/her lack of lovableness, a pervasive feeling and thinking pattern of hopelessness will develop and the common depressive components that Bemporad presented occur. In its more extreme forms, of course, hopelessness and despair often signify to the individual that suicide is the appropriate response to the awful life he/she is experiencing.

We will now turn to the object relational view of depression as presented by Guntrip (1969). Guntrip's view is that "depression is object-relational" (1969, p. 18). For him, this reflects a developmental accomplishment in the sense that the child has achieved the capabilities found in the depressive position and now has a self-object structure for relating. The depressive knows that the significance of living is in object relationships. This is in contrast to the schizoid personality, which reflects earlier developmental disturbances, and involves a renouncing of self-other relationships, a withdrawal to an internal world of past object relations. The depressive keeps trying to repair and/or recapture lost or injured love from others.
Both the schizoid and the depressive personality suffer from depression, though the form differs. Guntrip's use of the contrasts between these two personality constructions will be followed as it clarifies the dynamics involved in depression as he understands them.

Much like Arieti and Bemporad, Guntrip—who draws on Fairbairn, Klein, and Winnicott—theorizes that for the depressive there was either a real or perceived loss of maternal love at the wrong developmental time, and/or for the wrong reasons as far as the infant/child is concerned. He stated: "When you want love from a person who will not give it and so becomes a bad object to you, you can react in either or both of two ways" (1969, p. 24). The first way is characteristic of depressives. Guntrip described it as:

You may become angry and enraged at the frustration and want to make an aggressive attack on the bad object to force it to become good and stop frustrating you—like a small child who cannot get what he wants from the mother and who flies into a temper-tantrum and hammers her with his fists. This is the problem of hate, or love made angry. It is an attack on a hostile rejecting, actively refusing bad object. It leads to depression for it rouses the fear that one's hate will destroy the very person one needs and loves, a fear that grows into guilt. (1969, p. 24)

Here we can see that Guntrip's depressed personality is entrapped in a hopeless cycle. The hope for the mother's love has led to rejection. The resulting angry protest carries the hope that somehow the love may be recalled. However, the angry attack may instead destroy the very object one needs and loves, and with it all hope. There seems to be no way out of this awful predicament.

Guntrip saw depression as closely related to the schizoid personality; in fact, it seems clear that many of the depressed persons seen by
therapists are schizoids who are defending against the terrible dangers of the schizoid orientation by being depressed. Because the schizoid might be viewed as the person who has given up all hope for interpersonal relating and lives within his/her internal world of interjected bad objects, it seems useful to note what Guntrip stated about this condition. Guntrip saw the schizoid person as having "an earlier and more basic reaction" than the depressive.

When you cannot get what you want from the person you need, instead of getting angry you may simply go on getting more and more hungry, and full of a sense of painful craving, and a longing to get total and complete possession of your love-object so that you cannot be left to starve. (1969, p.24)

The schizoid sees the significant other as a desirable deserter who is pursued but then drawn back from, out of fear that efforts to possess the other will destroy him/her. This leaves the schizoid in the ultimately hopeless position of desperately craving the other's love, but fearful the other will be destroyed by virtue of that desire or by efforts to satisfy it. The schizoid is faced with first being attracted to the other and then having to leave the other—not because the other won't offer love, but because the other will be destroyed. Thus, the schizoid must renounce relationships as hopeless.

In contrast, the depressive sees the significant other as a hateful robber who is needed but rejecting, thereby triggering the frightful hate of the depressive who fears he/she will destroy the other with the hate. Here, Guntrip offered the more traditional notion that the depressive "turns his anger and aggression back against himself and feels guilty" (1969, p. 25). Guntrip added the important distinction
that the depressive is capable of holding ambivalent feelings about the significant other while the schizoid is not. The capacity to hold ambivalence toward one object is developmentally achieved at the time of the depressive position (in Klein's theory). The schizoid is developmentally pre-ambivalent. For the depressive, the hateful robber is the same person who is needed and desired. The guilt experienced is, in effect, perceived as being in agreement with the rejecting other's feelings about the depressive. For Guntrip, it was also important that the depressive's hate is "love grown angry because of rejection" (1969, p. 26). This delineates the object relational aspect of depression in its aspect of relating to an object separate from self for whom one can have both the desire for object's love and hate for the object's rejection.

The frequently seen anxiety in depression is, according to Guntrip, an anxiety over the possibility that in trying to love the good side of the other, one will destroy the object instead because of the destructive feelings toward the object's rejecting or bad side. The depressive fears the loss of the other's love, whereas the schizoid fears the loss of self.

For Guntrip, as well as Arieti and Bemporad, there seemed to be a basic notion that depression and its attendant anger, guilt, and hopelessness stem from the individual perceiving that critical losses of love, nurturance and self-esteem sources have occurred and may not be found again. The individual's hopes for inclusion and attachment seem to be rejected, ignored or thwarted by the significant or dominant
other. The other thus forces the individual to move toward separation and independence too soon or too violently for the individual's psychology to tolerate. Unable to make the transition to greater separation of self, the individual is held in a submissive-dependent posture which generates hate, guilt and hopelessness.

For Kegan, depression was seen as a "radical doubt" or confusion which occurs as a person moves through the transition from one developmental balance toward the next balance. The sense of doubt and confusion stems from the loss of the meaning-making construction's function of organizing one's experience. The person moves from a position of balance, in which one had a sense of who one was, which was confirmed by the holding culture, to a position of imbalance, in which one's formerly held views of self and world are now disconfirmed by the holding culture. For the individual who is depressed, there seem to be two aspects of loss involved in the growth and change of transitions: one is the sense of loss of one's place in one's environment which is now contradictory and which feels rejecting; the other loss seems to result from the sense of one's losing the sense of self, the meaning construction of what is subject (me) and what is object (something I have or that is the other). The essential resolution to this sort of depression, which can be clinically severe, is that the holding culture remain in place while the individual reorganizes his/her meanings made of self and world and can then reintegrate the holding environment in the new, broader view of self and world. At one level, depression then is seen as attendant to the transitions inherent in the individual's
movement from a position of seeking gratification from one subject-object balance, to a position of seeking gratification in terms of the next subject-object balance.

The themes in Kegan's analysis of depression, although expressed in a different language style, are not essentially different from those analyses offered by Arieti and Guntrip. In the first era of development, the infant may experience what Kegan termed abandonment depression. Here the infant is deeply threatened by separation anxiety induced by the mothering one, or holding environment, contradicting the infant's dependency as it naturally (and/or pathologically) begins to separate from the infant. The depression may be expressed as a failure to survive syndrome. This indicates the severity of the hopelessness present. Without the continuance of the holding environment's consistent nurturance, the child loses hope of going on.

During the transition from the impulsive balance, the child may experience a disillusionment depression. Once again, the child is threatened by the sense that significant others have abandoned him/her since the culture contradicts the child's meaning-making balance which is that his/her wishes determine reality. Now the culture of parents and school requires that the child's intense attachments to parents and home must loosen, and that the child recognize that wishes do not define the actions of others. This depression may be expressed in school phobia or in intensive living within one's fantasy world. It is as if in this way the child hopes to avoid disillusionment since he/she feels hopeless to cope with the new requirements.
In transition from the imperial balance, the child may experience a **self-sacrificing depression**. Here the child experiences the once role-recognizing culture as now controlling, constraining, curtailing and depriving him/her from meeting needs. The culture is requiring the child to take into account their end of the bargain despite the fact that their needs and interests may conflict with the child's. There is the expectation that attention must be paid to authority. The child often feels a loss of control since others can no longer be manipulated, and a lack of control over one's own irresponsibilities and insensitivities. Depression in this era may be expressed in delinquent behaviors. It seems the child finds little hope to comply with the new demands of the culture, and instead hopes to regain a sense of control by violating the rules of the culture. In this way he/she may avoid sacrificing the self as seems required in the compliance with the culture's demands.

**Dependent depressions** may occur during the transition from the interpersonal balance. Here the culture of mutuality which first permitted the adolescent's intense involvement in one-to-one relationships, now contradicts, and is perceived as betraying and deserting. The adolescent is confused by the vulnerability to incorporation in the other which the interpersonal mutuality now seems to involve, and feeling cold and selfish for wanting to consider one's own needs ahead of the other's. Kegan suggested that the depression in this transition may be expressed in anorexia nervosa. The hopelessness feature in this depression seems to be about the loss of hope to maintain the intense
relationships and yet insufficient hope to sustain the emergence of a more independent self. Anorexia suggests a desperate effort to combat hopelessness and lost control by focusing on the control of the body. It is as if by remaining small one can avoid the dangers of growing up.

The depression in the transition from the institutional balance is termed self-evaluative depression. In this case, the individual has been dedicated to personal autonomy and developing a self-system identity, a striving for independence which was supported by the culture of self-authorship, but which is now contradicted requiring more intimate relating and less attention to ideological form. The individual is confused by feeling good about his/her independence but bad about the inability to be close to the other. Greater intimacy seems to threaten loss of autonomous identity. Depression here may be expressed in workaholism. The aspect of hopelessness here is the loss of hope that one can remain in the position of self-authorship of the institutional balance, and yet there is insufficient hope that greater intimacy will not risk autonomy entirely. Workaholism shows a desperate clinging to the old balance and denial of the loss anticipated in moving forward.

Thus in each of the five evolutionary balances which he addressed, Kegan suggested that depression corresponds to the threats felt when the balances are being questioned by the changing self and/or the changing holding culture. This "questioning-of dynamic" is a tension between reflecting on the old self-meanings, but not yet having newly
constructed self-meanings to take their place; this is a self-loss experience. The "threat-to dynamic" is the tension between the sense of self one holds and the contradictions offered by the culture or environment; this would seem to be loss of the other. In broader terms, Kegan depicted depression dynamics as the result of loss of one's sense of self and/or the sense of the loss of the other (culture).

Hopelessness may occur when a person begins to believe that the losses of self and/or other are beyond his/her control and that, even worse, that which is being lost shall never be recovered or found again. Kegan gave full recognition to the pain, fear, anger and guilt that may accompany depression along with the awful sense that one has lost one's mind. So, the experience of hopelessness, for Kegan also, is directly related to loss and to the idea that few if any possibilities exist at the developmental moment which might permit the individual to recapture the sense of balance, or loss of self and/or other.

Summary

The intent in examining, even briefly, the depression theories of Arieti and Bemporad (1978), Guntrip (1969), and Kegan (1982) has been to attempt to explicate the development origins of hopelessness which is a central feature of clinical depressions. In this study of the development and distortion of hope, and the use of hope in counseling and therapy, it is necessary to give attention to the other side of hope--hopelessness. Clients bring their hopelessness to us for hope, thereby calling on therapists to understand the nature of hopelessness.
and to conceptualize how hopes can be generated anew or refound, if once held but now lost. The remaining chapters of this study are dedicated to those understandings and conceptualizations.
CHAPTER III

THEORETICAL FORMULATIONS

An individual's hoping is an integral part of the psychology of the self and is connected with one's sense of being as we have seen in the literature reviewed. The development of hoping is, therefore, appropriately examined as part of the process of the developing self. The hoping function takes shape in the earliest life experiences and continues to develop, as well as influence development of the self throughout life. In this chapter the development of hoping is examined within the framework of those developmental theories of personality included in the review of the literature. Kegan's (1982) model serves as an appropriate framework since he has endeavored to create an approach which can serve as a context encompassing a number of theoretical views and constructs.

In the second section of this chapter, the loss and distortion of hope is examined within the developmental context used in the previous section. The loss or distortion of hope is understood to be a result of disturbances in the development of hope which lead to distorted patterns of hoping. Disturbances in one era of development may influence the future development of hoping, as well as the development of the self. The various patterns of hope disturbances are analyzed in connection with the related developmental issues and disturbances.

In the final section of this chapter, a model is given for the assessment of hope functioning. It is necessary for the therapist or
counselor to be able to assess the functioning of client hoping, as well as, determine patterns of distorted hoping, in order to plan treatment and the therapeutic use of hope.

The theoretical formulations presented in this chapter are the foundation for the theoretical model of the therapeutic use of hope in psychotherapy which is proposed in Chapter IV.

The Development of Hope

It is necessary to restate some of the major underlying assumptions of the developmental approaches reviewed and how they relate to hoping development. The central notion of Kegan's constructive-developmental approach is a definition of the self as the activity of meaning construction. In the literature, it has been noted that hope and meaning are interrelated. Therefore, the developing self has as one of its features, the development of hope which is a part of the self. Like the self, hope is both a product of one's past experiences and a process that influences one's experiencing.

In Kegan's theory, each stage of development is marked by a truce or balance of meaning construction which involves the meaning context made of self, object, and the relationship between them. This concept of defining one's self and world is central to object relations theory which views development as a process of identification or attachment of self with object, differentiation of self from object, and integration of self and object in a new more complex organization. This process repeats throughout development and is a process of object relations.
Both the object relations and constructive-development approaches view development as directed toward greater wholeness and integration. The object relations theorists described the *libidinal life force* as directed toward this aim. In Kegan's model, the direction toward wholeness was described with a variety of statements such as the "organism is moved to make meaning or to resolve discrepancy," or is moved toward "greater coherence of its organization," which is "to say it is moved to preserve and enhance its integrity" (Kegan, 1982, p. 84). The literature described fundamental hope as the activity of transcending limits in order to realize new possibilities of greater meaning, fulfillment, and integrity, in relationship to others and one's world. The development of fundamental hoping and the central notions of human development presented in these theories are intrinsically related. As the individual strives to find meaning constructions, which permit greater integrity and relationship to object world, fundamental hoping carries the persistent notion that greater possibilities exist. The activity of hoping is the imagining and entertaining of transcendent possibilities, and acting toward their realization.

It should be noted that the terms *self* and *object* as used in these developmental theories are intended to mean the whole individual (self), and that which is not considered part of the individual (object). The term *object* does not refer only to things as in the common usage of the term. Rather, objects can be any part of the environment which the self is endeavoring to organize in meaning constructing. The most important class of objects is that of human beings. In the following pages, the
term object is most often used to refer to the person, or persons who are significant environmental factors in the developing individual's life.

An underlying concept of the developmental theories presented in this study is the concept of the epigenetic principle. As Erikson (1963) stated, this principle is the idea that each step of development is grounded on all previous ones, but it also involves new connotations regarding the issues of previous stages as well as those yet to be developed.

In some respects, this concept is similar to Stotland's (1969) use of the development of schemas. A hoping set may be thought of as a higher order schema. As experiences bring data, lower order schemas are formulated and the data is incorporated and organized according to the schemas. When new experiences come which are perceived as similar in theme to previous experiences, the established schema influence how these experiences will be interpreted and what meanings will be made. Schemas solidify with the increase in number of experiences which confirm them. Disconfirming experiences may cause disruption of the established schemas and the individual must reestablish order, either by reshaping the existing schemas, or by shaping the perception of the data to fit the existing schemas. As hoping development progresses, the earliest stages of development have crucial importance for the shaping and establishment of hoping schemas. As issues pertinent to the hoping process are readdressed in the course of development, there is an invoking of the previously formed schemas. The higher order
schemas influence how new experiences will be viewed, and the
disconfirmation of these schemas through new data permits the
possibility of bringing about a change in the schema.

Kegan emphasized this principle in a number of ways including
the depiction of development as a helix, which pictures the movement
of evolution as a continual revisiting of issues throughout life,
although each stage is qualitatively different from the others. He
also conceptualized each stage as a truce or balance with regard to
the two fundamental yearnings, the yearning for autonomy and the yearning
for inclusion. These two yearnings are represented by the opposite
sides of the helix. The helix model proposed by Kegan is reproduced
in Figure 1, page 143.

Each balance as depicted on the helix favors one of the two
yearnings. As Kegan suggested, finding a meaning making balance includes
finding a truce in the tension between the two yearnings. Each balance
becomes insufficient to organize the whole because the favoring of one
yearning does not sufficiently address the other. The issues of autonomy
and inclusion are readdressed throughout the evolutionary process, each
time in a qualitatively different meaning construction.

Fundamental hope concerns possibilities of addressing both the
yearning for autonomy and the yearning for inclusion. The possibilities
of greater wholeness and integration described as aims of fundamental
hope concern both of the two great yearnings, not just the individual's
achievement of autonomy. Lynch (1965) clearly described the aim of
fundamental hope with regard to the two yearnings. He considered the
Figure 1. A Helix of Evolutionary Truces

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1Figure 1 is from The Evolving Self (p. 109) by R. Kegan, 1982. Cambridge, MA.: Harvard, University Press. Copyright 1982 by Harvard University Press. Reprinted by permission.
first task of growth and development to be the pursuit of unity, trust and mutuality. He considered the second task to be that of separating-out the self without separation. Fundamental hoping involves both of these tasks. Lynch (1965) described this as follows:

It is the great hope of the human heart that its need for autonomy will not conflict with its need for unity. In the light of our present double knowledge, clinical and theological, it is reasonable to calculate that the fear of incompatibility between these two aspirations is a great source of our anxiety, while the possibility that they can be fused in one act is the major source of our hope. We hope that we can become ourselves and yet love; that we can be independent and yet dependent; that we can follow our interior and autonomous wishes without hostility or hatred; that we can love our mother without hating our father; that we can be separated out and still belong to a community. It also means the reverse of all these things: that we can love and be loved without being annihilated; that accepting the fact of human dependency does not mean the end of half our hope; that giving into love does not mean death; that one can belong somewhere without the loss of his soul or identity. (p. 61-62)

The development of hoping is examined as part of the evolution of meaning construction which strives to find possibilities of self and object definition in terms of the two human yearnings. Each era of hoping development involves qualitatively different struggles with meaning construction possibilities which can include both autonomy and inclusion. In Figure 2 (page 145), the relationship between fundamental hope and the evolutionary process is depicted. Using Kegan's helix, fundamental hope is shown as an arrow which passes through the helix and points in an upward direction. This depiction is intended to represent fundamental hope as encompassing the two yearnings (autonomy and inclusion) and as directed toward the evolutionary accomplishment of
Figure 2. A Hope Helix

Fundamental hope is represented by the large arrow superimposed over the evolutionary helix.
transcending each balance by the next balance which is a reorganization of meaning construction to include all of one's experience.

The fundamental hoping activity of imagining and exploring new possibilities of meaning is particularly important during periods of transition from one balance to another. Fundamental hoping sustains the evolutionary journey when the loss of the old balance evokes anxiety, struggle and a tendency to despair from the sense that all might be lost. As Hutschnecker (1981) stated: "hope sustains life, that from it spring all of man's creations, his conquest of new worlds, as well as his own human development, and self-fulfillment" (p. 251).

Human development and hoping development also involve specific hopes. Specific hopes are hopes for a specific object, goal or outcome. Specific hopes arise throughout the life cycle as possibilities through which to accomplish the evolutionary goals, in other words, the aims of fundamental hope. At each developmental stage, there are specific hopes pertinent to the issues of the meaning construction of that balance. Specific hopes concern the current hoped for possibilities of autonomy or inclusion inherent in that balance. During times of transition from one stage to another, there is a natural process of loss, or surrender, of the old specific hopes which were part of the establishment of the old balance one is now leaving. Surrendering old hopes is made possible by the emergence of new specific hopes which are of the possibilities inherent in the new balance one is moving toward. The transitional process of losing and finding specific hopes is sustained by fundamental
hoping activity which continues to imagine new possibilities in going-on-becoming according to the evolutionary life project. The hoping transitional process is depicted in Figure 3 (page 148).

The figure illustrates a transitional period between two balances. The small arrows along the line of the evolutionary pathway represent the specific hopes which are entertained during the transition. There are several opposing arrows to illustrate the transitional process involves many intermediate steps in which the individual gradually finds it possible to surrender old specific hopes in favor of the new emergent specific hopes. In the achievement of the new balance, the individual finds reintegration in a new meaning construction. The new meaning construction also includes a reintegration of hopes in the sense that hopes for the old balance which concern either autonomy or inclusion are not entirely lost. Rather the new meaning construction sustains some relationship to the other side of the helix and the other yearning. However, the predominant hopes are aligned with the yearning which is now favored in the present evolutionary balance.

This general model of the role of hope in development is now examined in relationship to the developmental issues and features of each era. Kegan's model will be used as the organizational framework for the section. In the first two eras, significant themes emphasized by other theorists will be included as relevant to the development of hope.

The Development of Hope in the Incorporative Era

The Incorporative Era spans the period from birth to the time of the establishment of the first subject object balance which is around
Figure 3. A Hope Helix Representing a Transitional Period

Fundamental hope is represented by the large arrow superimposed over the evolutionary helix. The small arrows shown between the Impulsive and Imperial Balances depict the action of specific hopes during a transitional period.
three years of age. Kegan described the individual during this era as embedded in his/her reflexes, sensations and movements. This means, from the infant's meaning making perspective, the self is defined as the experience of reflexes, sensations and movements. For the infant, there is little differentiation between the me and the not me. Theorists posit the infant does have awareness of its own existence and experiencing, and there is some level of awareness that there is an inside and an outside to the me and not me (Deri, 1978; Guntrip, 1969; Winnicott, 1965). Klein's (1932) work demonstrated that even in the earliest months of life the internal world of the infant involves fantasy. The primitive forms of thinking and feeling during this era are difficult to describe in common psychological language and have been called proto-symbolic thinking and primordial feelings (Deri, 1978) to imply the infant's processing of experience. In rudimentary ways the infant is apparently already constructing meanings.

The infant's dependency on the external world is not only for physical survival, but also as the context from which meanings are formed. Kegan called the environmental context, the culture of embeddedness. Winnicott (1965) used the term holding environment to delineate the environment in which the infant is held. It is the environmental provision of holding which enables and encourages the infant's development. The holding and handling by the good enough mother form the experience from which the infant naturally finds and shapes meanings about self and world. It is also from this infant mother relationship that hope is engendered and shaped. The
Incorporative Era has been noted as the time when the foundation of not only hope, but faith and love are established (Guntrip, 1957). The relationship between these three elements is implicit in the fact that throughout the literature they are grouped together and indeed are called a triad. It is appropriate to speak of the development of hope in the context of all three elements. The good enough mother conveys her love to the infant, as well as engenders basic trust (Erikson, 1963) or faith, in life and the world as essentially trustworthy and benevolent. These two elements, love and faith, enable the child to have hope for the future of the evolutionary life project.

The evolutionary process during the Incorporative Era, as emphasized by Kegan, begins with attachment (relationship to mother) and includes separation (differentiating what is self from what is mother). Kegan used Piaget's (1952) concepts to illustrate the process of cognitive development as the infant comes to distinguish self from object. Winnicott (1965) introduced psychological tasks of the earliest months of life which are crucial to the development of a sense of self and the life process. They are continuity and personalization. These two concepts are examined here as contributing factors in the development of hope.

**Continuity of Being**

The infant's experience of quality of being and a sense of going on being (continuity) is directly related to the quality of holding the good enough mother provides. Because of what Winnicott called
primary maternal preoccupation, the mother is able to treat her infant in harmony with its own internal rhythms and process. Winnicott understood the notion of continuity of being to result from the infant's experience of alternating periods of integration and unintegration. Time is known because one period differs from another. What is important here is what happens to the infant's sense of being during these particular alternating periods. Winnicott described unintegration as a state in which the infant is not at work organizing or reacting to anything. He wrote:

The infant is able to become unintegrated, to flounder, to be in a state in which there is no orientation, to be able to exist for a time without being either a reactor to an external impingement or an active person with a direction of interest or movement. (1965, p. 34)

Thus, the periods of unintegration are times when the infant can safely experience its own reflexes, sensations, and movements without needing to organize for a reaction. The fact that the infant can be unintegrated with safety is because the infant is supported and protected by the holding environment. Because the holding environment is responsive to the infant's rhythms, when a stimulus forces the infant to react, the holding environment is reliably there to provide response and recovery. No impingement is so severe or so prolonged as to break the infant's sense that continuity goes on. The quality of the life experience can be one of safety in which to be and to reliably recover from interruptions. Kegan described two alternatives for the infant's sense of the life process.
Does life come to be felt as a basic ground of satisfaction temporarily interrupted by periods of discomfort which are reliably relieved, leading thus to a feeling of trust in and hopefulness about the biological enterprise? Or is life essentially 'one damn thing after another' broken up by periods of calm from which no real satisfaction can be taken since one knows that at any moment the basic fact of life's discomfort will reassert itself? (1982, p. 117)

Continuity, then, has to do with the infant's conception of the quality of his/her own existence, and the quality of the evolutionary process.

Continuity is directly related to the development of fundamental hope. Fundamental hope is about the evolutionary life journey in which the self is continually imagining and exploring new possibilities of being. It is a journey of going on becoming. In the discovery of new possibilities, the old ways of being and the old meaning constructions are unintegrated so that they may be reintegrated in the new meaning construction one is evolving toward. Fundamental hope is that one can engage in this process without loss of self (being) entirely, but rather that one can reliably recover a sense of integration. It is through the infant's early experiences of being and going on being that the infant's fundamental hope for the possibilities of continuity of being existent in the evolutionary process is founded.

Personalization

Winnicott's concept of personalization concerns the infant's claiming of the whole body encompassed by the skin boundary as the dwelling place of the self, and as real. In the mother's holding and handling of her infant, she is communicating across the skin boundary, conveying to the infant her love and response to the infant. The
concept of mirroring is also one of communication of meaning in which the mother conveys to the infant a picture (or reflection) from which the infant makes meanings about self. It is from the mother's communications that the infant comes to form a sense of the inner space contained by the skin boundary. The whole body self can be claimed as one's own and as real because the sensations of the whole body can be experienced without trauma or prolonged discomfort. The infant's experiences are validated by the mother's response to its needs, thus the infant comes to believe his/her experiences are real. This concept becomes clearer when we consider its opposite in the pathological condition of depersonalization, which is a condition in which the individual does not perceive the body as either real or as a safe and satisfactory dwelling place of the self.

Personalization concerns the infant's developing sense of the quality of the inner space or inside. As Erikson (1950) suggested, a comfortably wrapped up inside, will lead to the experience of a good inner space. The mother's holding and handling of the infant gives this provision. Susan Deri (1978) also applied the concept of the experience of a good inner space to the process of internalization. She wrote:

I also believe that the development of a 'rich or poor' preconscious will depend on the primordial feeling quality in which the (equally primordial) inner space is experienced. Specifically, the process of internalization will be influenced by the feeling in which the infant experiences his inside. That an enjoyable sense of the outside facilitates the ease and quality of introjection goes without saying; but something is often overlooked; the feeling tone in which the inside is experienced is crucial for the outcome of introjective processes. If the inside is a good place, then it is worthwhile to fill it
with good things. The internalized things, which are symbolic representations of outside objects, might also become imbued with the good qualities of the space in which they are stored. (p. 49)

Synthesizing these understandings of the developing sense of the quality of being, inner space, outside space, and the relationship between them, some concepts about the development of hope can be extrapolated. Hoping is about possibilities and limits. From the theorists' descriptions given, the infant is making meanings of the limits (boundaries) and possibilities of its experience in using the internal processes of fantasy, and primitive forms of thinking and feeling. The infant develops the capacity to imagine possibilities.

The present writer believes that the infant naturally hopes for the possibilities of good experience, for a sense of unity, and that his/her being will be experienced as good; this position agrees with Winnicott's and is divergent from the classical psychoanalytic theory. For the healthy infant in a facilitating environment, the quality of being is good, inside and outside space is experienced as good, personalization takes place, and the infant can hope for continuing good possibilities in these spaces and the relationship between them. Because the environment and the experience of living is found to be reliable and trustworthy, the infant can hope the world will continue to be basically benign rather than hostile. This makes possible the risking of new possibilities.

Fundamental hope concerns possibilities of unity of self and relationship with others. The infant's first experiences of unity of self through the achievement of personalization, and the experience of
relationship to other as the relationship between inside and outside, form the foundation of hope for future possibilities of unity and relationship.

**Separation**

It is only after the infant has been able to achieve an attachment with the mother in which the experiences of continuity and personalization occur, that the infant can attempt the second major task of the Incorporative Era, separating self from mother. This process is facilitated by the mother's gradual deadaptation from the almost total adaptation of the primary maternal preoccupation period. The mother's deadaptation is a gradual reduction in her attention and immediate provisions of what the infant needs as she turns toward her own independent interests and needs. Deadaptation is facilitative of the infant's development rather than disruptive because the good enough mother reduces her provisions, commensurate with the child's developing capacities.

During the time the child is beginning to psychologically separate from the mother, a period roughly between four months to 12 months of age, the child can be observed to experience separation anxiety when the mother is absent. This anxiety stems from the fact that for the infant, self and mother are not yet entirely differentiated. As Kegan suggested, the anxiety displayed is because the child experiences the mother's absence as a loss of part of the self. The specific hope of the child is for the object (mother) to return so as to assure continuity of being. Bowlby (1973) observed a sequence of reactions in children of this age.
when separated from their mothers. First, the child demonstrates an angry protest, in the hope of demanding the mother's return. If the mother remains absent, the child becomes depressed. This suggests the loss of hope that the child can do anything to bring about her return. If the mother continues to remain absent, the child may show detachment. This implies the loss of hope in her return and resignation to a state of no relationship since the loss is felt to be permanent.

In the facilitating environment, the mother's absences are never so prolonged as to result in detachment, or a psychological condition which cannot be remediated by her return. In the facilitating environment the mother's absences enable the child to discover the possibility of sustaining self while she is away and a recovery of the object when mother returns. This is reminiscent of the features involved in the achievement of a sense of continuity described earlier in this section. The child discovers that periods of disequilibrium can be endured, are temporary, and that there will be a reliable recovery. The child's capacity to tolerate the disequilibrium and separation anxiety associated with the period of self object separation is enhanced by the secure foundation of continuity and fundamental hope established in the first few months of life. The experience of reliable recovery from separations from the mother during this period of development in turn influence hopes for continuity in future times of disequilibrium. Kegan suggested this relationship between the resolution of the task of separating from the mother without experiencing trauma and the attitude about the whole life process of losing and finding anew. He wrote:
For the culture to disappear at exactly the time when the child is experiencing a loss of herself is to leave the child with a kind of unrecoverable loss, a confirmation of her worst suspicions about the life project. We can call this 'unhealthy' or 'abnormal' simply because it is unnatural. That is, the normal experiences of evolution involve recoverable loss; what we separate from we find anew. (p. 129)

Thus, each recovery from a perceived loss confirms anew the fundamental hope that the evolutionary process holds the possibility of continuity of self and relationship to other.

The developmental process of psychologically separating self from mother represents a transition from being merged with mother and the specific hope for securing her constant physical presence, to a psychological position in which self and mother are separated and her actual physical presence is not constantly necessary for a sense of unity of the self. The child can now be in relationship with the mother in a qualititatively different way. During this transitional process, specific hopes emerge for separation from the mother (psychologically). This transitional process also involves the significant concepts introduced by Winnicott (1965) of transitional space and the transitional object. These concepts are particularly important in conceptualizing hope development and are examined in the following section.

Transitional Space and Transitional Objects

Winnicott (1965) introduced, as noted in Chapter II, the concept of transitional space as a potential space between the boundaries of fantasy and reality, self and object, or subjectivity and objectivity. It is a space in which both fantasy and reality, self and object,
subjectivity and objectivity contribute, so that one cannot say it is
either one or the other. Paradoxically, the space contains contributions
of both. The clearest example of this paradoxical situation is the
transitional object, a blanket or teddy bear, or even the thumb, which
is indeed an external object yet is also imbued with qualities and
meanings which are subjectively given by the child. The object comes
to have special meaning to the child so that it seems vitally important
in defending against anxiety, particularly the anxiety of being apart
from the mother. Winnicott (1971a) described the transitional object
as follows:

There may emerge some thing or some phenomenon - perhaps a bundle
of wool or the corner of a blanket or eiderdown, or a word or
tune, or a mannerism - that becomes vitally important to the
infant for use at the time of going to sleep, and is a defense
against anxiety, especially anxiety of depressive type. Perhaps
some soft object or other type of object has been found and used
by the infant, and this then becomes what I am calling a
transitional object. This object goes on being important.
The parents get to know its value and carry it round when
travelling. The mother lets it get dirty and even smelly,
knowing that by washing it she introduces a break in continuity
in the infant's experience, a break that may destroy the meaning
and value of the object to the infant. (p. 4)

The transitional object can be said to be a vehicle of hope, since
such objects from the child's perspective, come to have special properties
and importance in sustaining continuity during times which are difficult
for the child. Transitional objects serve as a constant assurance to the
child that the possibility of continuity can be maintained even during
times when disequilibrium is experienced. In the mother's absence the
transitional object can sustain the child's experience of her presence
in the sense that the object serves to assure continuity during her
absence.
The fact that the transitional object comes to be even more important to the infant than the actual presence of the mother, reveals the second significant function of transitional space and transitional objects. The first function is to hold things together in the sense of holding continuity of the mother's presence when she is away. The second function is to hold things apart. As the child is in the process of psychologically separating from being merged with the mother, it is necessary to psychologically hold self and mother apart so that separation can be accomplished. The paradoxical nature of transitional space and transitional phenomena serves the crucial function of permitting the developing child a space in which there is no demand for an immediate differentiation or separation. This function is important not only in allowing a gradual psychological separation from the mother, it is also important in allowing a space in which intermediate possibilities of meaning constructions about self, object, fantasy and reality can be imagined and explored without disastrous consequence.

Winnicott stressed that the use of transitional space has developmental significance for transitioning subject object differentiations. In other words, transitional space provides a space between the old meaning construction and the new meaning construction in which continuity is maintained even though boundaries between subject and object blur. Winnicott (1971a) wrote:

But the term transitional object, according to my suggestion, gives room for the process of becoming able to accept difference and similarity. I think there is use for a term for the root of symbolism in time, a term that describes the infant's journey from the purely subjective to objectivity; and it seems to me
that the transitional object (piece of blanket, etc.) is what we see of this journey or progress towards experiencing. (p. 6)

Extending this idea beyond the time of infancy, he wrote:

It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated. (p. 2)

The task of keeping inner and outer reality separate and interrelated is a particularly important one during each developmental transition. The boundaries which contain meanings about self, object and the relationship between them become broken when the individual leaves an evolutionary balance. The individual gradually comes to find new meaning constructions for defining self and object in the new evolutionary balance. The capacity to create and use transitional space for the creative exploration of new possibilities during the Incorporative Era may serve as a foundation for one's capacity to create potential spaces in future times of transition. Kegan implied the continuing use of transitional phenomena and objects in evolutionary transitions. He lists what he called "common natural transitional 'subject-object' bridges" for each era (p. 118-120).

Transitional space and transitional phenomena are crucially related to the activity of hoping. Hoping is about the imagining and exploring of new possibilities for transcending boundaries. It is in transitional space that the child creatively explores the possibilities of separating self from mother while still holding on to the relationship to the mother. The outcome of self object separation is a qualitatively different relationship with the mother which can be said to transcend
the old limitations or boundaries in the new possibility which reintegrates the relationship between self and mother. Thus the outcome offers greater unity of self without costing the relationship to the object (mother).

As described earlier in this chapter, developmental transitions are periods when hoping activity sustains and encourages evolutionary movement. The concepts of transitional space as a potential space in which hoping activity can flourish can be applied to other developmental transitions, as well as the one of self object separation. Individuals who have experienced a facilitating environment in which transitional space was created and creatively used in the Incorporative Era have the capacity to create and use potential space in later eras and traditions. This capacity enables the creative hoping activity of imagining and exploring transcendent possibilities in the form of specific hopes while continuity of self is sustained by fundamental hoping during the continuous life process of losing and finding.

The Development of Hope in the Impulsive Era

The Impulsive Balance marks the first subject object balance in the evolutionary process. In Kegan's helix (Figure 1, p. 143) the Impulsive Balance favors inclusion. This is not the same form of inclusion which was addressed in the Incorporative Era, but is based on a self object differentiation in which an evolutionary truce between the two yearnings has been established. Schachtel (1959) called this balance an emergence
from embeddedness. Piaget (1952) described the necessary accomplishments as moving from assimilation to accommodation and obtaining the meaning of object permanence. Erikson (1963) considered the child to have moved from the issues of hope and security to the issues of autonomy vs. shame and doubt. In Kegan's theory, the child has come to the first balance, one in which the statement I am my impulses and perceptions applies. Since the child's self is defined by impulses and perceptions, it is necessary to have the other who will know and satisfy those impulses and accept the child's perceptions. Kegan noted of this balance "its central hopes and yearnings are hopes about the other" (p. 142). This is true because "for the young child, other people are confused with the satisfaction or thwarting of his impulses" (p. 140).

The choice of a favored parent is characteristic of this developmental era. Others, the other parent and siblings, are viewed as rivals to the child getting all the attention of the favored parent. From the child's point of view, all the attention of the chosen parent seems the best possibility of getting the impulses satisfied. Kegan suggested that the opposite sex parent is chosen in part because in this choice, the possibility of including both the masculine and feminine in one relationship is created. In this way, the choice of the favored parent of the opposite sex addresses both the yearning for inclusion and the yearning for autonomy in terms of sexual differences.

The Impulsive Era is also when limit setting is crucial. Limit setting is important not only for the general welfare of the child and those around him/her, it is also important for the child to know that
the impulses he/she is can be contained. In the facilitating environment (or culture of embeddedness) the limit setting process is done in such a way that the child learns acceptable behavior and unacceptable behavior without concluding the self is bad because of the impulses. The impulses are acknowledged by the parent, and appropriate limitations are set for the expression and responses, but the parent does not withdraw love because of the child's negative or destructive impulses.

In the achievement of the Impulsive Balance, there are several developmental accomplishments emphasized by object relations theorists. These accomplishments are considered part of the establishment of identity and object constancy. The accomplishments include the capacity to hold ambivalence, the capacity for guilt and concern, the capacity for making contributions to the loved object, particularly reparation, and the achievement of a sense of constancy of relationship. These issues involve important considerations in the development of hope and are examined in the following section.

Identity and Object Constancy

Because the child has now achieved differentiation of self and object, and the object is known to have permanence (which means it exists separately and continues to exist on its own), the child now becomes capable of holding ambivalent feelings toward one object. This means, the child experiences both feelings of loving and hating the same object depending on whether the object does or does not do as the child wishes. The ambivalence is experienced in thoughts and
fantasies as well as feelings. Because the object is loved, the child experiences guilt for hostile and harmful thoughts, feelings, and/or actions done to the loved object. There is a natural urge to make reparation for the harm done (Klein, 1948). When there is opportunity for reparation, the child's guilt does not become destructive, but is part of what Winnicott (1965) called the capacity for concern. As such, it is a developmental accomplishment. The child is able to make valuable contributions to the objects (as well as harmful ones) and is able to find constancy of love in the relationship with the object, which means love is not lost or withdrawn because of the ambivalence.

Object constancy is primarily about the constancy of relationship and is distinct from the concept of object permanence. Burgner and Edgcumbe (1972) referred to "the capacity for constant relationships" and gave a definition of constancy which encompasses the major issues discussed above. They wrote constancy involves:

...the capacity to recognize and tolerate loving and hostile feelings toward the same object; the capacity to keep feelings centered on a specific object; and the capacity to value an object for attributes other than its function of satisfying needs. (p. 328)

Using this definition, constancy can be viewed both in terms of the object and in terms of a sense of constancy about the identity of the self. In the facilitating environment, the object offers the provisions of recognizing and tolerating the child's ambivalence without withdrawal of love, or replacement of love to another (child). This does not mean the parent refrains from setting limits on the child's behavior and offers no restraints. Indeed then the child would be likely to conclude his/her behavior made no difference to the parent at all, and would be
denied the opportunity to develop the capacity for self-control and the capacity for guilt and concern. The important consideration in limit setting is that the parent does not withdraw love or retaliate for negative or hostile behavior. Because the parent acknowledges and tolerates the child's ambivalence in this way, the child can also acknowledge the ambivalence internally without need to organize defense mechanisms to deny or suppress the internal experience. The self can be accepted without loss of love. The parent affirms the hope that the unity of the self can be maintained without loss of relationship.

When the child causes harm to the loved object, either covertly or overtly, there is a natural urge to make reparation for harm done. In the facilitating environment, the parent is available to receive and acknowledge the reparation efforts. This enables the child to hope that damage can be repaired, the relationship does not suffer irreparable harm, and that he/she is able to make a valuable contribution to the object. Without the hope for reparation, the hope for constancy of relationship is seriously threatened.

As the parent also acknowledges and values the child's contributions of self, other than reparation efforts, the child comes to know he/she is valued in his/her own right, not just for conditional behavior. It is also possible for the child to value the object for attributes other than need satisfaction since satisfaction is no longer the central focus and sustaining principle of the relationship. The hope for the possibility of a relationship in which there is constancy of love, and the hope that
one is able to capture and hold the object's love are affirmed. The child can claim a sense of identity which is worthy and loveable.

The firm establishment of identity and object constancy during the establishment of the first meaning construction balance contains hope for the constancy of future relationships in the individual's life. In each of the elements involved—holding ambivalence, experiencing guilt and concern, making reparation for harm, and being valued for self—the developing individual's hoping for the possibilities of a valued and unified self, and relationship with the loved object which has constancy is engendered and shaped.

The central question Kegan posed regarding hoping development during the Impulsive Era was: "What is learned at this juncture in development about allowing oneself to have apparently unfulfillable hopes and longings?" (1982, p. 143). This question stems from the characteristic unfulfillable hopes for all the attention of the favored parent. In healthy hoping development, this era allows learning that unrealistic specific hopes can be surrendered without loss of all possibilities for achieving what is fundamentally hoped for. Healthy hoping development is not contingent on all one's hopes being realized. Such a situation would be entirely unrealistic, and as has been stressed throughout the study, hoping is realistic, hoping involves the struggle with realistic limits and possibilities. The child's recognition that his/her hopes for all the attention of the favored parent are unrealistic is an opportunity for growth of hope development rather than a disruption of development. In healthy development, as the child comes to realize
these hopes are indeed unfulfillable, the child is also discovering emergent hopes for possibilities of impulse control, self-sufficiency, and a new form of relating by taking a role in the family. These hopes are for possibilities inherent in the next balance, the Imperial Balance. The emergence of new possibilities in which all is not lost if the unrealistic specific hope is disappointed, permits the natural surrender of the unrealistic specific hope.

The holding of unrealistic hopes becomes problematic for the child when from the child's view there seems no alternative, no other possibility in which to achieve what is essentially needed. If the child experiences rejection and withdrawal of love by the favored parent for being the impulsive self the child is, the child is denied the opportunity to naturally surrender the specific hope. Instead, the unrealistic hope may persist because the child concludes the self is unacceptable, and that satisfaction of impulses will continue to be withheld by parent and thwarted by rivals. It is as if the child then says, "If only I could win the love of the favored parent and get rid of the rivals, then I could be and have what I hope for." Since the environment does not seem to offer any realistic possibilities as alternatives (making valuable contributions, and finding constancy of love for self rather than conditional behavior), the child persistently holds the unrealistic hope.

An important part of hoping development during the Impulsive Era is discovering that the nonfulfillment of a specific hope does not end the hoping process. As Marcel wrote: "true hope involves a deeply felt
personal insight that nonfulfillment of a specific wish is not what would matter most" (Nowotny, 1978, p. 53). Fundamental hoping remains active in the imagining and exploring of possibilities despite the loss of a specific hope. Fundamental hope persistently searches for realistic possibilities through which the individual can find the fundamental goals of the evolutionary process, a unity of self in relationship to others which offers meaning and fulfillment.

Each balance has its specific hopes which spring from the meaning making context of that balance. In each era there are some specific hopes which may not be fulfilled, whether realistic or unrealistic. Just as the old balance must be surrendered in order for the new balance to be established, some specific hopes need to be surrendered in order to pursue new possibilities more appropriate for the next balance. This is a part of the nature of transitional periods when the individual is holding on and defending the old (hopes) lest in losing the specific hopes, all will be lost. At the same time, hoping is an activity of searching for new possibilities which encourages letting go of the old, and which makes possible the new balance, a new meaning construction enabling greater organization of the whole.

The Development of Hope in the Imperial Era

In the Imperial Balance, the self-statement is I am my needs, interests and wishes. It is a balance in favor of the yearning for autonomy, and thus the specific hopes are mainly for the self. Kegan
delineated role taking as a major dynamic of this era. Role taking means that the child now is able to be a part of the whole family in which each family member has a role. In the Impulsive Balance, others were viewed as if they controlled the thwarting or satisfying of the child's impulses. In the Imperial Balance, the child has developed a sense of self-sufficiency, and a sense of having something to do with what happens. Role taking also means being able to take the role of the other, which is to be able to see that others also have a point of view. The child interprets others' viewpoints in terms of their needs, interests and wishes. A sense of control is maintained by being able to manipulate others by one's actions, which requires knowing clearly the consequences of one's behavior. The peer gang serves the function of allowing the child to move into a world larger than the family, to show off one's self-sufficiency as in the demonstration of abilities and engaging in competition. It also provides the opportunity to be included in a well defined group in which the consequences of one's actions and the actions of others are predictable through the rules, norms and rituals of the peer gang.

A specific hope of this era is to have one's self recognized. The word imperial suggests the quality with which the child tends to demand that others recognize him/her and that others are vulnerable to being manipulated by the child to satisfy his/her needs and wishes. Consequences must be fair which, from the child's view, means that the consequences conform to his/her understanding of what is fair. The peer group offers the possibility for this hope to be realized. The peer
group also addresses the hope that one's self-sufficiency will not exclude one from relationships (the hope for inclusion).

As the child begins to emerge from the Imperial Balance and transition to the next balance, the common transitional bridge (transitional object or phenomenon) Kegan defined is the chum. Kegan described the chum as follows:

Another who is identical to me and real but whose needs and self-system are exactly like needs which before were me, eventually a part of me, but now something between. (p. 119)

In the relationship with the chum, the transitioning child sustains hope for continuity of self, while at the same time is in the process of letting go, or surrendering, the old self definition.

During transition, the culture of embeddedness encourages new emerging hopes by requiring the child take into account the interests of others, holding expectations of trustworthiness, and inviting greater mutuality. These requirements and expectations are commensurate with the child's emerging hopes for possibilities of the Interpersonal Balance. The culture of embeddedness serves to encourage the child's hope by performing its function of letting go.

Kegan cited the high risk factor in transition from the Imperial Balance as the relocation of the family. Such relocations disrupt the peer associations and make it difficult for the child to hold on to the sense of independence and self-sufficiency which is gained through associations outside the family with the peer gang. Family relocation may also disrupt the child's emerging hopes for greater mutuality. The possibility of forming a one-to-one relationship in which there is
mutuality becomes more difficult when the child is faced with adjusting to a whole new group of peers and finding acceptance, or a role in the new group.

In the Imperial Era, the healthy development of hoping involves the specific hopes for greater self-sufficiency, and for finding a role in family and peer group. Because these hopes are confirmed by the culture of embeddedness, the child is enabled to imagine new possibilities as the contradiction to the Imperial Era comes to be experienced. Specific hopes emerge for greater mutuality and inclusion in one-to-one relationships which are a part of the new meaning construction of the Interpersonal Balance.

The Development of Hope in the Interpersonal Era

The establishment of the Interpersonal Balance represents a shift from the autonomy side of the helix to a balance favoring inclusion. In this balance, the self is defined by relationships and the specific hopes are about relationship with other(s). The individual is now concerned with one-to-one relationships in which there is reciprocity, and shared subjective experiences such as feelings, moods, preferences and goals. The specific hope is to find the other(s) who will share in and affirm one's experience of the world. Because in this meaning making context the self is defined by the characteristics of one's relationships, good relationships confirm the individual's sense of self as good and as loveable. If the individual is unable to form and sustain satisfactory relationships, the individual is likely to lose hope and fear he/she will forever be alone.
As the individual begins to emerge from the Interpersonal Balance and transition to the next balance, the intense mutuality of the one-to-one relationships is contradicted by emerging hopes for greater autonomy and independence. However, these hopes may invoke a fear of loss of the relationships in which the self is invested. The transitional medium Kegan cites for this transition are possibilities of going away to college, holding a temporary job, or joining the military. These transitional bridges perform the function of a provisional identity which permits holding on to the old context while leaving it temporarily for greater independence. The individual's hope is the relationship can be preserved intact until the individual's return to it.

Letting go of the old specific hope for mutuality is encouraged by the culture of embeddedness recognizing and promoting the emerging individual's greater responsibility for initiative and independent self-assertion. The culture (or person in the culture) refuses to be fused with the individual but still is interested in maintaining association. In this way the individual's hopes for greater autonomy are confirmed without threat that the emerging specific hopes for autonomy mean a complete surrender of hopes for close relationships.

Kegan cites the high risk factor during this transition as the loss of an interpersonal partner at the very time the individual is emerging from embeddedness in the Interpersonal Balance. The loss of the partner carries with it the loss of hope that greater autonomy will be possible without forfeiting relationships.
There are no easily supplied age norms for this transition and indeed it seems many individuals carry this meaning making construction well into adulthood. Many clients seeking marriage counseling seem to describe a relationship in which the foundation has been Interpersonal, and now the relationship is being threatened by one or the other partner's efforts to move toward greater autonomy. The primary issue of hoping development during the transition from the Interpersonal Balance is the discovery that the hope for greater autonomy is possible without loss of relationship to the significant other(s) in one's life, and that the emerging hopes for greater autonomy do not represent selfishness and lack of caring for the other. The individual also finds the hope for a relationship which does not necessitate a loss of self (interpersonal fusion), but one can hope for the possibility of a relationship in which one's autonomy can be acknowledged and valued.

**The Development of Hope in the Institutional Era**

The establishment of the Institutional Balance marks a shift from the inclusion side of the helix to the side favoring autonomy. The self statement changes from I am my relationships to I am my self system identity and I have my relationships. The self-system is one in which the individual's relationships, needs, preferences, values, performance, and one's behavior in general is self-authored and self-regulated. The institutional individual is concerned with the smooth operation of the self-system and that the self-system be autonomously sustained and regulated. A major dynamic of the regulation of the self system is
the importance of roles. It should be noted role taking was also an important part of the Imperial Balance which favored the autonomy side of the helix. In the Institutional Balance, the individual takes a variety of roles in defining self: roles in career or profession and the roles of spouse, parent, or community member. Each role has a prescribed form in which the individual regulates and defines his/her behavior. The specific hopes are for confirmation of self in the performance of self-authored and regulated behavior.

As the individual begins to emerge from the Institutional Balance, the old construction is being contradicted by self and culture of embeddedness. The emerging hopes and the culture's requests for greater intimacy in relationships which are no longer mediated and form subordinated, may be experienced by the transitioning individual as a loss of self-control and self-sufficiency. Greater intimacy may be feared as constituting a loss of the autonomous self in a fused relationship.

The transitional mediums which Kegan suggested for this transition are ideological self surrender in religious or political affiliation, or love affairs protected by the unavailability of the partner. In these mediums the individual is able to surrender identification with the old form while at the same time preserving it. The transitional vehicle allows sustaining the hope for independence and autonomy of self and yet permitting the exploration of greater intimacy.

The high risk during the transition from the Institutional Balance is that the individual's ideological supports vanish, such as a job
loss at the very time one is separating from embeddedness. This is a risk to the hope that one can emerge from the Institutional Balance and move to the Interindividual Balance without loss of the self one has been.

If the culture of embeddedness performs its functions of letting go (of the old meaning construction) and staying in place to accept the new meaning construction, the individual develops the hope that there is possibility for greater intimacy in relationships without necessity for self surrender or loss.

The Development of Hope in the Interindividual Era

The Interindividual Balance is the final balance proposed by Kegan. This balance favors inclusion and contains the self as embedded in the interpenetration of systems. The culture of embeddedness is a culture of intimacy. Typically this is found in genuinely adult love relationships. The specific hopes are for possibilities of interdependence, for self surrender and intimacy in relationships, and for interdependent self definition. In such relationships one's autonomy is not lost, but is enhanced by the reciprocity and interdependence of the relationship. The possibility of interindividuality is commensurate with the fundamental hope for being fully oneself, and fully in relation with another, without either hope necessitating a sacrifice of the other hope.

Although this is the final developmental balance proposed by Kegan, it is not necessary to assume hoping development is finished, or that hoping is no longer an important part of the continuing evolution, and
cannot still become lost or distorted. Erikson's (1963) model of development suggested tasks still to be resolved may include generativity vs. stagnation, and integrity vs. despair and disgust. As late adulthood progresses, there may be a time when issues of generativity and stagnation present hoping concerns and/or threats to hoping. The individual becomes less able to reproduce, produce, and make valuable contributions to the world in the ways that have been important to the self.

The evolutionary progression may also involve times of looking back over one's life to determine what meaning and fulfillment one has accomplished. There may be regrets, hopes which were never acted toward, opportunities missed, and choices made which can now be seen in light of their extended consequences. Reviewing one's life may lead to a sense that one has lost or failed at chances for meaning and fulfillment. Future possibilities seem limited because one is now too old, can do too little, and it is too late. Fundamental hope is tested as the individual struggles to find possibilities of bringing self and world together in ways which are meaningful and preserve the integrity of the self.

Erikson's suggestion of the issues of old age as integrity vs. despair clearly illustrates the challenge to hoping during this time of life. The word "despair" indicates a loss of hope. Coming to terms with death necessitates a firm fundamental hope when it seems all is about to be lost. Fundamental hoping searches for the possibilities
that even now, as life's end nears, there can be meaning and fulfillment which the final limit of one's physical existence cannot erase.

As noted earlier in this research, the functioning of fundamental hope as one faces death was described by Marcel using an example of a man with an incurable terminal illness. Initially, the man may hope for recovery even though it is known the disease is incurable. When the certain disappointment of this hope becomes clear to the man, he may despair. Fundamental hope is evidenced when the man comes to understand that recovery or nonrecovery is not the only source of meaning, that everything is not lost even by the certainty of death, but that there still can be possibilities for meaning and fulfillment.

The fact that fundamental hoping is difficult to retain in the time of old age is evidenced by the number of suicides among the elderly. For many elderly persons, the awareness of increasing limits of life, past, present and future, cause them to conclude the possibility of death seems preferable to a future with extremely limited possibilities for meaning and fulfillment. Throughout the life cycle from beginning to end, hope is inherently about possibilities of integrity and meaning. As Erikson (1982) stated: "hope connotes the most basic quality of 'I'-ness, without which life could not begin or meaningfully end" (p. 62).

**Summary of Hope Development**

At the beginning of this section, the major roles and functions of fundamental and specific hopes throughout the developmental process were described and depicted using adaptations of the helix model proposed by
Kegan. Fundamental hoping serves to activate and continue the evolutionary process toward possibilities of increasingly more complex meaning constructions which define self and object, and endeavor to satisfy both the yearning for autonomy and the yearning for inclusion. Specific hopes are generated throughout evolutionary development as the specific possibilities through which the individual hopes to accomplish the goals of the evolutionary process. Specific hopes are lost, or surrendered and found anew in new specific hopes, commensurate with the evolutionary process of losing and finding anew. Fundamental hoping sustains the individual during times of hoping transition by continually imagining and exploring new possibilities which can transcend the old, and integrate one's self and world in meaningful and fulfilling ways.

The development of hope was examined as related to the issues and environmental provisions of each developmental era. During the Incorporative Era, the individual's fundamental hoping is shaped, and a hoping disposition is created which will influence future development. In each era, the individual creates specific hopes commensurate with the meaning making balance of the individual. These specific hopes are for possibilities which the individual views as holding the potential for obtaining the present evolutionary goals. The significance of the development of specific hopes, their loss and the emergence of new hopes was examined as related to hope development during each era.

The Loss and Distortion of Hope

In this section the loss and distortion of hope will be examined. The organization of this section offers some complexity in that the
loss and distortion of hope is analyzed by developmental eras as proposed by Kegan, and in relation to environmental provision failures. Definitions are given for loss and distortion of hope and for environmental provision failures. This permits the analysis of the loss and distortion of both fundamental and specific hopes by developmental era and type of environmental provision failure. Finally, there will be a section on two distorted forms of hope, magical hope and unrealistic hope.

Definition of Loss and Distortion of Hope

Loss and/or distortion of hope is defined as a limiting or constraining of one or more of the four major aspects of hope. Hope loss and distortion may involve the limiting of: (1) possibilities imagined, (2) the acting toward aspect of hope, (3) one's view of time, and (4) relating.

Limiting of possibilities. In the loss and/or distortion of hope, there is a limiting in the direction, scope and positive/negative valence of possibilities imagined and considered by the individual. In the hoping development section, healthy hoping was seen to be directed toward the evolutionary possibilities of personal growth as it becomes more complex in the course of development. Distortion of hoping may involve a limiting or shift in the direction of possibilities so as to be out of line with the evolutionary thrust. If an individual comes to find the possibilities of a given developmental balance too threatening or thwarted, the individual may regress to a previous balance as if to regain hope in order to be able to move forward again. Winnicott (1965)
spoke of this connection between regression and distortion of hoping as follows:

The regression represents the psychotic individual's hope that certain aspects of the environment which failed originally may be relived, with the environment this time succeeding instead of failing in its function of facilitating the inherited tendency in the individual to develop and to mature. (p. 128)

In less extreme form than a psychotic regression, there are many examples in which the restriction of hoping leads to regression of or resistance to development. Common examples are found in the person who seems afraid to grow up, or people who are psychologically immature.

Limiting of possibilities may also be in terms of the scope of possibilities. In distorted hoping, only restricted possibilities, or a limited number of ways of behaving are considered. An example of this form of distortion is seen when the individual believes there is no possibility of both expressing the true self and maintaining the relationship with the other. Either the self or the relationship must be sacrificed.

Limiting of possibilities may include overemphasis of either positive or negative valences attached. The individual comes to have a restricted view in which only one valence is considered, most commonly the negative one. In this situation, all possibilities are viewed as negative or having negative consequences. There may also be an attitude of negativity resulting from the perception that the individual's choices (possibilities) are limited.

**Limiting of acting toward.** Healthy hoping is an active process in which possibilities are imagined, considered, and discriminatively
explored and acted toward. A loss or distortion of hoping involves a restricting of the imagining and exploring of possibilities which, in turn, results in a restricting of covert and overt activity toward new possibilities. If hoping is severely restricted, there is inactivity, a psychological sense of immobilization, impasse, and resignation which might be manifest in a retardation of overt activity as well.

Limiting view of time. Healthy hoping has a particular relationship with time. Hope is about the future, an imagining and acting toward future possibilities, which are transcendent in the sense that they extend beyond those experiences and events in the past or present. When hoping becomes lost or distorted, the person's relationship to the future becomes restricted and pessimistic. The individual focuses only on the present or past as the definition of what the future may hold. The individual may express the attitude that if one can't have present hopes fulfilled now, then one's hopes will never be fulfilled, and the future holds no promise. A variation is the attitude that things have always gone wrong in the past and that will never change, so the future will only be more of the same.

Limiting of relating. Loss and distortion of hoping also involves a restricting of self from others. Hoping is relational; it has to do with the relationship between self and object world. The unhoping person withdraws from relationship, isolates, ruminates and is self-focused. Contact with others seems to hold only negative possibilities.
These limits of the four major aspects of hoping are obviously interrelated and interactive, which can contribute to increasing the degree of hopelessness. The more pervasive the limiting and constricting becomes, the less likely the individual will be to imagine and pursue new possibilities. The examination of loss and distortion of hope with its limiting effects on growth and change is particularly pertinent for the psychotherapist since therapy clients present themselves for treatment because they are unable to find a way out of their entrapments. Lynch (1965) described the constriction of hoping as characteristic of all neurosis.

In every neurosis some thing or wish or situation or pattern or person has become absolutized and fixed. In this context, we can equate the idea of entrapment and the idea of an absolute - a false absolute - of course. What is clearly lacking in every such case is flexibility, freedom, imagination. What is also present is some degree of hopelessness. Hope never quite gives up imagining, but the neurosis is an entrapment and a failure of the imagination. The effect of a neurosis, and indeed of all mental illness, is to narrow the possible range of action, thought and feeling. (p. 64)

**Definition of Environmental Provision Failures**

In this developmental analysis, the loss and distortion of hope is considered to be a result of the interaction between failures in the environmental provisions and the meanings made of such failures by the individual. The environmental provision, it will be recalled, refers to the features of the environmental context, or culture of embeddedness of the developing individual. There are three major patterns of environmental failure: impingement, inconsistency, and deprivation.
Impingement means that the environmental provision places demands and expectations on the individual which impinge on or disrupt the individual's internal psychological process and development. In Kegan's theory, impingement can be associated with the culture's failure to appropriately perform the functions of holding on (confirming the individual's meaning construction balance) or letting go (contradicting the old balance and encouraging emergence to the new balance).

Inconsistency means the environmental provision varies in the support, demands, expectations, and care provided to the individual. In Kegan's theory, inconsistency can be associated with the culture's variable and unreliable performance of the functions of holding on (confirming) and letting go (contradicting).

Deprivation refers to a lack of or a withdrawal of the environmental provisions from the individual. In Kegan's theory, deprivation can be associated with the culture failing to perform the function of staying in place (providing continuity).

For purposes of this study, the basic assumption is made that the individual is physiologically normal and unimpaired by mental retardation or other organically caused factors which could be considered to be disrupting to development.

**General Developmental Model of Hope Loss and Distortion**

In the section on the development of hope, a general developmental model was presented to describe hoping development and the place, form, and function of hope in the developmental process. The model is briefly reviewed here, followed by a presentation of an elaboration of the model.
to depict the loss and distortion of hope, and its place, forms, and functions in the developmental process. In both the development of hoping and in the loss and distortion of hope within the developmental framework, there are two primary forms of hope being considered: fundamental hope and specific hopes.

Fundamental hope is the process of continually imagining and exploring transcendent possibilities for greater meaning and fulfillment which involve self in relation to object(s) and world. Fundamental hope is aligned with the direction and purposes of the evolutionary process as described by Kegan (1982). Fundamental hope is a searching for possibilities which can address both of the two great human yearnings of which Kegan wrote, the yearning for autonomy and the yearning for inclusion. A loss of fundamental hope is at the core of hopelessness. Lynch (1965) expressed these ideas succinctly:

The truth is that the most fundamental and universal drive of man is toward objects, toward reality. We hope that we can reach this goal, we hope that there will be a response, physiological or psychological, from the world. When there is none, we find some one of the many forms of desperation.

The second truth we must add is that this relationship of hope and help must be one of mutuality. I must not be in such a relationship to objects that I vanish out of the picture, I am destroyed. And the reverse is also true: ideally, the object in coming to me must find itself. It is the hope for this mutuality that is the secret of all our hopes; it is its absence in substance that makes us hopeless. (p. 44)

As described in the developmental section, fundamental hope sustains and nourishes the process of evolutionary development and is depicted by the arrow in the center of the helix in Figure 2 (page 145). A loss or distortion of fundamental hope seriously affects the developmental progression and is conceptualized as a turning away from the evolutionary
process of life, growth, and development. It is a turning toward death, a ceasing of growth and development, or regression.

Specific hopes are hopes for a specific object, goal, or outcome. They arise throughout the life cycle as the individual perceives possibilities through which the purposes of fundamental hope might be accomplished. During times of transition from one balance to another, there is a natural surrendering of the specific hopes aligned with the old balance as new specific hopes emerge for possibilities aligned with the new balance. The transitional process includes a natural loss of old specific hopes. The transitional interplay of specific hopes was depicted in Figure 3 (page 148). The transitional process is sustained by the fundamental hoping which continues to imagine transcendent possibilities. In this section, the loss of specific hopes is examined with respect to those losses which are construed as unnatural losses, from which there is no natural recovery. "That is, the normal experiences of evolution involve recoverable loss; what we separate from, we find anew" (Kegan, 1982, p. 129).

When loss and distortion of hope occur, the effects can be conceptualized as forcing the individual out of a normal balance to an abnormal balance which is outside the normal evolutionary path as depicted by the helix. It is a balance outside the parameters of healthy hoping as well. The dotted line in Figure 4 (page 186) represents an abnormal path taken to an abnormal balance, which may be formed on either side of the helix; in other words, an extreme favoring autonomy or an extreme favoring inclusion. Figure 4 also illustrates the abnormal balance as
Figure 4. A Distorted Hope Helix

The dotted line extending outside the evolutionary helix represents possible detours from the evolutionary helix caused by distorted hope.
being outside the normal hoping parameters, which is the case when hoping is distorted. Further development is obviously affected since the individual is no longer following the normal evolutionary pathway, but is likely to make distorted meanings of life experiences since the meaning construction is itself distorted. The disturbed individual does continue to develop, and many of our clients are able to behave in ways which could be considered normal; however, there is also the presence of an underlying pattern of distortion which becomes evident. The particular patterns of distortion are primarily a function of the original disturbance. Thus, possible distortion patterns for each developmental era are analyzed as follows in relation to the issues and hopes of each era, and the forms of failure in the environmental provision.

Loss and Distortion of Hope in the Incorporative Era

Kegan suggested that in the Incorporative Era the infant is embedded in his/her reflexes, sensing and moving, and is held by the mothering one who is the culture of embeddedness. For the infant, me and not me are not yet clearly distinguishable; thus, there is not a true subject object balance. This is signified by Kegan's assignment of the number 0 to the Incorporative Balance. Because of the infant's almost total dependency on the culture of embeddedness, the mother's role is crucial in the establishment of the infant's beginning sense of self. The developmental tasks of the infant and toddler are vital in shaping the disposition of the person toward the evolutionary enterprise of life. Environmental failures in this early life period can have devastating
effects on future development as witnessed by the severe forms of pathology considered to stem from disturbances in early development.

Kegan understood the significant themes of this period as attachment and separation. Drawing from the object relations theorists, particularly Winnicott (1965), the major psychological achievements of this period are: continuity, personalization, and self object separation, which involves the use of transitional space and phenomena. Each of these achievements will be addressed in relation to the possible patterns of hope loss and distortion emanating from an environmental failure by impingement, inconsistency, or deprivation.

**Continuity.** A sense of continuity is derived from experiencing alternating periods of integration and unintegration during which there is no severe or prolonged discomfort, and from which there is reliable recovery. The good enough mother makes continuity possible because she provides the infant with a secure and loving holding environment which supports, protects and responds according to the infant's needs and rhythms. In this way, the infant develops a basic trust in reality (Erikson, 1963), and the fundamental hope in continuity of going on being and becoming, which is the promise offered in the evolutionary life project. When the holding environment fails in its provisions, fundamental hope may become lost or distorted.

In a failure by impingement, the mother's nurturant holding and care of the infant does not correspond either in quality or timing with what the infant needs, thus interfering with the sense of continuity. The mother's provision of care is predicated not on the infant's needs,
but on what the mother thinks is necessary, or is willing to provide, and the mother's determination of the timeliness of the provisions. The infant's experience of this impingement (lack of correspondence between its own experiences and the response of the environment) is a pressure to react, a disruption of the infant's rhythm, and a calling of focus in order to react. In other words, the infant is not free to relax and be him/her self. Winnicott (1965) described the infant's alternatives as follows: "The alternative to being is reacting, and reacting interrupts being and annihilates. Being and annihilation are the two alternatives" (p. 47). Thus, if there are interruptions to the continuity of the infant's own experience, the infant is forced to repeatedly react. The infant's sense of existence comes to be known as reacting to the demands or stimulation of its environment.

The impinging environment is not necessarily one in which there is actual or intended physical or psychological abuse by the mother. Impingements may be found in rigid feeding schedules, anxious holding or jostling, and inappropriate waking. Any of these patterns force the infant to conform to external demands. Winnicott viewed this failure in maternal care to result in ego-weakening and, in extreme cases, in a fragmentation of being in which the infant's sense of continuity of life is based on the sense that reacting is continuous. "In the extreme case the infant exists only on the basis of a continuity of reactions to impingement and of recoveries from such reactions" (Winnicott, 1965, p. 52). Ulanov (1981) offered another picture of the consequences of this provisional failure, linking the interruption of being with the
notion of false doing, which is basically reacting to the world rather than acting in unity with one's own sense of being. Ulanov wrote:

False-doing arises from interruption of being. . . . Our being has been invaded, taken over by alien elements, and exists now only in fragments. We are not seen or reflected back to ourselves and thus no true self forms at the core. Instead of finding our face reflected in the loving gaze of our mother, we see her preoccupied with her own problems and using us for their solution. (1981, p. 88)

Fundamental hope for being is distorted by impingement so that being means reacting, and reacting becomes the primary possibility to be hoped for. The infant only hopes to be able to continue to react and to recover from reacting. This means the infant must reject its own needs in favor of reacting to the other. The hope to become one's potentialities is distorted to mean become one's potential to react.

A failure by inconsistency of environmental provision means that the mother variably offers what is needed, when it is needed. The environmental provisions are untrustworthy and unreliable. From the infant's point of view, since me and not me are indistinct, the infant has no way of knowing when or why the provision is there or not there. Continuity of being is fragile at best since at any time for unknown reasons it might be disrupted, and recovery is not reliable. The infant is likely to find the experience of being as a negative experience. A basic insecurity about hoping develops out of this pattern of inconsistency. The activity of imagining and acting toward possibilities becomes restricted as well as the hope for consistency in relating the inner experience and outer realities. The infant may become reactive.
to any changes since the hope for a good outcome cannot be trusted. It is instead likely that something will go wrong.

A failure of environmental provision by deprivation means the infant suffers from a lack of the important holding and mirroring which communicates a response to the infant's being. As has been emphasized, the concept of environmental holding means more than physical provisions which are necessary to survival. Maternal holding has to do with the mother's communication to the infant about the value of the infant's self. The well known studies by Spitz (1945) demonstrated the crucial importance of the mother during the first few months of life. He observed hospitalized infants who were given adequate physical provisions and who still actually died from no apparent physical causes. Without the contact with the maternal holding environment, they seemed to give up hope that the life project could be a worthwhile endeavor. Without hope, the infant becomes apathetic and detached from life; there is no reason to actively participate in living.

Personalization. The achievement of personalization is a claiming of unity of the central self with the whole body bounded by the skin surface. In claiming, the self is found to be real and one's own. The environmental provision most relevant to the development of personalization is handling. The many ways in which the mother handles the infant, including physical handling as well as management of the infant's needs, communicate to the infant a sense of wholeness and unity. One of the important provisions Winnicott described is called object presenting. When the mother provides just what is needed at just the
right time (which she is able to do because she knows her infant so well she can anticipate his/her needs), the infant is permitted to hold the illusion that he/she has created what was needed. Just as there must be an attachment between mother and infant before there can be a separation of infant (self) from mother (object), the illusion of omnipotence is a necessary precursor to finding reality outside the realm of one's omnipotent control.

An environmental failure in the form of impingement means the mother's handling is not in accordance with the infant's rhythms and needs, but felt to be impinging or intrusive to the body self. The results are as if the infant shrinks from contact with his/her own skin boundary because it is too painful to claim or trust one's whole body self. It belongs to the not me, since it does not correspond with the me which is one's own inner experience. There is a loss of the sense of the psyche indwelling in the soma. The hope for unity and integration of the self in a psyche-somatic partnership becomes distorted so that one's hope is to avoid contact, both contact with skin boundary and contact between internal and external experience. The possibility for a relationship between them is restricted to keeping the inside and outside separated. This separation constitutes an injury to the fundamental hope for the self to be in relation to the object world. The self is not fully in relation to the body self.

According to Winnicott this lack of relationship of self with self is conceptualized by the existence of a true self which remains hidden,
and a false self which interacts with the outside world. Of extreme cases of impingement, Winnicott wrote:

The 'individual' then develops as an extension of the shell rather than the core, and as an extension of the impinging environment. What there is left of a core is hidden away and is difficult to find even in the most far-reaching analysis. The individual then exists by not being found. The true self is hidden, and what we have to deal with clinically is the complex false self whose function is to keep this true self hidden. (1975, p. 212)

Other forms of pathology which seem to be representative of a distortion in fundamental hoping resulting from impingement in this early developmental period include schizophrenia and schizoid conditions. Schizophrenia seems to be characterized by a lack of contact between inner and outer reality. The schizoid condition involves a withdrawal from relating, and schizoids also report a perceived lack of connection between an inner self and a body self. It is as if they observe themselves going through the motions of daily life. Schizoids may report they fear relationships because they will "get lost in them." The statement conveys a lack of the sense of a boundary between self and other so that the self would actually become indistinguishable. The hope for protecting one's being is distorted to mean preserving a gap or a split between parts of the self, and between self and object in order to avoid annihilation.

An environmental failure due to inconsistency of provision confuses the infant as to what is real, reliable, and his/her own. Sometimes the provision is there, the right thing at the right time, permitting the indwelling of the psyche in the soma to be experienced. Sometimes the provision is not given, and the infant withdraws inside. The implications
for hope distortion are that hope must be tentatively and suspiciously held. The hope for unity of self and relationship between inner and outside space is engendered by the good enough provisions; however, the infant has no opportunity to develop a sense that the hoped for provisions can reliably be secured in response to his/her activity toward them. Depending on the degree of inconsistency, the infant may either angrily protest and demand response, or withdraw because the hope is being sacrificed. It is as if the infant concludes it is better not to hope than to hope and be painfully disappointed.

An environmental failure due to deprivation of provision is likely to cause a loss in the fundamental hope for continuing growth and development possibilities. The child may withdraw from efforts to communicate and be in relationship with the outside world. Margaret Mahler (1968) cited a case in which a child, Violet, demonstrated the results of early deprivation. Violet's mother became deeply depressed several weeks after Violet's birth and thereafter had nothing more to do with the child except for periods of breastfeeding. Thus, Violet was exposed to long stretches of complete separation from her mother. Perhaps the brief periods of close contact during feeding times prevented Violet from entirely giving up hope in living. Though Violet continued to develop in the physiological sense, it was as if she had given up hope of relating. Mahler described her as follows: "When Violet made her first appearance with us (age two), she was mute; she had an absolutely blank and unanimated facial expression, and she focused on nothing and nobody. She had no verbal language. . . . She showed no
response to people and acted as though she did not hear their voices. . . . her neurological examination was completely negative" (p. 152). Violet's autistic behavior demonstrated a loss of hope in the possibility that contact with the outside world could be confirming or correspond with the inner experience of self.

**Self object separation**

- During the time between approximately six months and 18-24 months, the child is endeavoring to achieve a differentiation between self and object (mother). The difficulty of this task is evidenced by the separation anxiety (Bowlby, 1973) which can be observed when the mother leaves the child for periods of time. Because the child has not yet differentiated self and mother, the child experiences the mother's absences as a loss of part of the self, a threat to its continuity.

When separated from the mother, the child behaves in a predictable sequence (Bowlby, 1973). First the child shows an angry protest at the mother's absence. This behavior demonstrates the child's hope that he/she may force the mother to return. The child's angry reaction may also occur after the period of separation in the hope of preventing the mother from leaving again. If the angry protest fails to bring about the mother's return, the child becomes depressed. This indicates the child's loss of hope that he/she can do anything to bring about the mother's return and is, therefore, faced with being without her. If the separation from mother is prolonged, the child becomes detached. Detachment indicates a loss of hope that the mother will ever return, which constitutes a loss of possibilities for unity of self, which is at
this point in development, contingent on the mother's enduring presence. Fundamental hopes for continuity of being become distorted so that the child de-attaches in order to protect the self. This alternative is viewed as the only possibility from the child's perspective.

An environmental failure in the form of impingement means that the adaptation of the mother's provision does not correspond with the child's need to separate from mother and to engage in more autonomous behavior. During early infancy the mother's almost perfect adaptation corresponds with the infant's state of absolute dependency. As the infant develops greater capacities, the good-enough mother gradually de-adapts, which means she gradually becomes less focused on constantly providing for the infant and returns to her own independent needs and interests although she remains in loving contact with the child. It will be recalled from the section on the development of hope that the mother's de-adapting is not disruptive to the child's development, but it is facilitative of development provided it is commensurate with the child's growing capacities. Because the child demonstrates separation anxiety at the mother's leaving, it is not accurate to conclude the mother should not leave. The significant thing is that the mother's absence is not prolonged beyond the child's capacity to tolerate it. The mother's absence provides the valuable opportunity for the child to discover that the self does not fall apart, that mother does not actually disappear forever, that mother is indeed an object separate from the self, and that she is an object which has permanence.

The impinging environment is one in which the mother does not gradually de-adapt as commensurate with the child's growing capacities.
Rather, the mother continues to provide what the mother thinks is necessary based on her own reasons and wishes. As the child begins to imagine new possibilities and make efforts to move toward them, the child meets with the mother’s discouragement of this behavior. The emerging specific hopes of more autonomous possibilities are thus stifled by the mother’s actual restriction, or impatient provision. The activity of imagining and exploring possibilities for greater autonomy is aligned with the true self, which then becomes hidden in favor of the false self which complies with the requirements and impositions of the mother who needs to keep her child dependent.

A simple example of a pattern of distorted hope is found in the child who seems slow to learn to communicate his/her needs verbally because the mother continues to know just what is wanted and automatically provides it. It could be said the child does not talk because there is no need to. However, in terms of the hoping process, it seems more accurate to say the child does not talk because he/she has lost hope that such actions are acceptable and will not lead to a disruption of the maternal provisions. Hope is restricted to the possibility that the mother will continue to offer provisions as they are needed.

Impingement creates a prolonged dependency of the child. In this stage of separating from the mother, the child is restricted in the direction of remaining merged with the mother. Separation anxiety is likely to be more intense since the child has little opportunity to experience and explore possibilities of self-sustaining.
The failure of environmental provision in the form of inconsistency means the mother's deadaptation and provisions are given irregularly. The inconsistency serves to confuse the child about which specific hopes can in fact be trusted; the child experiences anxiety. From research on the attachment behavior of children in the first year of life, Ainsworth (1984) concluded maternal inconsistency results in a form of anxious attachment on the part of the child. The particular pattern of anxious attachment resulting from inconsistency of mothering is called "anxiously attached and resistant (or ambivalent)" (Ainsworth, 1984, p. 573). Children with this form of attachment were described as more readily upset by brief periods of separations from the mother, and more fearful overall than securely attached children. The anxious ambivalent babies were also ambivalent in their attachment behavior and "the infant's desire to be close to its mother is suffused with anger" (Ainsworth, 1984, p. 575). The anxious ambivalent pattern implies an ambivalence of specific hopes. The child's hope for retaining attachment with the mother seems contrary to the hope for more autonomy since the mother is not reliably available for the child to separate from her. Closeness and separation are on the mother's terms. Thus, the infant is in conflict about the periods of closeness as well as the periods of separation. Instead of a natural loss of the specific hope to remain merged with the mother, the process of surrendering and finding hopes becomes distorted. To surrender the hope to be merged with the mother, may mean threatening the continuance of provision. At the same time, to follow the hopes for greater autonomy is threatening
because the mother is not reliably available when needed. Autonomy
must somehow be on mother's terms.

The failure of environmental provision in the form of deprivation
means the mother abruptly deadapts, withdraws, or actually leaves before
the child has developed a sufficient degree of psychological separation
from her. In the abrupt deadaptation of the mother, the child may
experience a sense of rejection. In her research, Ainsworth (1984)
found children who experienced maternal behavior in the form of refusal
to respond to the child's efforts for bodily contact became apprehensive
about further efforts to secure contact with the mother. Ainsworth
considered these children to be "anxiously attached and avoidant"
(p. 573). After a period of separation from the mother, these children
tended to avoid the mother during reunion, showing "either a steadfast
ignoring of her or a mingling of avoidant and proximity-seeking behaviors"
(p. 574). From her observations, Ainsworth found sufficient indications
to conclude the anxious avoidant pattern included a detachment from
information which might activate a desire for attachment. It is as if
by refusal to acknowledge the hope for closeness, the child might avoid
the pain of rejection or of actual separation. This form of detachment
is reminiscent of the loss of hope for relating previously discussed as
a feature of the schizoid condition.

The severity of the hoping distortion varies with the time and
circumstances attendant to the deprivation. If the holding environment
has been good, and the deprivation constitutes an episode after which
provision is again reinstated, the loss of the specific hopes for
separation from the mother may be regained. However, if the actual separation persists beyond the point of the child's tolerance, the result is the detachment of which Bowlby (1973) wrote. The detachment represents the loss of specific hopes leading to the loss and distortion of fundamental hope.

Use of Transitional Space and Transitional Objects

During the time the child is differentiating self from object (mother), there emerges the creation of transitional space and the transitional object. In the section on the development of hope, the significance of transitional space and phenomena in relation to the activity of hoping was explored. Transitional phenomena essentially involve the creating of possibilities which bridge fantasy and reality, points in time, and internal and external realities. Such phenomena allow the child to explore new possibilities during transition from one meaning making construction to another and to maintain a sense of continuity while doing so. The transitional object serves as a vehicle to carry the hope of the mother's continuing presence during her absence. It is important to note that from the child's point of view the transitional object does not represent a forfeiting of what is really wanted (mother). As Winnicott emphasized, the transitional space and transitional objects serve the dual purpose of holding things together and keeping them apart. This seemingly paradoxical purpose can be seen in the paradoxical nature of the transitional object which is neither entirely created by the infant (an illusion) nor entirely an external
creation (concrete reality), but it is both. This paradox remains unchallenged by the good-enough mother; it is simply accepted.

In healthy development, the use of transitional phenomena permits the child to experiment with possibilities and, in so doing, discover the limits and possibilities in reality. Lynch (1965) described the experimenting process as one in which the child discovers what is impossible, or hopeless, and what is realistically possible. Lynch wrote:

As the child experiments with hope and hopelessness, he discovers both his powers and his limitations. He begins to be at home with himself, with his boundaries. (p. 62)

The healthy use of transitional space and the transitional object is based on a good enough holding environment which offers security and continuity. If the environment fails in its provision, the transitional object may change from being a vehicle of hope, to becoming a vehicle of distorted hope. In the distorted hope pattern, the object becomes a thing which no longer symbolizes both holding together and keeping apart. The transitional object becomes a thing to be mastered and may develop into a fetish. Winnicott (1971a) wrote of this problem in a case in which the boy used string as a transitional object. The boy was separated from his mother for prolonged periods because of her illness, during critical times of the child's development. The boy's use of string became exaggerated. After his first meeting with the boy, Winnicott wrote:

In this case the mother seems to have been able to deal with the boy's use of string just before it was too late, when the use of it still contained hope. When hope is absent and string represents a denial of separation, then a much more complex state of affairs has arisen. (1971a, p. 19)
In this case, the failure in environmental provision seems to have been one of deprivation. The child lost the hope of the relationship with mother having the quality of continuity and he had to deny the separation.

Although Winnicott does not suggest a connection with an environmental failure of impingement, he gave a brief reference to a case in which the subject came to have a distorted use of the transitional object which seems to have resulted from a failure of impingement. The mother had difficulty weaning the child when she decided it was time, saying the child had never sucked his thumb or had been given a bottle and thus "he had nothing to fall back on" (1975, p. 234). In the mother's adaptation, it seems she had allowed no substitute for herself. The child adopted a stuffed rabbit some months later which he would use as a comforter, but Winnicott concluded the rabbit never had the true quality of a transitional object since "it was never, as a true transitional object would have been, more important than the mother, an almost inseparable part of the infant" (1975, p. 235). It seems the rabbit never came to have the properties of a vehicle of hope which both holds together the self and mother and keeps them apart. Instead, the child found no intermediate possibility between being merged and being separated.

An environmental failure in the form of inconsistency has been noted above to result in an anxious ambivalent attachment. Drawing from this concept, it can be hypothesized that the child experiencing an environmental failure of inconsistency, if able to adopt a transitional
object, may have an ambivalent attachment to the transitional object. The object might be held at times in a desperate clinging, and at times angrily refused. The opportunity for the transitional object to be a secure vehicle of hope seems unlikely since an intermediate possibility between being merged with mother and being separate from her is insecure.

In situations where there is a failure of provision during the time of transitional space and phenomena, the child's conception of realistic limits and possibilities becomes distorted. Using Lynch's terms, we might say as the child experiments with hope and hopelessness, he/she discovers distorted views of his/her powers and limitations, and is unable to be at home with self, and his/her boundaries.

**Loss and Distortion of Hope in the Impulsive Era**

The Impulsive Balance marks the first meaning construction balance in which there is a self object differentiation. The achievement of this self object balance is referred to by object relations theorists as the establishment of identity and object constancy. This is a complicated achievement involving the issues of: holding ambivalence, capacity for guilt and reparation, capacity for concern and contribution, and the issue of constancy. These issues are crucial ones for hope loss and distortion patterns and are explored later in this section. First the major features of the Impulsive Balance described by Kegan are discussed in relation to hope loss and distortion patterns.

In the Impulsive Balance, the child is said to be embedded in his/her impulses and perceptions. This means the impulses and perceptions
are the child's subjectivity. The others in the child's environment are perceived as satisfiers or thwarters of the child's impulses.

Kegan placed the Impulsive Balance on the inclusion side of the helix indicating it is a self object differentiation which favors the yearning for inclusion. As is characteristic of a balance favoring inclusion, the primary specific hopes concern the other(s). In the Impulsive Balance, the child hopes for the possibility of securing all the attention of the favored parent. From the child's viewpoint, the possibility of gaining all the attention of the favored parent is the means by which there is reliable assurance of having the impulses satisfied and not thwarted by the competing demands of other(s) in the family. A particular parent is chosen because of his/her likelihood of satisfying the child's impulses. From the classical psychoanalytic perspective, the choice of the favored parent concerns Oedipal issues. The Impulsive Era is also a time when limit setting and limit finding are major issues for the developing child.

As was noted in the section on the development of hope, the specific hopes for the exclusive attention of the favored parent are essentially unfulfillable hopes. In healthy development, these specific hopes are naturally surrendered as new specific hopes emerge which create the possibility of capturing and retaining the favored parent's love through behavior which encompasses the others in the family rather than excluding them or demonstrating hostility toward them. The child comes to discover the possibility of making a contribution of value to the favored parent and the family as a whole, the
possibility of containing and controlling impulses (which is to say the child comes to have them rather than be them), and the possibility of perceiving other(s) not just as impulse satisfiers or thwartsers but as persons having their own role in the family. If the environment fails in the necessary provisions during the Impulsive Era, the specific hopes may not be naturally surrendered, but a distorted hoping pattern develops.

An environmental failure in the form of impingement occurs when the parent is intolerant of the child's impulsive behavior and unacknowledging of the child's efforts to make a valuable contribution. Intolerance of the parent here means the parent withdraws love. The impulsive child's behavior may vary from displays of affection and demands for loving attention to hostile behavior toward parents and rivals when the child's desires are not being satisfied. When the parent's intolerance of these variations is expressed by a withdrawal of love, limit setting comes to be based on a conditional provision of love. Rather than learning, there are realistic limits to acceptable behavior and the self is loved and valued, the child learns he/she is lovable only when meeting the parental conditions. The specific hopes for the attention of the favored parent are frustrated because the parent will not tolerate the impulsivity the child is. The specific hopes for making a valued contribution to the loved parent (a contribution which affirms the self as valued in its own right) are frustrated because being loved and valued is contingent on the parental definition of requirements. Since the realistic possibilities of obtaining love
in being one's self are restricted, the unrealistic specific hope of obtaining all the favored parent's love may persist since this seems the only possibility for achieving what is needed. Along with the maintaining of the unrealistic specific hope, the hostility and resentment for perceived parental rejection and the rival's thwarting of gratification persists as well. Further entrapment results since the expression of hostility is cause for further loss of the desired object's love.

An environmental failure in the form of inconsistency is a pattern in which the satisfaction or rejection of the child's behavior does not follow a predictable pattern. The child becomes uncertain as to which possibilities might be expected or hoped for. With limited resources of his/her own at this early age, the child is left with the possibility of somehow figuring out what the parent expects or will permit at a given time, and what it is that must be done to secure the parent's love. There may be an increase in intensity of the impulsive behavior in the hope that this will force the parent to help the child by establishing clear and predictable limits. If this hope fails, the child may resort to a restriction of expression of self in the hope of avoiding any negative consequences. The restriction of behavior in this instance is beyond what occurs with normal limit setting and includes a restriction of any spontaneous expression of impulses since the outcome may be potentially negative.

An environmental failure in the form of deprivation may be associated with what Kegan called a high risk factor for this era, which is
the dissolution of the marriage or family unit. This deprives the child
of the opportunity for a natural resolution of the unrealistic specific
hopes of the balance and may result in the child's believing that hopes
for exclusivity have caused the family break up. Even if the child
unrealistically obtains the hopes for the favored parent in the sense of
having an approximation of the exclusive attention desired, this is
accompanied by guilt resulting from the belief that it is the child's
hope for exclusivity which has brought about the damage to the family
and has thus caused irreparable harm. If the favored parent is lost
during the Impulsive Era through divorce or death, the hopes for con­
stancy are severely threatened. The child is likely to self blame and
hopes for future possibilities of constancy of love are likely to be
lost.

Loss and Distortion of Hope and Issues of Identity and Object
Constancy

The establishment of identity and object constancy as presented by
object relation theorists involves the issues of holding ambivalence,
the capacity for guilt and concern, the capacity for making contributions
to the object, particularly reparation, and the achievement of a sense
of constancy.

These issues surface because the child has moved through the period
of separating self from object. The object is known to have permanence,
which means it not only exists separately but continues to exist on its
own. The child comes to hold ambivalent feelings toward the same object.
Guilt is experienced for harm done (covertly or overtly) to the loved object and there is a natural urge to make reparation.

As was described in the previous section, in healthy development because of the environmental provisions, the child is enabled to acknowledge and tolerate the negative side of the ambivalence and make reparation. Although the parent sets limits on the expression of hostility, the parent does not withdraw love and is available and receiving of the child's efforts to make reparation for harm done. If the parent does not offer the provisions of acknowledgement, tolerance, and receiving reparation, the constancy of the relationship is threatened.

As was noted in the development of hope section, constancy can be viewed both in terms of relationship with the object and in terms of internal constancy regarding one's identity. If there is a failure of environmental provision in this complex developmental process, both the child's sense of identity and sense of object constancy (constancy of relationship) can be disturbed. The fundamental hope of the child is to be able to be him/her self and be loved without threat of loss. If the parent fails to acknowledge and tolerate (restrain without withdrawal of love) the child's ambivalence, the hope to be openly oneself is limited. The child may choose the alternative of keeping the hostility hidden from the parent in hope of thereby retaining the parent's love. However, this serves to make the problem a covert one. The child is still aware of having the hostility, and experiences guilt for fantasies and wishes of harming the loved object. This problem may be alleviated through the hope to make reparation for harm done to the object. However, if the parent (object) is not available or receiving of
the reparation efforts, the child's internal problem becomes exacerbated. The child may attempt to deny, repress, or split off the negative side of the internal experience, or may conclude the self is secretly bad, potentially damaging to the object, and thus unloveable if known. This may affect the child's sense of identity and lead to self-punishment. The hope to be loved and the hope to protect the object from harm requires that part of the self remain hidden, contained or controlled by internal mechanisms. The hope of sustaining constancy of relationship with the parent (object) comes to mean careful compliance with the parental conditions.

The hope of sustaining constancy of relationship in this situation is threatened by the developing sense of the child's identity as being bad. To the degree that the child is still aware of the covert hostile feelings, no matter how hard he/she tries to meet the other's conditions, there is a secret knowledge of inadequacy or unlovableness. This problem is escalated to the degree that the child feels unable to make valuable contributions (other than conditional behavior) to the object. The hope of constancy cannot be secure because if the secret self is discovered, the object may be harmed, love will be lost, or both. The child becomes increasingly dependent on the parent (object) as a source of self esteem (identity) and love.

Depressive Patterns as described in Chapter II contain many of these features of hope loss and distortion. It will be recalled that Arieti and Bemporad (1978) suggested the submission-compliance pattern as primary for the predepressive personality. The predepressive child
has apparently found it necessary to begin to deny autonomous possibilities in favor of reacting to, or complying with, the mother's expectations. Thus, there is the clear suggestion of a failure of environmental provision of both object permanence (Incorporative Era) and object constancy (Impulsive Era). The shift to favoring compliance is a shift toward the position of psychological dependence. The pre-depressive child of the Impulsive Era has a tendency to move toward greater psychological dependence because the child makes further efforts to retain or recapture the mother's love by pleasing her with conditional behavior. But, the child also has ambivalent feelings about the mother which must be internally contained.

As the submission-compliance pattern develops, the hopes for reparation are heavily stressed by the child's sense of having lost the mother's love and having no chance to recapture it. As the mother increases expectations for the child's behavior in terms of limit setting and acceptable contributions, both the hopes for recognition and tolerance of the child's ambivalence and especially the attendant hopes for making reparation for the hateful feelings become restricted. For the child to vary from the maternally required conditions means inciting the risk of further loss and impossibility of reparation regarding the mother's love. Naturally held anger feelings as well as those induced by maternal provision failures are perceived by the child as harmful, damage is not reparable, and the anger is guilt-provoking. Such feelings threaten the constancy of the relationship with the mother. Therefore, such negative feelings must be internally contained.
and defended against by the child, which includes directing the anger at self in an effort to protect the object and to insure the continuance of the object's love. Turning these feelings against the self only serves to increase the sense of guilt and inadequacy of the individual to hold the object's love. This, in turn, exacerbates the decrease in hopes for reparation, constancy, and self-value. The significant other takes on the characteristics of the dominant other, since this most needed other comes to be viewed as absolutely good and the self is viewed as increasingly unworthy. The psychological dependency increases until the child is exclusively dependent on the other as the dominant force in his/her life and the source of all love and self-esteem. The same underlying pattern of hope distortion is found in the bargaining relationships described by Bemporad (1978).

Guntrip emphasized the self-anger component of depression rather than the dependency characteristics, as in his definition of depression as love made angry (Guntrip, 1969). In terms of the hope loss and distortion pattern, Guntrip emphasized the loss of hope for reparation which results in an internalization of the inexpressable anger, an increase of guilt over these angry feelings, and an increase in the restriction and loss of the hope to be loved and valued for one's self. The individual increasingly believes the self is unworthy of love and potentially harmful to the love object.

It is important to recognize that the loss and distortion of specific hopes for a specific love object can become intensified and lead to the loss of fundamental hope. The distorted pattern which construes the
possibility of being loved as requiring sacrifice of one's own experience and gratification represents a detour from the fundamental hope that one can be fully oneself and fully loved by another. As even this distorted hope for love by self-denial becomes threatened when the depressive fears he/she can never truly receive the rewards which are sought, there is a loss of fundamental hope of ever again being loved.

The depressive person shows a restriction in all the major elements of hoping: limited range and negativity concerning possibilities imagined, restricting of the activity of imagining, considering and exploring possibilities both internally and externally. Overt activity toward possibilities may become restricted and the person acts sluggish, immobilized, and resigned to their plight. The view of the future is restricted and negative; perceived future possibilities are defined by the past and present awfulness, with a sense that things are only likely to get worse. In a recent publication exploring the relationship between helplessness, hopelessness and depression, Halberstadt, Andrews, Metalsky and Abramson (1984) emphasized the anticipation of repeated failure as a significant cause for episodes of depression. The authors stated that:

According to the reformulated model, a proximal sufficient cause of depression is an expectation that highly valued outcomes are unlikely to occur or that highly aversive outcomes are likely to occur and that one is helpless to alter this situation. (p. 394)

Further limiting in the functions of hoping is seen as relating becomes limited and the depressive individual tends to be isolative and withdrawn. Suicidal ideation may ensue which reveals the loss of
the fundamental hope of going on being, and death seems a preferable alternative to continuing awfulness.

**Loss and Distortion of Hope in the Imperial Era**

In the establishment of the Imperial Balance, the child has shifted from the inclusion side of the helix to the side favoring autonomy and defines self in terms of needs, interests, and wishes. In transitioning from the old Impulsive Balance, the hopes for exclusive attention of the favored parent have been surrendered in favor of the emerging hopes for greater autonomy, self-sufficiency, and taking a role in the family, peer group, and school setting. Through this role taking, the child hopes to demonstrate a newly acquired self-sufficiency, which permits satisfying the child's needs, interests, and wishes through predictability of response from others who follow the rules and norms of role taking. The child holds specific hopes for recognition of self-sufficiency, competence and role, and hopes others will respond to his/her needs, interests, and wishes according to the rules which accompany the role.

As the child transitions from the Imperial Balance to the Interpersonal Balance, the specific hopes of the Imperial Balance become questioned as part of the balance being questioned. The contradiction to the Imperial Balance requires the individual to take into account the needs, interests, and wishes of others, and move toward greater mutuality in relationships. The child may experience the contradiction to the old (Imperial) balance as constraining, curtailing, controlling and depriving him/her of the self-sufficiency and satisfaction of his/
her own needs and wishes. As new specific hopes emerge for possibilities of having (rather than losing) one's needs, interests and wishes within a relationship of greater mutuality, the old hopes can be gradually surrendered.

The holding environment (Kegan's culture of embeddedness) may fail in provision of one or more of the culture's functions of holding on (confirming the old balance), letting go (gradually contradicting the old balance), and staying put for reintegration (continuity). A failure in the function of letting go can be associated with the failure of impingement, since it represents the culture's demand the individual be in a certain way which is not commensurate with the individual's capacities and emerging hopes.

A failure of provision in the form of impingement during the Imperial Era may be demonstrated by the culture's lack of encouragement of the child's emerging hopes for greater mutuality, and establishment of close relationships outside the family. If the culture sets rigid limitations for interpersonal contact, ridicules or devalues the child's hopes for mutuality, the child is likely to become discouraged and/or resentful. One response is for the child to present a false compliant self at home or with significant adults, and secretly pursue the desired interpersonal relationships covertly or overtly when the parents cannot observe. This secrecy increases the child's guilt and anxiety because the hope for acceptance by the holding culture is still held, but the culture's acceptance is based on the false compliant self. The child fears he/she will be rejected if the true self is discovered, and feels the self is bad for secretly contradicting the culture's wishes.
An alternative pattern is the child perceives the culture is unfairly restraining him/her, and the child may engage in rebellious behavior. The hope for sustaining a relationship with the culture is thereby sacrificed in order to pursue the hope of relationships outside the family.

A third alternative pattern results when the child perceives the culture's restrictions as valid because he/she is inadequate to form and maintain relationships outside the family. In this pattern, the culture's restraints are internalized as statements about the child's inadequacy and unworthiness and the inherent dangers in relationships outside the family. The hope for interpersonal relationships comes to be a secret wish rather than a hope for possibilities which can be realistically pursued.

A failure of inconsistency in provision means that the culture is unreliably confirming and contradicting the Imperial Balance. Inconsistency of provision results in insecurity and ambivalence about the specific hopes. The child cannot securely maintain the old hopes of the Imperial Balance because the culture does not reliably confirm the old balance. This increases the difficulty of naturally surrendering old hopes. It is also difficult for the child to sustain the newly emerging specific hopes for greater mutuality since the culture fails to reliably offer expectations of trustworthiness, and taking into account the needs and interests of others. The natural ambivalence of a transition (trying to hold on and let go at the same time) is escalated to an unnatural intensity of ambivalence. The inherent risks
in exploring new possibilities are complicated by the accompanying risks in the unpredictability of the culture's provisions. The child may vacillate from clinging to the specific hopes of the old balance to defiantly pursuing the specific hopes appropriate to the new balance.

A failure of provision in the form of deprivation constitutes a failure of the culture to stay in place. The child is deprived of the culture's provisions which enable the transition to the Interpersonal Balance. Kegan cited a family relocation during this transition as presenting a high risk to continuity. Family relocation deprives the child of the maintenance of old specific hopes attached to the peer group role taking. It also deprives the child of pursuing the new specific hopes for greater interpersonal mutuality since the child is faced with adjusting to an entirely new group of peers and must first establish a sense of acceptance and a role within the peer group.

A failure in the form of deprivation may also result in antisocial or delinquent behavior. The child has been deprived of the provisions of support and limitations which offer confirmation and predictability. Winnicott described this distorted pattern of hoping as follows:

Briefly the antisocial tendency represents the hopefulness in a deprived child who is otherwise hopeless, hapless and harmless; a manifestation of the antisocial tendency in a child means that there has developed in the child some hopefulness, hope that a way may be found across a gap. This gap is a break in the continuity of environmental provision, experienced at a stage of relative dependence. (1965, p. 103-104)

Kegan also noted that the sociopathic personality and the antisocial personality seem to have an approach to the world which is as if they remain in the Imperial Balance. A distorted hoping process of these
personalities seems to be a persistence of the hope that the world will conform to their own needs, wishes and interests without necessitating they comply, compromise, or take into account the views of others.

Loss and Distortion of Hope in the Interpersonal Era

The Interpersonal Balance contains the specific hopes for mutuality in one-to-one relationships and favors the inclusion side of the helix. The mutuality of this balance holds the capacity for collaborative self-sacrifice and emphasizes shared subjective experiences. During transition from this balance toward the Institutional Balance, the interpersonal mutuality becomes questioned as constricting of greater independence and self-initiative. The hopes for continuity of relationship become threatened since the emergence of greater independence and self-focus may cost the relationships in which one has found mutuality.

A failure of impingement by the culture may be found in the culture's refusal to permit or encourage greater autonomy. The individual then feels vulnerable to a loss of self through incorporation by the other while hoping for greater autonomy. The new possibilities of considering the self first may evoke guilt by being perceived as selfish, cold and uncaring in contrast to the mutuality and self-sacrifice of the Interpersonal Balance. The hope to move toward the possibilities of the Institutional Balance may be further constrained by the threat of loss of the interpersonal partner. The individual may develop underlying resentment that the partner restrains his/her autonomy, and yet feel unable to break the relationship. Possibilities may seem limited to
a choice between loneliness in favor of autonomy, or a suffocating relationship in favor of inclusion. If the individual makes a choice in favor of the hopes for greater autonomy, future possibilities of relationships may be limited by the perception that any relationship will require a sacrifice of one's autonomy.

A failure of inconsistency causes uncertainty and ambivalence about both the hopes for mutuality and the hopes for greater autonomy. Since the hopes for mutuality are not consistently confirmed, the individual must continually focus on the partner's wishes in order to somehow assure continued provision. The unreliability of the interpersonal partner is likely to cause resentment. Because of the resentment toward the partner, the individual may find greater difficulty in considering new possibilities of greater independence since these possibilities already evoke guilt for seeming selfish and uncaring. The individual is likely to blame self for the unreliability of the partner and feel guilty for having hopes of greater autonomy.

A failure of deprivation during the transition from the Interpersonal Balance may be the loss of interpersonal partner(s), which Kegan noted as the high risk to continuity. Since in the Interpersonal Balance, the self is defined by relationships, the loss of a significant relationship is perceived as a loss of a vital part of one's self. One's hopes for future possibilities of mutuality and inclusion are seriously threatened. The individual feels unbearably lonely, deserted, betrayed and stained. Possibilities are limited since the individual lacks the hope of being him/herself apart from a relationship which
defines self. The loss of the specific hopes for mutuality in a particular relationship may lead to the loss of hope for ever being adequate to hold another's love with constancy. Relating may become limited as the person withdraws from relationships in the hope that vulnerability may be protected by sacrificing the hope of ever loving again.

Loss and Distortion of Hope in the Institutional Era

The Institutional Balance favors the autonomy side of the helix and contains specific hopes for personal autonomy, self-authorship and self-regulation. In confirming this balance, the culture acknowledges the individual's independence and efforts toward personal enhancement and achievement. As the individual emerges from the Institutional Balance, the old specific hopes are questioned. The individual and/or culture of embeddedness begins to request greater intimacy. The contradiction to old specific hopes may be experienced as a lack of self-control, or as a threat to one's boundaries, and a demand for incorporation. As specific hopes for greater intimacy emerge, the individual may view the old balance as isolative, yet feel unable to let him/herself be closer to another for fear of being swallowed up. A loss of the self-regulating control causes the institutional individual to feel weak and ashamed.

A failure of impingement may occur if the embeddedness culture fails to acknowledge hopes for greater mutuality. In some marriage relationships the transition of one partner toward greater intimacy may occur at the time the other partner is moving into, or is still embedded in the
institutional balance. The partner refuses to honor requests for greater intimacy since it is against his/her present evolutionary balance. The refusal of intimacy may be perceived as a further statement of failure and humiliation of the self. If transitioning to the Interindividual Balance seems too threatening, the individual may attempt to work harder to achieve the old specific hopes of the Institutional Balance. Kegan suggested the common pattern is workaholism.

A failure of inconsistency occurs when the old balance is not reliably confirmed by the culture, and/or the emerging hopes are inconsistently acknowledged. The individual cannot find security in either the old balance or the new one. As in previous transitions, the individual is likely to become insecure and ambivalent about either balance and the associated hopes. The individual may blame the self for the inconsistency of response and feel inadequate. If the other(s) or the culture is blamed, the person feels resentful and curtailed.

A failure of deprivation may take the form of the high-risk factor Kegan suggested for this transition, the loss of one's job. Since the institutional individual is highly invested in his/her roles and performance, a job loss, or perhaps a loss of promotion, may be interpreted as a statement that the self is inadequate. It seems reasonable to suggest the loss of partner, or children leaving home, during this transition may be a high-risk factor for women who have remained unemployed to invest themselves in the roles of wife and mother. Faced with the loss of the vehicle through which one has performed important roles, the individual is likely to feel humiliated, empty, and compro-
mised. It is increasingly difficult to imagine and pursue the new possibilities for greater interdependence and intimacy since the individual feels inadequate and cut off from opportunity.

Loss and Distortion of Hope in the Interindividual Era

The final balance Kegan proposed is the Interindividual Balance. In this balance the specific hopes are for interdependence, intimacy, and reciprocity. In Kegan's language, the self no longer is its self system, but is a context which can be value originating and system generating. The Interindividual Balance holds the possibility for fulfilling both the hope to be fully oneself, and the hope to be fully in relation with other(s).

Since this is the final balance suggested in Kegan's model, he did not offer suggestions of the culture's functions of holding on, letting go, or staying in place. In the hope development section, it was noted that hope continues to be important during the remainder of the life cycle. There are also developmental tasks and life circumstances which may cause the loss and/or distortion of hope.

A failure of impingement during late adulthood and old age may occur by the culture's lack of acceptance and responsiveness to the individual's failing health, decreased abilities and productivity. Children, spouse, or significant others may demand the individual be and do things which he/she is no longer able to be and do in the former ways. The culture also impinges on the individual's balance-seeking process by overdeclaration of the individual's aging when the culture or significant others demand the individual act or be "older" than
he/she is. Examples of the culture's impingement on the older individual include forced retirement, demands for limiting and constraining activities, or a discounting of one's contributions to others and the culture. Unfortunately, such impingements often lead the older person to conclude he/she is no longer valuable or needed. The person may lose hope that she/he can be found acceptable in such impinging circumstances. Imagining new possibilities of meaningful and fulfilling behavior, or specific hoping, become difficult when the person now sees self as too old, too limited, and of little value. Should the older person's fundamental hoping be jeopardized, despair ensues.

**Inconsistency** may be viewed as the culture's unreliable treatment of the aging individual. Significant others may show resentment and irritation or may show variable responsiveness to the aging individual's increasing need for care and provisions. A common pattern which develops is characterized by others treating the older person considerately when he/she is feeling and performing well, but such treatment is unreliable since when the older person's health or performance fails, he/she is treated as irritating and burdensome, or is ignored. Because of variable health and functioning of the individual, and unreliable response of the culture, the person experiences specific hope ambivalence. An awareness of greater dependency brings hopes for increased security in provisions from others and yet such hopes are in conflict with the individual's hopes to retain a sense of independence and self sufficiency. There is loss of the hope to make contributions of self which were consistently
valued by others in the past. Such inconsistencies may mean to the person that he/she is unneeded and unwanted.

**Deprivation** occurs through the lack of sufficient cultural provisions for the needs characteristic of the elderly. Adequate housing, transportation, appropriate food and activities may be difficult to obtain, if available. As the individual confronts her/his decline in health, productivity, mobility and income, there is little ability to compensate independently for the lack of adequate provisions from the environment. The person loses specific hopes for consistent contact with others and the world about her/him. Increasing loss in contact with others and world coupled with the loss of significant others through death or distance, leaves the individual feeling isolated and helpless to alter the circumstances. The future comes to be viewed as an enemy offering only increasing personal difficulties, isolation and decline. The person is confronted with his/her own death as the final limit to the evolutionary life project and the ultimate test of fundamental hope. There is a strong tendency to despair as the person struggles to find possibilities for meaning and fulfillment which transcend the present and evolving limitations of self and one's life.

**Magical and Unrealistic Hopes**

In the previous section various patterns of loss and distortion of hope were examined as they relate to developmental eras and the failures of environmental provisions. The final hope loss and
distortion analysis is of two distorted forms of specific hope: magical and unrealistic hope.

Magical hope is a distorted form of specific hope. As defined in Chapter II of this study, magical hope differs from true hope in the key elements of hope. It is essentially passive, a wish that something will be bestowed upon the individual by some external agency (as if by magic) requiring little or no effort on the part of the individual. Magical hope is not grounded in reality and does not bridge or transcend time, but places a gap between the present and the future. The present is emptied of significance since the individual is not actively pursuing future possibilities. Instead, the individual passively waits for the future magical provision to arrive.

Magical hope may be triggered by feeling helpless and powerless in the face of one's life situation. Many clients come to therapy with expectations of a magical cure from the omnipotent expert therapist. The client's life conditions seem to evoke a sense of hopelessness and inadequacy to find a way out of their present entrapment without help. The help needed seems beyond normal human qualities in the face of their present helplessness. The therapist is then endowed with special powers to be able to provide the needed help.

It is interesting to note that many of these features are described as part of the rapprochement period in early development (Mahler, 1968; Horner, 1984). In this period the child is still gradually separating from the object and transitioning to the capacity for objectively perceiving the object. The sequence of development described includes
a period of time when the child holds a grandiose view of self, followed
by a time when the object is idealized. Horner (1984) described the
features of this transition as follows:

At around the age of eighteen months, the toddler becomes
increasingly aware of his separateness from mother and her
separateness from him. His experiences with reality have
counteracted his overestimation of omnipotence, his self-
esteeom has been deflated, and he is vulnerable to shame.
Furthermore, his dependence upon the object who is now
perceived as powerful, confronts him with his relative
helplessness. There is an upsurge of separation anxiety,
and he may experience depression. (p. 33)

It is not our intent to draw a direct correlation between this period of
development and magical hoping, but rather to note some similarities
between the developmental situation described and the conditions which
may be present for the client entering therapy who holds some magical
hopes for a cure from the powerful other. The client's magical hopes
may arise from their own sense of helplessness, powerlessness and loss
of self-esteem from their inability to manage their current life
situation. The help needed seems to require a bigger than life helper.
The client's expectation of an all-knowing expert is to some extent
encouraged by the elements of the professional setting, display of
diplomas, certificates, and books which are a natural part of the
therapy situation. However, the hope for a magical cure without
requirement of effort on the client's part is a hope which needs to be
therapeutically dispelled and replaced with realistic hopes in order
for therapy to generate success.

If magical hoping is not the result of a particular set of circum-
stances, but rather seems to be the pervasive hoping pattern of the
client; there is a more serious distortion of hope. Such a pattern may be presented by the individual, sometimes called the eternal optimist who seems to deny any negative response to reality. Lynch described this distorted form of hoping as follows:

There is a tendency in the sick toward a wide and sterile split between dream and fact. They increasingly attach their hopes to fantasy rather than to reality. This is because reality, for one reason or another, has not worked for them; or because they have been unable to cope with it; or because a disgusting image of reality has been communicated to them. ... This fantasy life, these omnipotent dreams, are attempts to cope with life. Superficially, they resemble the nature and the processes of hope. In fact, they are a brilliant and exuberant counterfeit of hope. But on examination they prove to be the very reverse of hope. They are based on a hidden despair of coping with the human reality, or they are based on the bad taste of this reality that has been communicated to them. Secondly, they are a form of 'hope' that proposes the impossible rather than the possible. Thirdly, they consistently adopt methods that have a built-in certainty of never achieving their object. (1965, p. 199-200)

Lynch suggested this distorted pattern of hoping is actually a loss of hope in coping with reality. The individual has lost hope of making an impact on the world so as to bring about desired possibilities. As a result, the possibilities imagined are restricted to the realm of fantasy. The individual does not act toward bringing them into reality, and the possibilities of being in greater contact with reality are perceived as too painful. The distortion of hope turns away from reality to fantasy instead. A client with this magical hope distortion presents quite a different problem for the therapist than the pattern of initial magical hopes for cure presented by some clients as described earlier.
Unrealistic hope is examined as a special form of hope, because it is a frequent form of hope distortion presented by therapy clients, and because determining whether or not a specific hope is unrealistic and dysfunctional is more difficult than may first appear. Since hope is about future possibilities which are not yet concrete realities, the question of which hopes are indeed unrealistic may become confused with the issues of probabilities. It may seem unrealistic hope could simply be defined as a hope for a specific object or outcome which has a very low probability of occurrence. However, probability of outcome is not a sufficient or accurate definition of the realistic/unrealistic nature of hope or whether or not it represents a hope distortion. It is quite possible to have a specific hope which has a low probability of attainment, and yet, is both a realistic and healthy hope.

It is necessary to take into account the functioning of hope, the developmental context of the hope, the degree of importance the individual places in the specific hope, and meanings attributed to its attainment. For example, a client may present the hope to complete a college education, although his/her history is one of very poor academic performance, failure to complete high school, and irresponsible management of self and circumstances. Based on the client's history, it could be said he/she has a low probability of attaining the hoped for goal. However, the hope may represent a more realistic appraisal of the conditions of reality, required changes in behavior, and possibilities of more satisfactory living than the client has previously been able to consider. In this case, the hope does not represent unrealistic
hope and might be considered healthy hope despite the element of low probability.

The question of the realism of hope involves the issue of the individual's appraisal of limits and possibilities for self and object world which is grounded in reality. This is clearer when we return to the defining characteristics of realistic hope. Realistic hope is:

... based on an attempt to understand the concrete conditions of life, to see one's role in it truly and to try appropriate, thoughtful action. The contemplation of realistically hoped-for changes helps mobilize the energies necessary to promote them ... . (Davies, 1979, p. 32)

It is also important to consider the developmental context of the specific hope to determine if it represents a hope distortion. It has been emphasized in the previous sections that development is a process of losing and finding, and the developmental stages include specific hopes which emerge from the meaning-making construction of that stage. In transitioning from one stage to another, there is an experimental process in which unrealistic hopes may serve the purpose of helping the individual define realistic limits, boundaries, and possibilities as the unrealistic hopes are challenged. The important issue in loss and distortion of hope is the degree to which the imagining and exploring of new possibilities is limited by an unrealistic appraisal. If hoping is limited by an unrealistic view of reality, specific hopes are unlikely to be in line with the direction of fundamental hope which is toward developing greater unity and integration of self and relationship to object world, but rather will serve to limit the individual's range of possibilities.
The primary issues for consideration in determining a hoping distortion remain essentially the issues of limiting in the four areas delineated in this section: limiting of possibilities, hoping activity, view of time, and relating. Unrealistic hopes may be symptomatic of, or a constraining factor in limiting of hoping in one of these four areas.

Magical or unrealistic hopes present hoping problems in the degree to which they are symptomatic of a loss and/or distortion in the functioning of hope which inhibits the development of more realistic and healthy specific hopes.

Summary of Hope Loss and Distortion

In this section, the loss and distortion of hope was examined in relation to disturbances in the development of hope resulting from failures in environmental provisions. Definitions were provided for the loss and distortion of hope as well as environmental provision failures. A general model was proposed to describe the place, form and function of hope loss and distortion in the developmental process. Patterns of hope loss and distortion were analyzed according to potential disturbances in each of the six evolutionary eras proposed by Kegan. Major developmental themes emphasized by object relations theorists as significant during the Incorporative and Impulsive Eras were included in the analysis. Finally, two distorted forms of specific hope, (a) magical, and (b) unrealistic hope, were analyzed.

In the next section of this chapter, the theoretical formulations presented regarding hope development, loss and distortion, are addressed in formulating a model for the clinical assessment of hope.
The Assessment of Hope

The assessment of hoping requires thinking about an internal or covert psychological process. This may or may not be directly reportable by the client. Thus, the means of assessment are not only based on direct disclosure and hopeful actions of the client, but also on symbolic communication and inferential work by the therapist. Simply stated, as the therapist or counselor listens to and observes the client, an attempt is made to collect and clinically confirm data regarding the client's hoping.

It may be argued that this means of assessment is invalid due to its subjectivity. However, the fact that indirect indicators are used is due in part to the lack of availability of reliable and direct measures of hopefulness. This does not invalidate hopefulness as a measurable psychological construct. In *The Psychology of Hope*, Stotland spoke to the issue of indirect and inferential measurement of hopefulness as follows:

... hopefulness is treated here mainly, but not exclusively, as a construct used to tie together antecedent and consequent events, a mediating process. In order to explain why a given antecedent event led to a given behavioral outcome, it is often possible, plausible, and even necessary to assume that a given level of hopefulness was in fact involved. (1969, p. 3)

Stotland further stated: "It is futile to argue that because we cannot now always measure hope directly, we should not use it as a scientific concept" (1969, p. 4-5). Perhaps a primary example of an attempt to measure hopelessness is the Hopelessness Scale (Beck, 1974). The scale is designed from a definition of hopelessness which focuses only on negative expectancy about the future.
The underlying assumption is that hopelessness can be readily objectified by defining it as a system of cognitive schemas whose common denomination is negative expectations about the future. (Beck, Weissman and Trexter, 1974, p. 864)

In this study, the loss and distortion of hope (hopelessness) has been conceptualized as including a number of elements in addition to negative expectations about the future. Therefore, the use of the Hopelessness Scale as an assessment tool would be an inappropriate measure of hoping/hopelessness in research using the theoretical base of this study.

For similar reasons, there are several other assessment tools for measuring features of depression including: Major Depression Inventory (Wetzel, 1984), Beck Depression Inventory (Beck, 1978), Hudson Generalized Contentment Scale (Hudson, 1977), Hamilton Rating Scale for Depression (Hamilton, 1960), Center for Epidemiological Studies Depression Scale (Radlore, 1977), Wetzel Family Independence-Dependence Scale (Wetzel, 1975), Moos Family Environment Subscales (Moos, 1974a), and the Moos Work Environment Subscale (Moos, 1974b). These instruments are not considered useful in the assessment of hoping functions as defined here, since the primary intent is to measure symptoms of depression and only secondarily to offer inferential indications of hopelessness. Thus the therapist using the theoretical notions of this study would most appropriately conduct a hoping assessment by clinical interviews, in which a careful inquiry would be made about the parameters of the hoping function for each unique client.

**Assessment of Type of Hope**

The assessment of hope includes gathering data regarding the characteristics of three types of hope: fundamental, specific and
magical and unrealistic hopes. The assessment parameters for hoping are not different than the standard parameters used for clinical assessment of any behavior pattern, covert or overt, which is of interest to the therapist and counselor. These standard parameters are: history, intensity, frequency and duration. The therapist questions what starts the behavior, what maintains it, how is it modified, and what stops it.

**Fundamental hope** is difficult to assess since it is difficult to directly measure. Fundamental hope is a subjective psychological process involving the individual's active pursuit of unity and meaning in life. The development of unity, wholeness and integration occurs through self-object relations. Fundamental hope is the capacity to imagine that possibilities exist beyond those which are known in the past and present, and to entertain, explore and act toward (both covertly and overtly) those new possibilities. The possibilities concern meaning, purpose, unity, integraton, and have to do with one's sense of ego integrity. In general, clients are able to report data indicating a sense of purpose/purposelessness or meaning/meaninglessness; reveal their conception of growth and change as part of the overall process of life, and show willingness/unwillingness to engage in a struggle with the limits and possibilities of reality to search for transcendent possibilities. Clients may offer statements such as "nothing matters" (loss of meaning), "I need to get above this" (which implies the concept of transcendence), "I can't see a way through this" (which implies there is a possibility of getting through), "When I come out of the other side of this" (which implies process of growth and change), "There must
be more to life" (possibility for greater meaning), or "I know someday I'll look back on all this" (possibility of growth and change). These statements may be made even though the client presently feels entrapped and miserable and does not have a concrete notion of the future possibilities; yet the statements reveal an underlying activity of fundamental hoping. It is from such client presentations and disclosures that the therapist infers the parameters of fundamental hope, especially as it relates to the client's view of self, world, and self other relationships.

Specific hopes concern what object(s), goal(s), or outcome(s) the client hopes for. Unlike the assessment of fundamental hope, the assessment task for specific hopes is somewhat less inferential. The word hope may be directly used by the client to describe his/her specific hopes. Specific hopes may also be inferred from what the client says he/she wishes for, wants, needs, would like to have happen and would like to be or do. Obviously, if the client is unable to verbalize hopes directly, the inferential task of the therapist increases. When a client describes the negative aspects of a given situation, it is often helpful to inquire how the client would like it to be if she/he were able to make changes (within the limits of reality). Inferences can then be made about what the client hopes for even though he/she is presently unable to accomplish these hopes. By contrast, inquiring about what significant elements the client finds missing or lacking in self and his/her life can reveal what it is he/she hopes for but has been unable to find. It is then possible to gather data about the
client's capacity to imagine possibilities which would bring him/her closer to the hopes, the range of possibilities able to be imagined; and the degree of realism in appraisal of limits and possibilities for self and object world, as well as the level of action toward imagined possibilities.

It is important to consider the developmental era of the client to ascertain if the specific hopes arise as appropriate to a given era of transition, or seem to be persistently held though no longer appropriate to the developmental era of the client. It is important to consider the meaning(s) attributed to the attainment of a specific hope. Clients may ascribe an "all or nothing" quality to hope attainment. The client perceives if he/she could have "x", everything would be resolved, or if "x" is not possible, nothing is worthwhile.

Magical hopes are those in which the client maintains the fantasy that the external world will provide the object or outcome hoped for without effort on the part of the client. Magical hopes have a fantasy quality to both the object hoped for and the means of acquiring possession of the object. Magical hopes can often be ascertained by the client's vagueness in describing what is hoped for, such as "I just want to be happy", or "I just want everything to be comfortable and go smoothly", or everything will be taken care of by success, fame, fortune, growing up, or staying young. In addition to the unrealistic quality of these hope objects, the client has little conception of how the hopes might come about or what would be required, other than that the desired change in their state of being would somehow be provided for them by the therapist.
or significant other(s) in the external world. The magical hope may be expressed as wishing the therapist to "fix" a significant other in the client's life (spouse, lover, family member, boss) which the client believes would then make everything okay and not require any changes on the part of the client. The client with magical hopes may not necessarily be passively waiting for the change to be bestowed, but may also be insistent and demanding of the therapist to make the distress go away.

Unrealistic hopes have less of the fantastic quality of magical hopes. The object of unrealistic hope may be quite realistic, however both the means of attainment and the meaning attributed to the outcome have not been realistically considered. Unrealistic hopes are a form of specific hope which require the therapist to assess the degree to which the client's hopes are grounded in a realistic appraisal of the limits and possibilities of self and object world. In contrast to magical hopes which tend to involve an overestimation of possibilities, a client's unrealistic hopes tend to characterize an overestimation of limits. Thus, the client hopes for a specific object, goal, or outcome to provide fulfillment when it is either unlikely to be obtained or to offer what is hoped for, because the client perceives self as limited to that one, or those few, possibilities. For example, the unrealistic hope to find satisfaction in a destructive relationship may persist because the client's hope is based on the assumption he/she is inadequate to attract and develop a relationship with a less destructive pattern. Thus, the therapist must determine if the specific hopes are
grounded in a realistic appraisal of self, object-world, and self object relationships. It is important to keep in mind the developmental meaning-making context since some specific hopes may seem unrealistic, but are representative of the individual's meaning-construction balance.

**Assessment of Loss and Distortion of Hope**

Loss and distortion of hope has been described as limiting or constriction in one or more of the four major elements of hoping: (a) possibilities, (b) activity, (c) view of time and, (d) relating. Loss and distortion can be determined by gathering data about the client's capacity and willingness to imagine and entertain possibilities existing beyond those which are part of the past or present client view of reality; the degree of positive/negative expectancy in those possibilities; and the degree to which the possibilities imagined are inherently directed toward/away from greater unity and integration. The therapist attends to type and level of activity, including imagining and internally exploring, as well as overt actions toward hopes. View of time can be determined from the client's anticipation of the future, and degree of attending to past or present as defining future possibilities. Relating can be assessed by the capacity and willingness of the client to enjoin the therapist in the task of engendering hope; and the degree to which the client is able to find mutuality and hope in relationships with others.

Loss and distortion of hope as characterized by hopelessness has been found to be one of the core characteristics of depression, and is implicated as a feature in a variety of pathological conditions including
suicide, schizophrenia, alcoholism, sociopathy, and physical illness (Beck, 1974, p. 861). Therefore, severely disturbed clients may present serious hope disturbances. Schizophrenia essentially involves a loss of hope in the possibilities of living in contact with reality; and assessment requires determining if the client is able to imagine and entertain any such possibilities and with what parameters.

The schizoid condition essentially demonstrates a loss and distortion of hope in relating both in terms of self with others; and in terms of self with self as exemplified by their sense of disembodiment, lack of unity or connection, and fragmentation. As described in the previous section of this study, the schizoid individual has the problem which Guntrip (1969, p. 64) called love made hungry, in which the hope for love is so thwarted the individual becomes starved for love and believes he/she must avoid relating for fear of destroying the object through the schizoid's insatiable hunger, or being destroyed by virtue of one's own needs.

The depressed client presents a spiralling loss and distortion of hope pattern in which the initial loss and resulting limiting of the hoping elements tends to cause further constriction as the client's efforts lead to increasingly negativistic conclusions about self and the possibility of repairing or recapturing the perceived loss. This is the problem of love made angry, in which the loss of hope for keeping or recapturing the object's love results in anger, which is directed at the self to protect the loved and needed object from the destructive anger. It is important to gather data about how the distorted pattern
of hoping is triggered for the depressed client, how the client finds it modified or changed, and what seems to stop the downward spiral.

The assessment of loss and distortion of hope involves gathering baseline data about the individual's parameters of hope loss and distortion patterns. Establishing the baseline pattern of the client permits a clearer assessment of deviations from the baseline over time. Such a baseline may be estimated by client reports of hoping function prior to the present disturbance or loss.

A useful tool in gathering parameter data and conceptualizing the sequence or patterns of hoping behavior is the Sequential Model of Behavior (Trembley, 1974). The model delineates a sequence of behavior involving four classes of variables:

1. The situational context is the environmental context of the client. The therapist is interested in not only the present context, but the past contexts important to the client, and what future situational context the client imagines and hopes for.

2. Covert mediating behavior is the client's internal attending, thinking, feeling, and sensing. Covert mediating behavior serves as the psychological link between the situational context and the client's overt behavior. Covert behavior is subjectively known to the client but can only be inferred by the therapist. In hoping assessment, the area of most importance is the covert mediating behavior. The therapist endeavors to establish accurate inferences about the client's internal process of imagining and considering possibilities, associated affect, and the meanings made of the situational context.
3. **Overt behavior** is the actions in which the client engages. In hope assessment, the therapist is particularly interested in the client's actions toward hoped-for goal(s), object(s) or outcome(s).

4. Consequences of behavior include the public or **interpersonal consequences**, and the **private consequences** which follow the client's overt behavior. Interpersonal consequences are the reactions of others to the client's behavior, as they are observed by the client in interpersonal situations. Private consequences are a type of covert behavior in which the client does self-evaluative thinking about his/her own actions. Private consequences are very important in assessing the client's hoping sequences and may offer data from which the therapist can infer the client's perceived probability of attaining the object of his/her hope.

**Assessment of Hoping History**

The client's history of hoping, and loss of hope is an important area of hoping assessment. In the previous sections of this study, the developmental aspects of both hope and loss/distortion of hope have been explored. The client's history gives pertinent information about the development of the hoping set, crucial times of loss and distortion, the parameters of those loss/distortion patterns, and what led to recovery of hoping. Client disclosure of relevant data may be assisted by such questions as: How long have you felt like this? Have you ever gone through anything like this before?, followed with questions about the parameters of those previous experiences.
Developmental periods of transition are of particular interest in hope assessment since these are periods when specific hopes are surrendered and new specific hopes developed. Some clients may hold specific hopes which would normally have been surrendered earlier in development, and/or report repeated difficulty during transitional stages from which the therapist can make inferences about disturbances in the hoping process.

**Assessment as an Ongoing Process**

The assessment of hoping through the clinical interview is conceptualized as an ongoing process which continues throughout therapy. Assessment is not understood to be something which can be sensibly done only at the initiation of therapy. Since hoping is considered to be an integral factor in the process of growth, change, and health, it is necessary to determine the client's level of hoping and changes in hoping behavior during the treatment process. The therapist needs to know when, and if, limiting of hoping functions occur, and the degree to which the client has developed a healthy level of hoping behavior.

**Summary**

The assessment of hoping and its loss and distortion is most appropriately done through the clinical interview. In hoping assessment the therapist uses the standard parameters of clinical assessment for a behavior pattern of interest, namely: history, frequency, intensity, duration, initiation, maintenance, modification, and termination. The Sequential Model of Behavior (Trembley, 1974) is a useful conceptual
tool for the therapist in gathering data regarding parameters of hoping. Assessment requires consideration of the types of hope as well as the relationship between hoping patterns and developmental stages and transitions in the client's life. Hoping assessment is done continually throughout the treatment process since it is a significant factor in the client's growth, change and healthy level of functioning which needs to be monitored for effective therapy and interventions.
CHAPTER IV

HOPE AND HEALING

In this chapter a model for the therapeutic use of hope is presented. A framework in which to understand the model to be presented is provided by first describing a general outline of the therapy process and, second, by complementing and expanding this outline with concepts from object relations theory and constructive-developmental theory. The model of the therapeutic use of hope is derived from the concepts presented earlier in this study that describe the development, loss and distortion, and assessment of hoping within the context of object relations and constructive-developmental theories. Therefore, the presentation of the model for the therapeutic use of hope is organized according to the developmental sequence used in the previous chapter. The use of hope will be explored in relation to the particular hope disturbances, which may result from a disruption in each developmental era or balance. The model for the therapeutic use of hope is designed to serve as a guide for the counselor or therapist who determines that hopelessness and dysfunctional hoping are important therapeutic targets for a specific client.

Outline of the Therapy Process

The following is an outline of commonly accepted major phases and features of the therapy or counseling process. This outline is considered applicable to treatment of various pathologies and generic to a variety of theoretical approaches.
Therapeutic Environment

The initial task of the therapist is to provide an environment in which the client can disclose data necessary for the determination of whether therapy is needed and, if so, what forms the therapy might take. In the beginning phase of therapy, the therapist's role is one of a learner and the client's role is one of teacher. These roles call attention to the fact that in therapy it is the client's view of self, others and reality which are the critical data. It is through client disclosure and observable interview behaviors that the therapist learns how the client views self and world and begins to formulate a diagnosis and consider treatment possibilities. Thus, the therapist attempts to provide an environment in which the client can reveal him/her self (Ford & Urban, 1964).

The therapeutic environment is one composed of physical setting and the therapist. The setting provides privacy, quiet, comfort and confidentiality. The primary element of the environment is the therapy relationship which the therapist is responsible for managing. The necessary characteristics of the therapist to establish a therapeutic relationship have been generally defined as conveying empathy, positive regard and genuineness. Initially in therapy, the therapist focuses on encouraging client trust so as to elicit appropriate self-disclosures. The therapist seeks to become a consistent, important other for the client. Other necessary characteristics of the relationship are specific to the particular client's dynamics.
Although the establishment of a therapeutic environment (or relationship) is presented as the initial task, the word *establishment* should not be understood to imply that the therapy relationship is accomplished in the first few interviews and thereafter the relationship remains constant. The provision of a therapeutic relationship is an ongoing process which requires therapist attention throughout therapy. The therapist must monitor, maintain, and modify the relationship since it is facilitative of the client's process of growth.

**Diagnosing**

In the role of learner, the therapist collects data about the client and makes inferences to arrive at a diagnosis of the client's underlying problem(s) or disorder. The Sequential Model of Behavior (Trembley, 1974) briefly described in Chapter III is a useful conceptual tool to describe the collecting and organizing of data from which a diagnosis can be formulated. The therapist endeavors to learn about all areas of the client's behavior including the historical, contemporary and anticipated situational context, or environmental context of the client; the client's covert behavior, which is the attending, thinking, feeling and sensing behavior pattern of the client; the client's overt behavior, which is the action pattern of the client; the interpersonal or public consequences, which are the observable reactions of others to the client's behavior; and the private consequences, which are the client's covert self evaluations and the meanings made of the client's behavior and consequences. Through gathering and assessing
data about these areas of client behavior and the sequences and patterns of behavior, the therapist is able to formulate a preliminary diagnosis from which treatment can be planned. This is considered a preliminary diagnosis because diagnosing is an ongoing process throughout therapy, not an activity completed initially and thereafter discontinued. The therapist is continually diagnosing in terms of gathering data, confirming inferences and assessing sequences and patterns of client behavior to determine the client's view of self, other(s), and world, which reveals level of functioning.

As therapy continues, the therapist facilitates the exploration of client dynamics, associated themes and issues that have relevance to past, present and future client status. The therapeutic relationship provides an environment in which the client's dynamics become operative, or come to play in the characteristic manner of the client's behavior outside of the therapy relationship.

**Midtherapy Issues**

The tasks involved in midtherapy include assisting the client to understand his/her behavior, its purposes and patterns, and influencing client behavior changes. Changes include a change in the client's view of self, other(s) and the relationship between them (client's meaning construction); the sequences and patterns of covert behavior which stem from the client's understanding of self, other and the relationship between them (meaning making process); the client's actions; and the private consequences (self evaluative meanings made) of the client's behavior.
In midtherapy the therapist increasingly has the responsibility for presenting new considerations for client use. The relationship between client and therapist involves elements of transference and countertransference through which the therapist gains potential for influencing the client's behavior. The quality of the relationship and the features of transference phenomena provide the therapist a position of influence as a significant other in the client's world. The therapist's examination of his/her own countertransference reactions can provide significant data regarding the underlying intent and possible consequences of the client's behavior in significant relationships with others.

The therapist's position as a significant other in the client's life enables the therapist to influence client change through the gradual introduction of contrasts to the client's views and experience. In the offering of contrasts, the client is offered both a new possibility and a challenge to the old possibility. The effective provision of therapeutic contrasts is elegantly explored in the work of Franklin Shaw (1966). Shaw described the client's predicament as being caught in a dilemma which the individual is unable to transcend, in other words, unable to view from a position which offers other possibilities of meaning and behavior. Shaw wrote of the use of contrasts to up-end the client's expectations and predictions of the behavior of self and others. In this up-ending of expectations the therapist provides a contrast to an established belief and meaning making process which challenges the inherent notion that no other possibilities of meaning
exist. Accepting the existence of another viewpoint enables the client to then consider new meaning possibilities which will lead to a reconciliation of what was believed to be an irreconcilable paradox.

Because of the client's investment in the old meaning construction and behavior as the only possibility, the presenting of contrasts must be done repeatedly before the client can gradually surrender the old and risk adopting the new views and behavior. Contrasts challenge what the client has held as intrinsic to the meaning construction regarding self, other and the relationship between them. The therapist must introduce contrasts which are graduated according to the client's capacity to accept them and avoid too great a cognitive dissonance which leads the client to refuse contrasts immediately as outside the realm of possibility. Shaw (1966) called the appropriate provision of contrasts providing a manageable dilemma. Through the midtherapy process the client becomes able to adopt new behavior, test it out in the therapy environment, and then in the client's environment outside of therapy.

**Final Phase of Therapy**

In the final phase of therapy the client's new behavior becomes stabilized, old conflicts are reconciled in the new possibilities of meaning construction found through the midtherapy process. The therapy relationship changes from one characterized by transference and dependency for the client. The therapist is now realistically, not magically, viewed by the client, the client views self as more independent, and
the therapy relationship is no longer needed, although if often remains valued by the client. The final task of therapy is to address the issues of letting go of the relationship and planning client self-provision of factors important in maintaining the new behavior apart from therapy.

Therapy as a Developmental Process

The purpose of therapy is to assist the client to change. The therapy environment may be accurately construed as creating a set of environmental provisions designed to assist a particular client with achievement of growth and change. The developmental process is one of psychological as well as physical growth, and a process which proceeds according to certain underlying principles which apply to any balance or era of development. The developmental principles or constructs used in this section are those presented in the object relations and constructive-developmental theories described earlier in this study. A conceptual relationship is proposed between the therapy process and human development which serves as a context in which the major object relations and constructive developmental concepts can be applied to the therapy process.

Therapeutic Environment as a Holding Environment

In the developmental theories presented, an individual develops in relation to an environmental context and its provisions. Indeed, it is a central construct of object relations theory that development of an individual cannot be properly understood without viewing it in the
context of the relationship between self and object world. The environmental context has been called the holding environment or culture of embeddedness. The therapy relationship is the therapeutic holding environment for the client. Just as it can be said there is never just an infant, it is also true there is never just a client; there is always a client and someone (therapist or counselor). It is the first task of the therapist to establish a relationship which can be perceived and trusted by the client as a holding environment in which therapy can take place.

In healthy development, the holding environment provides the individual with opportunities to experience and express self and to find support and needed responses from the holding environment. It is through these provisions that the therapy environment psychologically holds the individual in ways which are developmentally relevant. In therapy, it is through the provision of the needed relationship qualities and characteristics that the client can feel psychologically held and enabled to disclose him/her self. The commonly acknowledged characteristics of therapeutic empathy and positive regard can be understood as generic environmental provisions of therapy which signify the therapist's understanding of and regard for the client's experience and meaning construction. The therapy relationship will be perceived by the client as good enough if the client finds the therapist to be trustworthy and adaptive to the client's unique characteristics. It is the establishment of this therapeutic holding environment, which is composed of both developmentally specific and therapeutically generic characteristics,
that permits the engendering of hope and encourages the client to take the risks involved in pursuing this hope. Winnicott (1975) expressed this idea in the following statement:

The behaviour of the analyst, represented by what I have called the setting, by being good enough in the matter of adaptation to need, is gradually perceived by the patient as something that raises a hope that the true self may at last be able to take the risks involved in starting to experience living. (p. 297)

The good enough therapy relationship engenders the client's hope in the possibility that an environment can tolerate and accept the expression of the true self. The hope is raised that the true self can be experienced and expressed, and thus realized, without threat of damage or annihilation. Disturbances in psychological development, as considered in this research, are a result of the meanings made of a failure of the environmental provision through impingement, inconsistency, and/or deprivation. Failure of the environmental provision in therapy may be conceptualized in the same manner.

In a failure by impingement, the therapist inappropriately imposes his/her demands, conditions, requirements, perceptions, advice or interpretations on the client interfering with the client's own experience and process. This creates a situation in which the client must sacrifice his/her own experience to comply with the therapist's requirements. When it is recognized that the client is often neurotic, the task of avoiding impingement is a rather delicate matter.

A failure of inconsistency means the therapist sometimes appropriately adapts to the client and sometimes does not. Because the facilitating
provision has sometimes been provided, which constitutes a partial reinforcement contingency, the client is likely to believe it will again be provided if the client can discover what behaviors would satisfy the therapist's wishes. The client is forced to be reactive, compliant or solicitous toward the therapist in hopes of securing the needed therapeutic provision. The therapist's persistent and sensitive adaptation to the client's uniqueness requires a sophisticated set of therapy skills.

A failure of deprivation means the therapist is either not available (infrequent appointments, terminates therapy), or when physically available does not provide the needed features of the good enough holding environment. The client is left without opportunity to form the relationship necessary for therapy to take place and is likely to conclude that he/she is at fault rather than be able to realize the therapist has failed to offer what was needed.

The therapy relationship is initially established to provide a good enough holding environment in which client hopes for being her/himself without false compliance may be possible. It is in this evolving context, that self disclosure occurs enabling the therapist to learn about the client in order to continue to respond in facilitative and adapting manners. As stressed in the overview of therapy, the establishment of a therapeutic relationship in the initial phase of therapy is not to be construed as an accomplished fact thereafter assumed to exist. It is more expectable that the therapy relationship will wax and wane in its holding quality as the therapeutic interaction continues. The
therapeutic holding environment is always important to the client, and the client's use of the holding environment changes over the course of therapy.

Midtherapy as a Transitional Period

Midtherapy is a phase of psychotherapy which represents the client changing from old (neurotic, self-defeating) views of self and others to new healthier views. Thus, midtherapy is a time of transition which can be seen as a process parallel to developmental transitions from one balance to the next. In Kegan's constructive-developmental theory, transitioning is a process of holding on to the old balance and meaning construction which defined self and object, and letting go of the old balance as new meanings emerge which contradict the old and promise the new balance. During developmental transitions, the culture of embeddedness (holding environment) performs the functions of holding on (confirming), letting go (contrasting) and staying in place (constancy) to receive the reintegrated self.

These principles of developmental transitions may also apply to midtherapy. Clients move from the old psychological status and meanings which brought them into therapy, toward discovering new ways of meaning construction and new meanings, and finally toward the discovery of reintegration of the old and new meanings. The therapeutic holding environment, which is to say the therapeutic provisions, performs the same functions of holding on (confirming), letting go (contrasting), and staying in place (constancy). Whereas initially, the therapeutic
relationship was sufficiently adaptive to hold the client's experience and view of reality, in midtherapy the relationship can be said to gradually deadapt and to offer contrast to the client by inviting and encouraging a letting go of old distorted meanings. The deadaptation is carefully aligned with the client's capacity to manage the new possibilities inherent in the contrasts the therapist offers.

In the midphase of therapy the features of the therapeutic holding environment become quite complex. The therapist must consider timing and accuracy of provisions of holding while engendering the interplay between contrasts and confirmations. The therapist's ability to know when, what and how much contrast or confirmation to provide, is based on the knowledge gained about the client from the therapist's holding adaptively in early therapy. If done well and sensitively, the therapist's presentation of a holding environment enables the client to trust the therapist as reliable, thereby gradually moving the therapist into a position as influential other. This gradual change in the client's view of the therapist enables the client to take the necessary risks involved in the transitional process and to move toward new meaning possibilities.

Winnicott's concepts of transitional space and phenomena further illuminate the midtherapy transitions of the client. Transitional space, also called potential space, is a psychosocial construct which alludes to the area or place between self (subjective reality) and object or other (objective reality). In this space, both internal reality and external reality contribute so that one cannot say it is entirely
fantasy or entirely objective reality because both are present and define the space. Potential space, when used with this conceptual meaning, implies the individual's use of transitional phenomena such as in the activity of playing, to move from one set of meanings to another. Playing is the transitional phenomena which Winnicott associated with the therapy process. Therapy, like playing, involves two people contributing to the potential space and both being influenced by what transpires in that interpersonal interaction. Like other transitional phenomena, playing is a creative imaginative activity which is "on the theoretical line between the subject and that which is objectively perceived" (Winnicott, 1971a, p. 50). Winnicott considered playing to be a vehicle for discovery of the self for both child and adult. He wrote:

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self. (1971a, p. 54)

The creative activity of playing can also mean solitary playing in that it occurs intrapsychically. Here it is important to note the term object may also refer to an idea or event. In solitary play, one can creatively explore ideas which are in part, contributions from external reality but are also imbued with subjective meaning. Thus, the adult client while alone can imagine and explore intermediate meaning constructions which are between the old balance and the balance yet to come. In therapy, the use of transitional space occurs both in the presence of and in the absence of the therapist. In the presence of the therapist, both client and therapist can contribute to the use of the potential space for creative exploration. It is also possible for the client to
engage in continued creative exploration outside the therapy session using the remembered and imagined contributions of the therapist. Playing is a unique form of communication. Some clients may bridge, or transition the time between sessions by writing to the therapist in a journal or in the form of letters. These communications represent a continued use of the therapeutic potential space during the therapist's absence. If the client's writings are brought to the session, there is an opportunity for additional exploration and interplay of the therapist's objective contributions and the client's subjective anticipations.

Winnicott considered playing to be a major feature of the therapy process. Although he did not suggest the distinction here made between two types of transitional space (interpersonal and intrapersonal), these ideas seem reasonable modifications of Winnicott's concept. The interpersonal use of potential space seems in accord with Winnicott's notion of an overlap of two play areas which he found essential for the process of therapy. Winnicott (1971a) stated:

> The general principle seems to me to be valid that psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is that it is in playing that the patient is being creative. (1971a, p. 54)

The therapeutic potential space in which playing can take place provides the opportunity for the work of midtherapy to be done, the work of creatively imagining the possibilities of holding on and letting go of the old meaning constructions toward the possibility of a new meaning construction which can offer reintegration.
The activity of creatively imagining and exploring possibilities is a central element of hoping. In the transitional phase of midtherapy, as in the transitional phase of development, hoping activity involves the interplay of old specific hopes related to the meaning making balance the individual is beginning to move away from and the emerging specific hopes appropriate to the new meaning making balance the individual is discovering. As the client is able to begin to accept the notion that other possibilities exist, new hopes emerge. The client uses the potential space as an area in which the old meaning boundaries, or limits, can become permeable so that new transcendant possibilities can be imagined and actively explored. With the surrendering of old specific hopes and the accompanying loosening of the boundaries which defined self and object in the old meaning construction, the client may experience threat to the continuity of the self. The old self is being lost, and the client may fear the loss of one's continuity of being. This may invoke a tendency to despair and feeling of depression. The transitional hoping process is both protected and supported by fundamental hoping, which involves the possibility of continuity of being despite the periods of relative unintegration felt because of the loss of old specific hopes. Furthermore, transitional hoping quietly promises the self that the potential for greater meaning and fulfillment exists.

These theoretical formulations as applied here to the midphase of therapy as a transitional period imply the nature of the therapeutic use of specific and fundamental hope during this period. The therapeutic holding environment serves as the contextual relationship in which
hoping activity is therapeutically engendered, maintained and guided. The therapist's use of contrasts during this period offers new possibilities to be imagined and explored. Contrasts encourage a challenging of the old limited possibilities and specific hopes, while suggesting other possibilities and specific hopes certainly exist and can be discovered. The controlled, gradual deadaptation of provision through the introduction of contrasts is maintained within a therapeutic relationship which offers constancy. The provisions of constancy and the therapist's demonstration of hope for the client's capacity to find new possibilities, influences the client's hope functioning. As the tendency to despair arises, the therapist is endurably present to sustain hope. Thus, both in terms of the specific issues the client is working through, and in terms of the specific hopes which are a part of the transitioning, the therapeutic holding environment performs the necessary functions of holding on, encouraging letting go, and the therapist stays in place to receive the reintegration.

Midtherapy Issues of Self Object Relating

In the previous chapter, several significant issues involved in the development of object relating and object use were explored. These issues are first addressed in early development. The issues are: (a) achieving a sense of continuity of being, (b) personalization, (c) capacity to be alone, (d) capacity to hold ambivalence, experience guilt and make reparation, and (e) a sense of identity and object constancy. Although these achievements are first accomplished in early
development, the themes involved are a part of adult relating. The form these issues take in adult behavior is qualitatively different from infancy and childhood yet represents a derivative of the prototypical tasks addressed in early development. In therapy with adult clients, these issues may be significant themes of relating to the therapist during the midtherapy process.

A sense of continuity is derived from experiencing alternating states of integration and unintegration, from which the individual finds reliable recovery, and in which there is no disruption so traumatic or so prolonged as to destroy one's sense of continuity of being. In adult clients, the term unintegration may be applied to the experience of loss of a meaning construction through which one has integrated one's world. The client becomes unable to make sense of self or world, feels lost, confused, unfocused, says he/she is falling apart, cannot hold him/herself together or cannot go on. The therapeutic holding environment offers the necessary provisions and support to reduce the disruption and reasonably assure recovery. The therapeutic provision is hope engendering if the client perceives that there is a good enough holding environment which will offer support and assist in recovery, and that this possibility exists for future periods of experiencing unintegration.

Personalization, another Winnicottian concept that may be meaningfully applied to psychotherapy, concerns the early developmental claiming of one's inner experience and whole body as one's own and as real. Many clients come to therapy with considerable doubt about the validity, significance or value of their own covert experiencing. In one sense,
they do not claim ownership of themselves since they compliantly abdicate their rights to dominant others. Neurotic adult clients frequently give others the right to define and determine the validity of their covert experience and overt behavior, and some clients show little regard for their bodies. The therapeutic holding environment offers the provision of validation of both covert and overt behaviors as real and moreover, offers a valuing of the client's whole self, thereby encouraging the client's hope that the self can be acknowledged and realized.

Winnicott's concept of object presenting referred to an environmental provision which facilitates personalization. As the mother presents what is needed at just the right time, the child is able to hold the illusion that the child created just what was desired or needed. The quality of illusion gives the child the sense that the inner experience does have impact on the outside world—in terms of creating a response. This concept can be particularly related to midtherapy process in the elements of timing and appropriateness of the therapist's contrasting provisions. A well timed and appropriate interpretation or contrast, has the feature of being attuned to the client's readiness to receive it so that it seems to the client to be just what was needed, provided at just the right time. For the client, it may not be clear where the meaning was found (externally offered and happened to be needed) or created (emerged from the client's internal process and need). In contrast, an ill-timed or inappropriate interpretation is refused because from the client's perspective it belongs to the therapist; it does not fit or belong to the client's experience and, therefore, offers no possibilities to be claimed.
The Winnicottian concept of the capacity to be alone is derived from the initial experience of the child being alone in the presence of the mother. Being alone means being able to relax attention on the other and to focus on the self and one's own experience. This is possible because the other is known to be reliably present and available when recalled. The other can be temporarily forgotten without disappearing and will be found present when remembered. For adult clients in therapy, the capacity to be alone can be understood as the client's ability to relax defensive screening and attending to the therapist's reaction. The client can disclose covert experience without concern if it makes sense or serves a particular purpose which will be acceptable to the therapist. The client can also make use of periods of silence without fear that the therapist will withdraw attention if the client is not talking. The good enough therapist is nonintrusive in these times, yet is reliably present and available.

The object relations concepts about the experience of ambivalence, feelings of guilt and urge to make reparation, are common features in the therapy of hope-disturbed clients. There are frequently times when the client's negative or hostile behavior, covert or overt, creates guilt for perceived harm done to the therapist or therapy relationship. The client then wishes to make reparation for the harm done, even if the harming was not overtly demonstrated but held in covert processes. The good enough therapeutic holding environment is one in which ambivalence can be acknowledged, the negativism tolerated and contained, and the therapist can receive the reparation efforts of the client. In
this way, the client is able to hope the self can be experienced and acknowledged, ambivalence can be tolerated, negative behavior towards the object will not destroy the object but can be repaired, and the whole self can be brought to a relationship without threat of loss to the constancy of the relationship.

Object constancy is also a frequent issue in the therapy relationship. Many clients fear the therapist will not remain in the relationship but will withdraw concern and regard for the client as the client permits self to be more fully known. This is particularly true during midtherapy when the client experiences contrasts (contradictions to the old balance), and begins to try out new thinking, feeling, and acting patterns which may initially fail. The old, neurotic meanings are still firmly in place and the new possibilities are not yet fully accepted. Difficulties and failures in attempts to incorporate the new behavior, may cause the client to fear the therapist will give up, become disappointed, or change the level of regard previously given the client. As the client struggles with his/her own disappointment in self, the client may want to give up on him/herself as a "hopeless" case. The therapist demonstrates constancy in the relationship by remaining in place, continuing to show regard and conveying enduring hope in the client. The therapist's constancy offers the client hope that relationships may be enduring and the self can be valued in its own right, not on the basis of meeting certain conditions required by the other.
Final Phase of Therapy

The final phase of therapy takes place when the client has moved through the period of transition, found reintegration and is stabilizing in the new meaning construction balance. New behaviors are self authored and maintained so that the use of therapy is no longer needed. The therapeutic environment has performed the functions of holding on, and letting go during the midphase of therapy and is now staying in place to permit client reintegration of what has been given up and what has been discovered. The final task is preparation for leaving the therapeutic holding environment. The developmental prototypes are times when the individual leaves a holding environment; mother, family, school, peer group, relationship, or work arena. In leaving the good enough therapeutic holding environment, the client is able to leave and still retain the relationship with the therapist in the presence of memories. The therapist's provisions are retained in the client's capacity for self authored and self maintained care and provision. Leaving the relationship does not signify a loss of the object or the provisions in the sense of loss through rejection or deprivation. Just as the child who separates from the good enough mother retains her presence and provisions, the client can now move away from the therapist while retaining the therapist's presence and provisions as part of the client's self.

The final step of therapy is a final therapeutic provision of hope. The therapeutic management of the client's leaving demonstrates a hopeful possibility for the future separations the client may experience.
The client's experience of leaving the therapy relationship affirms the possibility that separating from a relationship, just as separating from a developmental balance, does not mean all is lost. Rather, the relationship is retained and held in a qualitatively different form, which has meaning and value for both therapist and client.

**Model for the Therapeutic Use of Hope**

In the first section of this chapter, a general overview of the therapy process was given. In the second section, the therapy process was outlined as conceptualized in a developmental context with the client as the developing individual and the therapy relationship as the holding environment or culture of embeddedness. In this final section of the chapter, a model for the therapeutic use of hope is presented in relation to the particular hope distortion patterns clients may present. Patterns of hope loss and distortion have been formulated having characteristic features of the developmental era in which the initial hoping disturbance took place, and the form of environmental failure which provoked the disturbance in hoping. Therefore, the presentation of the model is organized according to developmental eras, the accompanying hope distortion patterns and the implications for the use of hope in therapy.

The figure of the helix has been used throughout the theoretical portion of this research to provide a picture of the developmental constructs being formulated. The helix serves here to provide a visual conceptualization of the significant therapeutic task of creating an appropriate holding environment. The therapist's task in determining
the form of the therapeutic relationship as a holding environment can be visualized by answering the question of where the therapist should enter the helix. The therapeutic holding environment should be positioned just ahead of the client's evolutionary position. In other words, the therapist is on the evolutionary track in a position toward which the client can move in the direction of greater maturity. This positioning of the holding environment, permits the therapist to invite the client toward growth or toward a return to the normal evolutionary pathway. In Figure 5 (p. 265), two examples of positionings are shown. Example A illustrates the positioning of the therapeutic holding environment when the client is on the normal evolutionary pathway. Example B illustrates the positioning of the therapeutic holding environment when the client has deviated from the normal pathway.

It is critical that the therapist position him/herself ahead of the client on the evolutionary pathway in a position toward which the client can move. The helical positioning is suggested to be therapeutic adaptation. Adaptation should not be misunderstood to suggest that the therapist psychologically joins the client where he/she is positioned. To unthinkingly join the client is to forfeit the chance to invite and guide the client to a position of greater health; in other words, to forfeit the opportunity for doing therapy. Therefore, the therapist must sensitively acknowledge the client's helix position, but must also remain in a position to offer a new, healthier perception of reality. A failure to appropriately position the therapeutic holding environment may incite serious risks to the potential for therapy.
Figure 5. Examples of Positioning of Therapeutic Holding Environment

Example A illustrates the positioning of therapist and client when the client is on the normal evolutionary pathway.

Example B illustrates the positioning of the therapist and client when the client has deviated from the normal evolutionary pathway.

The rectangular enclosures in each example are representative of the therapeutic potential space possible in the holding environment.
If the therapist is too far ahead of the client, the therapist risks arrogance and may be idealized by the client as out of reach. The positioning extends beyond the potential space in which client and therapist can enjoin in creative endeavor. If the therapist positions the holding environment even with the client, the therapist risks overidentification and may be perceived by the client as a friend, peer or "someone just like me." If the therapist positions developmentally behind the client, the therapist risks intimidation, and the client may be called to regress.

The creation of the therapeutic potential space is the vehicle through which the positions of client and therapist can be psychologically connected and therapeutically used. In Figure 5, the rectangular enclosures drawn around the therapist and client positions, depict the concept of the therapeutic potential space. This therapeutic potential space is an area between the client (subjectivity) and the therapist (objectivity) in which both can enjoin in the imagining and entertaining of possibilities for new meaning construction, in other words, a space for engendering and using hope. For the therapist to appropriately enter the helix, to determine the necessary provisions for the creation of the therapeutic potential space, and to engender and use hope, it is first necessary to diagnose the client's developmental position and the nature of the underlying disturbances.

In the hoping development section, a picture of the facilitating holding environment and healthy developmental patterns was described. This serves as a conceptual guide for the therapist. In the hope loss and distortion section, patterns of failures in the environmental
provisions and the resulting developmental disturbances were examined. Using these conceptual guides, the therapist determines how to shape the therapeutic holding environment and how to engender and therapeutically use hope.

**Treatment of Hope Disturbances from the Incorporative Era**

The Incorporative Era is the developmental period in which the foundation of fundamental hope is shaped. Hope loss and distortion patterns resulting from provision failures during this era invoke severe and pervasive dysfunction in the client's capacity to relate. Disturbances may involve the client's capacity for attachment and separation in fundamental ways. The client may have difficulty perceiving the possibility of forming a connection between self and other (attachment), and in knowing there are boundaries between self and other so that attachment does not mean fusion or self loss. The processes of attachment and separation have been examined in the previous chapter in light of the inherent developmental tasks of continuity, personalization, self-object separation and the creation and use of transitional space and phenomena. Disruptions in the accomplishment of these tasks are likely to result in one of the severe forms of pathology such as schizophrenia, autism, schizoid or borderline characters. Patterns of hope loss and distortion resulting from disturbances in this era have in common a loss or distortion of the fundamental hope for unity of self and for the self to be in relationship with others.
In order to reawaken the client's fundamental hope when these severe forms of disturbance are present, the therapist must create and continuously offer the provision of conditions which hold the possibility for the client to relate. Determining specifically what shape these conditions should take, is dependent on the client's pattern of disturbance, and the inferential data regarding the client's developmental environment as an indicator of what was needed and what was missing.

**Impingement** during the Incorporative Era leads to an interruption of being so that the individual finds hope in being able to react and recover as opposed to being one's self. Impingement interferes with the development of personalization so that the individual hopes to withdraw and detach from self and from others, perceiving this as the only possibility for preservation of the self. The individual becomes out of relationship with the self. Impingement during self-object separation leads to loss of hope for the establishment of boundaries of self and other, which is necessary for attachment or separation without loss of self. The existence of boundaries also allows the transition from being merged with the object, to being able to use and interact with the object as a separate external reality. Impingement results in the individual hoping to protect the self by avoiding any attachment of connection with another through which the loss of self may occur.

Clients with these kinds of hope disturbances will talk about feeling unconnected to anyone, not really being present in relationships or interpersonal interactions, and feeling they are just going through
the motions of life. They may also report a lack of connection with their body, numbness or detachment from bodily sensations, and unclear or distorted images of their bodily appearance. A lack of ability to connect may also be exemplified by difficulty recalling the last therapy session, and restricted ability to draw connections between themes and life events discussed during the therapy session. It is as if the therapy relationship disappears when the client leaves the office and it has no existence in the outside world. This process is reminiscent of the child prior to discovery of object permanence; however, the adult is intellectually aware that objects have permanence but is psychologically unable to connect this with self-experience.

In describing their internal selves, these clients may talk of feeling empty inside, or that the core of self is frozen inside an empty shell. Their dreams and imaginings may reveal fears reminiscent of what Winnicott (1965) called the infant's unthinkable anxieties such as actually going to pieces, falling forever, or being in a void with no orientation. These clients may fear going to sleep as it endangers their protective hold against the awaiting anxieties. Their fears reveal a lack of secure self-boundaries which hold and contain the self and protect one from either going to pieces or having one's self controlled.

The implications for therapy with these types of hope disturbances are that the task of establishing a holding environment to which the client will adhere will be a difficult and slow process. The forming of a therapeutic holding environment must take place before the client can risk efforts to relate. The therapist will need to take particular
care so as not to be perceived as impinging. This means the client must be permitted the degree of psychological distance which, from the client's perspective, is imperative for self-protection. The therapist must not impinge by intrusion, or by demand that the client give up the necessary detachment and react to the therapist's presence, inquiries, or respond beyond the client's capacity to do so. It also means the therapist must not be overly nurturing which, for the client, represents another form of impingement and intrusion into the protective psychological space (or gap) that the client has maintained to avoid attachment.

The therapist endeavors to provide a continuity to the therapy interactions in which the presence of the therapist is inviting of relating without being intrusive. The client may gradually come to experience the therapy interactions as periods in which the client is safe to rediscover and be the self he/she is without pressure to react, which is not characteristic of their daily interactions outside of therapy. As the sessions themselves come to be perceived as providing a continuing of being, the client may gradually accept the therapeutic relationship as a holding environment in which the long buried hope for relating can be reawakened. As therapy continues, the client must be permitted to proceed at his/her own pace in finding/creating the transitional bridges across the gap between self and therapist.

It is important for the therapist to recognize that the client with this form of hope disturbance may experience an intense paradox as fundamental hope is reawakened. From the client's view, the
reemergence of fundamental hope may provide an awareness of a powerful longing which in the client's history is associated with equally powerful disasterous, self-threatening consequences. As French (1958) emphasized, the client may need to repudiate his/her own hope because of the historically associated consequences. For clients with Incorporative Era distortion patterns, the paradox created is that fundamental hope toward greater unity and relationship is in direct conflict with the defenses organized to protect the self from annihilation.

Guntrip's (1969) descriptive phrase for the schizoid condition as love made hungry, offers further implications of this paradox in schizoid clients. The schizoid is starved for love and yet fears the self's insatiable hunger will devour the love-giving object. Keeping in mind the schizoid condition arises prior to self-object separation, to devour the object is to lose one's self. To attach in a relationship is to make one's self vulnerable to merging or fusing with another, which also constitutes a form of self-loss. If the mother was impinging in her holding and handling of the child, the schizoid may believe relationship with another will require giving the self over to the other's control and wishes.

Assisting the client to reconcile the paradox in therapy means the therapist must first recognize and understand the nature of the client's fears and the resistance caused by the paradox. To insensitively force the client toward one side of the paradox is certain to intensify the reaction from the other side. The therapist must be patient but persistently inviting without impinging on the client's own process. It may
be possible for the client to verbalize the felt paradox. However, whether or not the conflict is verbally stated, the important provision from the therapist is an acknowledgement and acceptance of the fact that the paradox exists for the client, and its existence will not cause the therapist to reject or withdraw from the client or waiver from provision of continuity. In this important provision, the therapist offers hope for transcendence of the paradox. The therapist's capacity to acknowledge and tolerate the client's ambivalence and remain in place demonstrates the therapist's own transcendent holding of the paradox and hope in the client's potential to overcome the conflict. The client can gradually come to surrender the fear of annihilation and risk acting toward the fundamental hope that relating can be risked within the therapeutic holding environment without damage.

Inconsistency of provision during the Incorporative Era results in the individual being confused about what is real, reliable and his/her own. As noted in Chapter III, inconsistency of provision during this era leads to anxious ambivalent attachment. There is also an anxious ambivalent pattern of hoping. The environmental provision was sometimes confirming of fundamental hope, and sometimes disconfirming.

Clients with hope disturbance patterns from inconsistency of provision may also demonstrate the characteristics of detachment, depersonalization and a lack of connectedness. In addition, these clients may show ambivalent reactions to the therapists' provisions. Sometimes invitations for attachment and relating meet with angry reactions from the client and, at other times, the client may be angry.

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because the therapist is perceived as withholding. Whereas in the previous situation, the therapist was concerned mainly with avoiding impingement; in this situation the therapist's primary concern is consistency of provision. Variations in the therapist's attending during sessions or from session to session, will be carefully watched by the client and are likely to be interpreted as signs of withdrawal of concern, or lead to a conclusion that the therapist only pretended concern from the beginning. The client's paradox of relating is readily apparent in his/her intense vacillations in the therapy relationship.

Engendering security of fundamental hope requires continuing consistent provision despite the client's ambivalent reactions. The therapist must tolerate the angry reactions without withdrawal or retaliation. Gradually the client may come to perceive the therapist's concern does not fluctuate, and the client can find the hope of relating can be reliably held, and can begin to risk new possibilities of relating.

Deprivation of provision during the Incorporative Era leads to detachment and depersonalization and is often associated with the development of schizoid disorders. As Winnicott (1975) stated: "The individual then exists by not being found" (p. 212). To the degree that some early attachment was formed with the mother, the attachment behavior of the individual has a pattern of anxious avoidance (Ainsworth, 1984). The individual fears either rejection or abandonment if any yearning for attachment is acknowledged or expressed. These fears may cause the individual to panic at the possibility of discovery of the true self by the therapist.
Clients with this form of hope disturbance may show an impoverishment of affect and self-expression. It is possible, however, for some of these clients to show displays of affect and have success in social interactions. To all appearances, it is the real person. In actuality the person is demonstrating one of the forms of false self behavior, which Fairbairn (1952) noted are characteristic of some schizoid characters: role taking and exhibitionism. Fairbairn wrote:

The schizoid individual is often able to express quite a lot of feeling and to make what appears to be quite impressive social contacts; but, in doing so, he is really giving nothing and losing nothing, because, since he is only playing a part, his own personality is not involved. Secretly, he disarms the part which he is playing; and he thus seeks to preserve his own personality intact and immune from compromise. (1952, p. 16)

Exhibitionism is a similar form of what Fairbairn called "giving without giving," by means of substitution of showing for giving. Since the hope disturbance and the individual's withdrawal of the true self took place prior to the achievement of identity and object constancy, the individual seems to have no meaningful concept of the possibility of giving reparation, or contributions of self which may be valued by others. Fairbairn viewed this as a persistence of the incorporative mode of taking as opposed to giving. It can also be suggested that because the individual perceives the self as empty, he/she holds little hope for giving something of the self which would be of value to another. Giving of self also triggers threat of annihilation.

The implications of failures of deprivation for the therapeutic holding environment are that the therapist must be actively present and responsive to the client. Since the client's tendency is to
ignore and avoid attending to the other's presence as related to the true self, the client will need to be reminded of the provision by the therapist's active presence. It is also important for the therapist to direct his/her responding in a way which does not encourage false self behavior but rather affirms the possibility for the true self to be safely revealed. This is obviously a delicate maneuver. Winnicott (1965) suggested in working with these types of clients "we find we make more headway by recognition of the patient's nonexistence than by a long-continued working with the patient on the basis of ego-defence mechanisms" (p. 152). Thus, as the therapist acknowledges the client is not indeed fully present, and the therapist persists in working with the client, the contrast represented by the therapist's behavior introduces the possibility of an environment in which the client's true self is invited to be present, and is known to be absent. Paradoxically, the therapist's acknowledgement of the absence of the true self is also a statement that there is a true self existent to be found. The therapist's continued endeavor demonstrates hope for the client to rediscover and realize the hidden self.

It is important for the therapist to realize that a paradox is activated for these clients when fundamental hope for self-realization through relating is acknowledged. As noted earlier, the hope for attachment and realization of the self is perceived as directly in conflict with the hope to protect the self from annihilation because of associated traumatic memories. Self-annihilation may be feared since, as Fairbairn stated, the underlying belief of these clients is that

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love is destructive. The possible therapeutic implication is that the therapist must also take care to avoid being overly nurturant, since this might exacerbate the client's fears of boundary loss. The therapist remains caringly present but demonstrates by his/her consistency of provision that the therapist will not be devoured by the client's perceived insatiable need.

The establishment of a therapeutic holding environment which is perceived by the client as offering safety for the self may require lengthy and persistent effort by the therapist. Some clients may tend to withdraw from contact when attachment fears are heightened. When the client begins to risk greater self-participation in the therapy sessions, there may still be a pattern of detachment and withdrawal for the beginning portion of each session before the client can again risk greater participation. It is as if each meeting requires the recreation of the potential space in which client and therapist can enjoin in the creative hoping activity.

Clients with fundamental hope disturbances from the Incorporative Era may continue to have a strong tendency to lose fundamental hope when relationships are difficult. There may be setbacks during the therapy process and recurrent episodes of withdrawal, detachment and despair after therapy is completed. However, the therapeutic engendering of fundamental hope and the therapeutic use of hope throughout the therapy process provided the client with the knowledge that the possibility of relating with the true self does exist, and periods of loss of hope may not be permanent, but there can be hope for a recovery of continuity.
Treatment of Hope Disturbances from the Impulsive Era

The Impulsive Era involves hopes for being one's impulsive self and retaining constancy of relationship with the object. In healthy development, the child comes to know his/her impulses can be contained and controlled, and that the loved other will acknowledge and respond to the impulsive self without withdrawal of love. As noted in the previous chapter, the impulsive child typically hopes for a relationship with the loved object which includes exclusive attention. This inherently unrealistic hope is naturally surrendered in healthy development as new specific hopes emerge for greater self-sufficiency and role taking. The new hopes allow maintaining a loving relationship with the object which does not require exclusivity. In patterns of hope loss and distortion, the child may persistently hold the hope for exclusivity. Accompanying this now secretly held hope are likely to be feelings of resentment toward the rivals and the withholding parent, as well as feelings of self-blame for being unloveable.

During this era, significant issues in hope development involve the tasks inherent in the establishment of identity and object constancy. These tasks, or developmental achievements, are: (a) acknowledgment and tolerance of ambivalence, (b) capacity for guilt and reparation, (c) capacity for making valuable contributions to the object, and finding self and object valued for attributes other than need satisfaction. Since this is developmentally a time when the environmental provision of limit setting is predominant, the child may attach meanings about self (identity) and relationships (constancy) based on the way in
which limit setting is provided. A failure of provision in limit setting, in which limits are contingencies for the provision of love, results in the loss or distortion of the child's hopes for constancy of relationship and in his/her self to be found loveable. Disturbances in the development of hopes to hold ambivalence without destruction, to make reparation for harm done, and to make valued contributions of self to the loved object, have been examined in the previous chapter as related to the dynamics of depression.

The implications for the therapeutic holding environment with clients who have hope disturbances from the Impulsive Era are that the therapeutic provision offers constancy of regard for the client's self, acknowledgment and tolerance of impulses and ambivalence with appropriate limit setting, and therapist receptivity to client's efforts to make contributions of reparation and offerings of the self.

Hope disturbances resulting from impingement cause a loss of hope that the true self can be realized without loss of object constancy. Instead, the true self must remain hidden and a false compliant self is presented. Whereas in disturbances from the Incorporative Era the true self seems to be empty or nonexistent, because disturbances in the Impulsive Era occur after self-object separation, the individual is likely to be aware of the existence of the hidden self. However, the person believes the fraudulent presentation of a false compliant self is the necessary price of love and acceptance. This type of client may repeatedly test the therapist's response to the false self demonstrated by performing what the therapist might consider good functioning or
good client behavior. In the client's presentation of this approval seeking behavior is the hidden test of the therapeutic environment's capacity to receive the true self. If the therapist is quick to respond with pleasure at the false self's apparent healthy functioning or attributes, the client will lose hope that the therapeutic environment could receive the client's hidden dependent, frightened or impulsive true self without displeasure. The therapist must take care to offer provisions which emphasize the client's private self-evaluations and experience as significant rather than the therapist's approval or disapproval as significant. In this provision, the client may come to hope the true self can be brought to the therapy relationship without loss of love and acceptance.

When the hidden self is troubled by features of the depressive patterns: (a) anger turned inward against the self, (b) guilt and self-blame for perceived unworthiness, (c) inability to perceive the possibility of making reparation and, (d) inability to capture and sustain the object's love; the therapeutic environment must be one which emphasizes provisions of constancy. As the client comes to trust the holding environment, the client is likely to become increasingly dependent upon the therapist as the significant other who may provide a source of self-esteem. It is important for the therapist to appropriately accept the client's dependency as a possibility for providing therapeutic contrast to the client's historical experience of relationships. Through the provision of contrasts, the therapist can engender the client's hopes of greater self-esteem and self-value.
The therapeutic holding environment must offer provisions which demonstrate regard for the client which is not based on conditional behavior. As the client comes to trust the constancy of the therapist's regard as based on the self, hope is engendered in the possibility of revealing the self without provoking damage to the relationship. As the client gradually reveals aspects of the self, which he/she considers unacceptable and/or guilt provoking, the therapist provides acknowledgment of and is able to tolerate the negative disclosures without withdrawal of regard. When the client perceives he/she has caused harm to the therapist (negative or hostile behavior, failures or disappointing efforts), the therapeutic holding environment is receiving and valuing of the client's efforts to make reparation. This provision enables the client to hope that the negative aspects of the self can indeed be tolerated, harm can be repaired, constancy is sustained and thus, there is less need to self-punish and turn feelings inward in an effort to protect the object. As contributions of reparation are received and valued, the client is enabled to hope in the possibility of making valued contributions of the self which are not based on conditional behavior. This increases hope of self-worthiness to capture and retain the object's love.

The creation of the therapeutic potential space permits client and therapist to contribute to the client's imagining and entertaining of new meaning constructions and patterns of behavior. Therapeutic contributions offer contrasts to the old depressive patterns and enable hope in new possibilities of greater self-sufficiency. As the client comes
to adopt new meaning constructions and behavior patterns of self-valuing and a sense of constancy, dependency on the therapist decreases.

Inconsistency of provision in the Impulsive Era results in a loss of hope to express the impulsive self without loss of the relationship or harm to the object. The adult client with this form of hope disturbance is likely to be wary of any expression of the true self in order to avoid possible negative consequences. Hopes for constancy of relationship are insecure since the client fears the seemingly unpredictable withdrawal of love. The spontaneous true self is carefully hidden so as to avoid any possibility of rejection.

The therapeutic holding environment must offer consistent, reliable provision, as the client repeatedly tests the trustworthiness of the environment. As the client gradually comes to have hope that the hidden self can be disclosed and risks are taken, the client's fears may increase that now, suddenly, the therapist's provisions will be withdrawn. The client is likely to be very watchful of the therapist's reactions for any signs of disapproval. The therapeutic environment must sensitively offer provisions of limit setting so that the client is enabled to perceive appropriate means of containing and controlling his/her impulsivity and self-expression without concluding the self is being rejected. This is essentially coming to have impulses rather than be them. As French (1958) pointed out, bringing the client's anxiety-laden impulses out into the open, can be therapeutic only if it is done in a hopeful context, a context in which the person has some hope of satisfying those impulses in a realistic and appropriate way.
Through the therapist's provisions, the client can hope to establish his/her own conditions of appropriate behavior and less need for the approval of others.

Deprivation in the Impulsive Era results in a loss hope for constancy of relationship and attributing blame to the self as unlovable and destructive. The adult client with this form of distortion is likely to fear that attachment will lead to in abandonment when the true self is discovered, because the self is harmful to the other. The distorted hope is to protect self and other by avoiding close relationships and keeping the self hidden.

The therapeutic holding environment must offer constancy of provision with particular attention to the client's tendency to perceive signs of abandonment or damage. As the therapist demonstrates the capacity to survive the client's negative behavior or overpowering demands by sensitive acknowledgment and limit setting, hope is engendered that the self can be known without damaging the other or loss of the relationship. The therapist's receiving and valuing of self-contributions, particularly those of reparation, encourage hope in the client that the self can be found lovable and valuable.

Treatment of Hope Disturbances from the Imperial Era

Hope loss and distortion patterns from the Imperial Era involve the specific hopes for self-sufficiency and acceptance of role taking behavior characteristic of the Imperial Balance, and the emerging specific hopes for greater mutuality which is promised in the Inter-
personal Balance. In the transition from the Imperial Balance, the individual is moving from a balance which favored autonomy to the Interpersonal Balance which favors inclusion. The loss or distortion of the emerging hopes for greater mutuality due to a failure in environmental provision typically causes anxiety regarding the old specific hopes favoring autonomy as well.

Failures of impingement during the Imperial Era interfere with the individual's emergence toward specific hopes for greater mutuality and create internal conflicts regarding the old hopes for self-sufficiency and role taking. The therapeutic environment must be shaped so as to offer empathic confirmation of the imperialistic meaning construction without being perceived as confining. Developmentally appropriate limit setting is an important part of the Imperial Era. In therapy, the holding environment must offer limit setting provisions which are clear and consistent and encourage the client toward greater mutuality. This form of limit setting can be associated with the culture's function of contradicting the old balance by acceptance of the individual's position but also emphasizing the importance of taking into account the position of others. The therapist provides the expectation that the individual will hold up his/her end of the relationship and yet does not reject the individual or refuse relationship when this expectation is not met. Through this provision of appropriate limit setting, the client's hope for greater mutuality is encouraged and guided. The client is enabled to hope that the possibility of being his/her self can be achieved within a relationship of greater mutuality.
Inconsistency of provision results in uncertainty and ambivalence regarding specific hopes. The client is essentially trying to hold on and let go at the same time, vacillating from one direction to the other each time the hopes seem to fail. The therapeutic holding environment must offer security by being able to tolerate the client's vacillations without vacillating with the client, but offering consistency of provision. Gradually, the client may come to perceive the holding environment as reliable, engendering the client's hope that his/her own internal direction can be followed without loss of the holding environment and its provisions.

Deprivation failures during this era are likely to result in hope loss and distortion patterns in which the individual concludes his/her imperial self has caused the deprivation. As noted in the previous chapter, this hope distortion pattern may be exhibited in antisocial behavior (Winnicott, 1965) or planful delinquent behavior (Kegan, 1982). The purposeful contradiction of the culture's rules and standards is actually an effort in the hope that the individual may demand the return of cultural provisions.

The therapeutic holding environment will need to emphasize the confirmation of the individual's self as valued. The important feature of sensitive limit setting in the therapeutic provisions stresses concern for the individual's self, not rejection of the individual for unacceptable behavior. The client is enabled to hope that the self can be accepted and provisions consistently offered because the self is valued. As the
client regains hope in constancy of provision and hope in the value of
the self, new hopes for greater mutuality can emerge.

Treatment of Hope Disturbances from the Interpersonal Era

Hope loss and distortion patterns in the Interpersonal Era involve
the loss and distortion of specific hopes for the mutuality found in
one-to-one relationships characteristic of the Interpersonal Balance,
and the loss and distortion of the emerging specific hopes for greater
autonomy and independence characteristic of the Institutional meaning
construction.

Impingement failures result in the loss of hopes for greater
autonomy and anxiety regarding the old hopes for mutuality. The client
with this pattern of hope distortion is likely to perceive self as cold
and uncaring for the emergent hopes for greater independence from inter­
personal partners, and feel guilty, yet also resent the constrictions
imposed by the interpersonal relationships.

The therapeutic holding environment empathically confirms the
old balance, but also recognizes and promotes the client's hopes for
greater autonomy as valid. The therapeutic provisions emphasize the
client's self-initiative and self-responsibility as opposed to permitting
the therapist's views or the views of others to be taken as priority.

It is important for the therapist to keep in mind his/her own
position regarding the value of autonomy and independence, so as not to
impose the therapist's position upon the client. In the contemporary
culture, independence and autonomy are highly esteemed. Autonomy is
also emphasized in the reaction to the confining characteristics of the traditional roles of women and minorities. The insensitive therapist may be impinging on the client's own process by impatient and zealous encouragement of the values of autonomy and independent behavior, showing disregard for the significance and meaning the client holds in the old specific hopes for mutuality. Although there may be therapeutic merit for a client to view his/her difficulties as characteristic of a group within the culture, it is critically important that the client's own unique and personal process be addressed in the therapeutic environment and not be categorized. The insensitive therapist may in effect induce a substitution of the self-statement, I am my relationships with interpersonal partners, with the statement, I am my relationship with a group.

The therapeutic holding environment honors the client's hopes for mutuality and, in the therapeutic potential space, creates the opportunity for imagining and exploring new emergent possibilities of greater autonomy commensurate with the client's internal pace. This engenders hope of surrendering the old meaning construction in such a way that the client can reintegrate hopes for relationship with the hopes of greater independence and a self-system identity characteristic of the Institutional Balance.

Inconsistency of provision results in patterns of hope loss and distortion in which the individual experiences ambivalence and uncertainty about both the old specific hopes and the new emergent ones. The individual is likely to persist in efforts to find confirmation for
the old specific hopes and meaning construction, blaming self for the inconsistency and unreliability.

The therapeutic holding environment must offer consistency of provisions which confirm the client's hopes that the therapeutic relationship can reliably contain the client's ambivalence, resentment and emergent hopes for autonomy. The client may demonstrate ambivalence regarding his/her dependence on the therapist and vacillate from requests for reassurance and approval to resentment of his/her need for confirmation. As the therapeutic environment remains reliably available and confirming without being confining, the client can gradually imagine and risk possibilities of greater independence. The client's testing of the new hopes in the context of the therapeutic holding environment may include demonstrations of greater independence from the therapy relationship. The therapist continues to encourage the client's hopes by remaining available when the client falters, and continuing to demonstrate hope in the client's capacity for more independent behavior and self-responsibility.

Deprivation failures result in loss and distortion of hopes for enduring relationships and the individual feels unbearably lonely and deserted. Since the self is blamed for the loss of the relationship in which meanings of self-adequacy and value were found, the individual is unable to find satisfaction or meaning from his/her forced position of autonomy. The hope for forming and sustaining new relationships becomes desperately held as the only possibility for meaning, and yet the hope is perceived as unlikely to be fulfilled because the individual feels inadequate and unworthy.
The therapeutic holding environment offers a supportive relationship in which the client's sense of loss and accompanying dependency can be addressed. As the client gradually comes to trust the constancy of the therapeutic provision, the therapist becomes a significant other capable of providing the needed self-confirmation and contrasts in self-view which promote a sense of greater esteem and adequacy. In the therapeutic holding environment, the client can safely reveal perceived flaws and vulnerabilities and find acceptance without loss of the relationship or feeling incorporated. The therapeutic potential space allows the imagining of possibilities of forming and sustaining relationships based on new self-views and meaning constructions. As the client's hopes for these possibilities become firmer, the sense of desperation decreases. Possibilities of greater personal autonomy can be explored as desirable commensurate with the client's growth rather than as possibilities to defend against the feelings of unbearable loneliness.

Treatment of Hope Disturbances from the Institutional Era

Hope loss and distortion patterns in the Institutional Era involve the specific hopes for personal autonomy characteristic of the Institutional Balance and the emergent specific hopes for greater intimacy and interdependence characteristic of the Interindividual Balance, toward which the person is moving. The loss or challenge to the old specific hopes may be perceived as a threat to one's personal autonomy, accompanied by self-evaluations of weakness, humiliation and perceived loss of control. Hopes for greater intimacy may be feared as involving self-loss.
by being swallowed up in a closer relationship with another in which the old meaning construction of boundaries no longer applies.

**Impingement** failures interfere with the emergence of hopes for greater intimacy and interdependence and the emergence from embeddedness in the Institutional Balance. The individual is thrown back on the specific hopes of the old balance. However, the old balance is increasingly insufficient to contain and address the individual's needs. Internal pressures and conflicts exacerbate the individual's sense of failure, inadequacy and loss of control to self-sustain and self-regulate.

The therapeutic holding environment offers provisions of confirmation of the institutional self accompanied with acceptance of the client's disclosures of weaknesses, inadequacy and failure, without withdrawal of the therapist's regard. As the therapeutic holding environment offers constancy of regard, the client is gradually enabled to imagine and explore new possibilities of self-view and self-evaluation. The client's disclosures of weakness and vulnerability in a relationship in which he/she does not feel violated or rejected, engenders hope that greater intimacy is possible without loss of one's boundaries or being swallowed up by the other. The therapeutic potential space allows the imagining and entertaining of new meaning constructions in which the specific hopes can be reintegrated in the meaning construction of the Interindividual Balance.

**Inconsistency** of provision during the Institutional Era as in other eras results in ambivalence and insecurity regarding one's self
and one's hopes. The individual may self-blame and feel increasingly inadequate, and/or blame the culture and feel increasingly resentful but unable to emerge. The therapeutic provision of primary importance is to offer consistency and tolerance of the client's ambivalence and vacillation. As the client gradually comes to find security in the provisions which offer confirmation of the self, the client is enabled to imagine and explore new possibilities and hopes with less ambivalence. In the consistency of provision the therapist demonstrates that the client will not be rejected for failures to perform in ways characteristic of the old Institutional Balance, nor will he/she be exploited or incorporated by possibilities of greater intimacy and interdependence which are hoped for in moving toward the Interindividual Balance.

**Deprivation** failures during the Institutional Era take the form of the loss of an important situation or relationship in which the individual has performed a significant role, such as the loss of one's job, refusal of promotion or the loss of spouse or children. The individual is then faced with no structure or form in which to implement the self-system he/she is. The individual is likely to lose any emerging hopes for the new balance and feel entrapped by the loss of possibilities to achieve the old specific hopes of the Institutional Balance. The institutional individual suffers a self-evaluative depression (Kegan, 1982) in which he/she is vulnerable to crippling self-attach, feeling compromised, weak and ineffective.

The therapeutic holding environment sensitively offers the provision of a safe environment in which the individual can disclose
his/her perceived weaknesses and vulnerabilities. In the provision of therapeutic contrasts, the client discovers a challenge to the self-deprecating views and the possibility for new ways of understanding one's self and one's life situation. Gradually, the client can come to imagine and entertain new meaning construction possibilities in which the old specific hopes for personal autonomy can be reevaluated and integrated with the new emerging hopes for possibilities of greater intimacy and less form defined roles and relationships.

Treatment of Hope Disturbances from the Interindividual Era

The Interindividual Balance is the final balance proposed by Kegan. Loss and distortion of hope during this era involves the specific hopes for interdependence, intimacy and reciprocity. This balance holds the possibilities for being fully oneself and fully in relation with others.

Many of the changes which occur in late adulthood and old age involve a decrease in the individual's capacities and abilities resulting in increased dependency on others and the environment or, in some instances, a turning away from others which seems a self-destructive isolation. This is in contrast to the developmental thrust of earlier eras in which the evolutionary process involved making meanings of self and world with expanding capacities, abilities and greater independence. In late adulthood and old age, the person naturally faces limits to being and doing. As in all eras, the central question remains: Will the environment offer provisions appropriate to the person's changes and needs? Will there be a confirmation through acceptance and appreciation for the individual as he/she now is?
In treatment of hope disturbances from this era, the therapist needs to establish a holding environment which empathically receives the client's current meaning construction and confirms the self as accepted and valued. This is often a most demanding therapeutic task because of the older person's sense that life is over. The creation of the therapeutic potential space allows the therapist and client to explore the individual's meanings made of her/his changing self and relationships to others, and to explore possibilities through which the individual may find integrity, meaning and fulfillment.

As noted in the loss and distortion section of Chapter III, environmental failures of impingement occur when the culture refuses to accept the aging individual. The impinging environment causes the individual to experience a contradiction between one's own aging self and the demands and response patterns of the culture. For example, some older persons cannot meet the rapid pace of life required by younger persons around them, even though they want and try to do so. This increases the individual's sense of inadequacy and lack of worth as specific hopes to be and do in the old ways become less possible.

For these older clients who are experiencing impingement, the therapeutic holding environment receives the individual so as to demonstrate acceptance and regard for the client's self; the therapeutic environment does not refuse to accept the client's aging process. The therapeutic potential space permits the interindividual client to explore and express self as is and explore possibilities still available to the client.
The failure of inconsistency was earlier described as the culture's unreliable treatment of the aging individual. The individual loses specific hopes for satisfactory being, doing and relating in ways that were previously valued by the culture. There is an increasing dependency on the provisions of the now unreliable holding culture. The person is likely to feel ambivalent about specific hopes. As dependency increases, the person hopes for provisions to be reliably available and yet such hopes are in conflict with the individual's hopes to retain a sense of independence and self-sufficiency. When provisions from the culture and significant others are inconsistent and unreliable, the individual's sense of frustration, helplessness and loneliness may be intensified. Fundamental hope for continuity of being is jeopardized, once again raising the probability of despair.

The therapeutic holding environment receives the client's natural failings without conveying irritation or rejection for the client's variable and ambivalent behavior about self and others, enabling the client to reclaim a sense of dignity. In the potential space, therapist and client can creatively imagine and explore meanings and possibilities through which the individual can regain self-acceptance and the potential for meaning and fulfillment in ways different than in earlier eras.

Deprivation for the interindividual person is a lack of sufficient cultural provisions adaptive to the person's needs. The individual is confronted with his/her own death as the final limit to the evolutionary project. Specific hopes become increasingly curtailed, and fundamental hope is clearly tested by encroaching despair.
The individual faces restrictions in opportunities for contact with others and the surrounding world. Meaningful contacts with others may be reduced by loss of significant others through death or distance, as well as by failures - at times unavoidable - of others to respond, accept or interact with the aging individual. Opportunities for contact with one's world are limited by the unavailability of transportation, activities and accommodations appropriate to the aging person's needs, comfort and interests. The individual may feel cut off from opportunity to fulfill specific hopes. Thus, the deprived interindividual person is vulnerable to the loss and distortion of specific hopes and the erosion of fundamental hopes.

When faced with the older client who is struggling with deprivation, the therapist endeavors to create a holding environment characterized by as much opportunity to see the effects of the perceived deprivation as possible, or as the client can tolerate. Little is to be gained from trying to convince the elderly deprived client that "things will get brighter," since it is already established that further decline will likely worsen the deprivations. As the client is able to understand the motives for, and the effects of the experienced deprivations, a greater sense of peace with one's reality is permitted. Once a greater acceptance is achieved, the interindividual person may better imagine possibilities for retaining a sense of dignity and integrity, as opposed to despairing against one's realities. It is in the therapeutic potential space that such creation of possibilities may occur.
Summary

In this chapter, a model for the therapeutic use of hope was presented. To provide a conceptual framework for understanding and applying the model, first a general outline of the therapy process was presented, followed by an expanded outline using developmental concepts.

The model was described in general principles related to developmental concepts used in the previous chapter. The major principles included conceptualizing the therapy relationship as a holding environment in which provisions may be offered by the therapist to facilitate client change and engender hope. The therapeutic potential space was conceptualized as a form of transitional space in which therapist and client can contribute in the activity of hoping, which is the creative imagining and exploring of new (transcendent) meaning constructions. The therapeutic potential space offers the opportunity for the therapist to engender and guide hoping activity through the contrasts offered in the therapist's contributions which enable the client to discover healthier meaning constructions and behavior.

The general principles of the model were then applied to hope distortion patterns which result from each era of development and how they might present themselves in adult client behavior. A description of how the therapist might therapeutically use hope with specific client disturbances was given.
CHAPTER V

USEFULNESS AND LIMITATIONS

In the final chapter of this research, the theory and model presented are examined with regard to usefulness and limitations. The topic of focus in this theory is a covert behavioral process and thus the data on which the theoretical formulations are founded are subjective. Criteria for evaluation have been selected which are appropriate for this type of theoretical endeavor.

The primary source of data for this research is the professional literature regarding hope and psychological understandings of human behavior stemming from the clinical experiences of professionals in the field and the author's own experience. All theories are based, implicitly or explicitly, on a philosophy of the nature of man. In this research, the underlying philosophical basis was drawn from sources in the philosophical literature which focus on the nature and function of hope as part of the human condition. Sources from the eschatological literature were used to represent a body of literature which has traditionally emphasized the nature and function of hope within a particular view of the nature of man.

The sections in the literature review examining the psychology of hope and the role of hope in psychotherapy, serve as relevant data within the psychological literature regarding the topic of this research. Many references to the significance of hope in the psychological
literature are brief and embedded in the content of the source without highlight or listing in the index. This has made it difficult to discover existing data. The majority of data have come from those few notable exceptions in the psychological literature which explore hope in greater detail. The author is aware there are likely to be sources which have been inadvertently omitted. However, the data presented in the review of the literature are considered to be reasonably inclusive.

The theoretical formulations presented have been synthesized from the philosophical and psychological literature pertaining to the nature and function of hope, as integrated within the framework of accepted developmental theories of personality. The object relations theories and constructive-developmental theories were selected as a context for the theory because the underlying premises of these theories are consistent with the philosophical perspectives reviewed, and permit theoretical formulations which apply the data regarding hope to a psychological understanding of hope development, loss and distortion as a feature of human development. The model for the therapeutic use of hope in psychotherapy is presented in a developmental context as well. It is not inherent that the model is only applicable to practitioners who adhere to object relations or constructive-developmental approaches. Rather, Kegan's theory in particular, was chosen because of its claim of providing a context in which a variety of theoretical viewpoints might be encompassed. With the exception of classical psychoanalytic theory and straight behavioral approaches, the model is considered amenable to a wide variety of approaches in counseling and psychotherapy.
The theory and model presented address a covert behavioral process which is purported to be an intrinsic part of an individual's psychology and an integral factor in human development. The theory makes no claim to an experimental basis in controlled observations and empirical testing. Rather, the theory is based on subjective data and clinical experience from which the nature and function of hope may be inferred as a mediating factor between antecedent events and consequences. The following two established sets of criteria appropriate for this type of endeavor have been selected as the basis for evaluation of the theory and model.

Criteria for Theory Evaluation

The first set of criteria for theory evaluation are drawn from Patterson (1973). Patterson suggested the following criteria: (1) importance, (2) preciseness and clarity, (3) parsimony, (4) comprehensiveness, (5) operational value, (6) empirical validity or verifiability, (7) heuristic value (Patterson, 1973, pp. xv-xvi).

The second set of criteria that are employed were offered by Rychlak (1973). Rychlak's criteria are presented as a set of questions: (1) Does it explain how a person "gets sick" or becomes maladjusted? (2) Does it explain how a person may become well or better adjusted? and (3) Does it offer suggestions for treatment?

The Patterson and Rychlak criteria are now applied to the theoretical model of therapeutic use of hope.
Importance

As Patterson noted, the importance of a theory is difficult to establish since the criteria are primarily vague or subjective. He suggested that viable measures of a theory's importance may include recognition of importance by competent professionals in the field, and the theory's relevance to life and actual behavior as opposed to triviality of topic. The importance of hope as a pertinent topic of research is well recognized by competent professionals in the field as was discussed in the literature review. The relevance of hope to life and human behavior is evidenced in the literature by the significance given to the role of hope as a life sustaining force and the source of action, as well as a significant factor in successful psychotherapy. Therefore, this particular theory can be considered important in that it offers the therapist a framework for understanding, and a model for implementing concepts regarding the therapeutic use of hope.

Preciseness and Clarity

"A theory should be understandable, internally consistent, and free from ambiguities" (Patterson, 1973, p. xv). Efforts have been made in the presentation of the theoretical formulations of this research to demonstrate clarity and internal consistency. However, the theoretical referents are imprecise and are not easily specified in order to develop methods for testing, and the terminology used contains some ambiguity.
**Parsimony**

A theory is parsimonious if it involves a minimum of complexity and relatively few assumptions. The function of hope in human behavior and development is a complex phenomena involving a number of variables and interacting factors. The value of parsimony of a theory must be balanced with its adequacy to explain the data in a sufficiently comprehensive manner which avoids oversimplification. The theory presented here has relatively few underlying assumptions but admittedly offers considerable complexity in relating the formulations to the data and to practice.

**Comprehensiveness**

It is the opinion of the author that the theory and model presented in this research adequately addresses the area of existing research and theoretical data. Theoretical formulations follow from the philosophical and psychological data, and encompass general principles of the nature and function of fundamental and specific hope throughout the life process. Concepts regarding the significant influencing factors and patterns of development of hope, hope loss and distortion were presented in general outline and specifically applied to each developmental era. Although the range of vicissitudes and ramifications of hope functioning was obviously not fully explored, this would be well beyond the scope of this initial attempt to theorize about the therapeutic use of hope. The theory and model presented are considered to be comprehensive in that principles of hope functioning and the use of hope in psychological treatment are presented.
Operational Value

The standard measure of the operational value of a theory is if it can be reduced to procedures for testing its propositions or predictions. Since hope is a psychological process not easily quantified and measured, the concepts in the theory are not easily reduced for experimental procedures. Although this theory presents limitations for scientific experimentation in standard objective methods of observation and controlled experimentation, this does not negate its potential validity as an accurate and useful means of explaining the data and making predictions useful to the practitioner. The intent of the theory is to present a conceptual model useful to the practitioner in understanding client behavior and designing appropriate treatment according to predictable outcomes. Perhaps a valid test of the theory's operational value is whether it does serve its purpose as a conceptual tool which increases treatment effectiveness for those practitioners who consider the therapeutic use of hope to be an important factor in their clinical work.

Empirical Validity or Verifiability

The preceding criteria evaluate the rational capabilities of the theory to be consistent with and to account for existing data. The empirical validity or verifiability of a theory is established by the confirmation of predictions generated through experience and experimentation. With regard to this criterion, the theory presented might be considered as only an initial step in the establishment of a
theory since the formulations and model are confined to existing data. The theory generates methods of prediction of client hoping behavior patterns based on an assessment of the client's contemporary, historical and anticipated situational contexts, covert and overt patterns, and consequences. These predictions can be used to generate further predictions regarding the appropriate therapy provisions for treatment and therapeutic use of hope in treatment. As experience is gained in the use of the theory and model, it is assumed modifications and refinements may be necessitated as new data are generated. In defense of this limitation, as Stotland noted, "a more elegant theory will not emerge until a less elegant one is at least broached" (1969, p. 6).

Stimulating or Heuristic Value

The capacity of this theory to provoke further research and lead to the development of new knowledge is at the present time a subjective evaluation. The theory is based on existing knowledge and data, and is an extension of developmental theories, which integrates the psychological construct of hope within existing understandings of human psychological development. Since hope has been relatively unexplored in the psychological literature, the theory and model present much that is new.

The need for further research in the role and use of hope as a significant factor in successful psychotherapy and in individual change, has been stated by competent professionals in the field as evidenced by Menninger's (1959) lecture to the American Psychiatric Association over
two decades ago. It is hoped the theory and model presented may contribute to the understanding of hope and be useful in further research.

Possibilities of further research include application of the theory and model with specific client populations. The recognition of hopelessness as a significant feature in depression suggests the theory may be particularly relevant to treatment of depressed clients, a group of clients who comprise a majority of the current population seeking treatment. Further research with clients who present serious hope disturbances also seems an area of research which merits further exploration.

The subjective nature of the phenomena and the difficulty in operationalizing the constructs of the theory may serve as a deterrent to potential experimental research. The heuristic value of the theory and model is, therefore, limited to those who may find the ideas presented of sufficient value to merit application and exploration in their clinical work, or to devise more scientifically precise formulations and methods for testing them.

Does the Theory Explain How a Person Becomes Maladjusted?

The theoretical formulations presented in the hope loss and distortion section of this research are dedicated to providing an explanation of how a person's hoping becomes maladjusted. The theory presents the underlying assumption that hope disturbances occur because of failures in the environmental provisions necessary for the individual's hoping development. The resulting patterns of distorted hoping indicate the
individual's meanings made of the self, other(s) and the relationship between them resulting from the environmental failure.

There has been strong criticism of object relations theories for emphasizing the early infant-mother relationship as the foundational experience from which the individual's psychology is shaped and remains shaped throughout adulthood. This emphasis has been criticized as implying "Infancy is not the beginning of a lifetime of accumulating symbolic experience with others; it is a basic flaw" (Levenson, 1983). To the degree that the present theory of hope development also emphasizes the infant-mother relationship as establishing the shape of fundamental hoping and the hoping disposition which influences further development, Levinson's criticism may be applied to this theory as well. However, it has been repeatedly stressed that the issues of earliest hope development are readdressed throughout the life cycle. Although the initial establishment of hope patterns and schema does, indeed, significantly influence how future experiences will be construed, there is also the possibility of changing and reorganizing schema when new experiences provide sufficient demand for change. In other words, although a child might develop distorted hoping patterns in an early developmental era, it is conceivable that later experiences in a good enough holding environment may alter the hoping schemas. Indeed, counseling and psychotherapy work is always predicted on the notion that old patterns of behavior can be modified given the appropriate set of therapeutic conditions. It is also reasonable to assume that schemas solidify with repeated number of confirming experiences (Stotland, 1969) and,
therefore, become more difficult to surrender. If higher order hoping schemas are repeatedly confirmed in early development, it is reasonable to assume they may remain held in adulthood and disconfirming experiences increasingly construed to fit the schemas rather than provoking reorganization or modification of the schemas.

The theory presented provides general principles of hope development and functioning, which explain how the functioning of fundamental and specific hopes may become disturbed in the course of development. These general principles are specifically applied in each developmental era. Thus, the author has endeavored to provide an explanation of how hoping becomes maladjusted.

**Does the Theory Explain How a Person Becomes Well?**

The theoretical formulations presented regarding healthy hoping development, provide a means of conceptualizing healthy functioning. Since the underlying assumption is that loss and distortion of hope is caused by failure of environmental provisions needed by the developing individual, it is through the vehicle of therapeutically facilitating environmental provisions that distorted hoping patterns may become changed and healthy hope functioning engendered. The model for therapeutic use of hope describes using the therapy relationship as a holding environment in which the facilitating provisions may be offered, and the therapeutic potential space used as a vehicle for reorganizing old schemas which invoke distorted patterns and discovering new meaning constructions based on healthy hope functioning.
Another criticism of object relations theory as it is applied to treatment should be noted here in its relevance to the present theory. The use of object relations theories has been criticized as involving the assumption that for clients with serious deficiencies stemming from early childhood, it is necessary in treatment for the individual to regress to early stages of development within the therapeutic holding environment. The therapist performs the role and offers the provisions of the good-enough mother to the now-regressed client/child. The treatment thereby offers an opportunity for the client to develop those capacities which were disrupted in early development. This approach to treatment has been criticized as meaning therapy "consequently becomes an exorcism" in which infantile demons are evoked (Levinson, 1983, p. 141). The therapist's position as parent in a superior role with the client treated in the inferior role of a helpless child essentially represents an insult to the dignity of the client as an adult individual.

Hirsch (1983) suggested this parent-child configuration may in actuality be adopted by the therapist because of his/her own hopelessness to establish an adult-to-adult therapeutic alliance. Hirsch further suggested assuming a view of the client as not possessing a fully formed self, and delineating the therapist's task as assisting the client in developing a self, may overlook whatever self the client has developed and run counter to his/her developing a sense of autonomy.

The author finds these to be valid criticisms of the application of object relations theory in treatment, however, criticisms which are not appropriate to the model here presented. The model for the
therapeutic use of hope does not necessitate client regression or a parent-child therapeutic configuration. The author has emphasized that the hope distortion patterns which have occurred in early development are to be understood as forming a prototype for the present hope distortion patterns of the adult client. Such terms as continuity and personalization are not limited in use to their prototypical meanings in infancy. The terms are used to indicate issues which are readdressed as significant themes throughout the developmental process and have qualitatively different meaning when considered in one era as opposed to another.

The therapeutic potential space is an important concept in the theory presented here. The idea of transitional space is a phenomenon first attributed to early development. However, this does not mean that the use of potential space must be confined to those capacities for cognitive activity and symbolization characteristic of an infant. In treatment of adult clients with serious hope disturbances, it is considered that the use of therapeutic potential space permits the client to use his/her adult capacities for imagining and exploring meaning constructions. The exploration of the client's early history and developmental experiences can be usefully accomplished without the inducement of therapeutic regression. On the contrary, the client's adult capacity for understanding permits an exploration of his/her history as related to present behavior, permits efforts to challenge old meanings made of those early experiences by using the contrasts offered in therapy, and permits creative imagining and exploring of new
healthier meaning constructions. Thus, application of the model for
the therapeutic use of hope is not confined to a regressive treatment
approach, but it does ask the adult client to understand his/her
historical antecedents of current behavior. The theory presented
provides an explanation for how a person's hope functioning might
become healthy through experiences with facilitating environmental
provisions and the therapeutic engendering of hope.

**Does the Theory Offer Suggestions for Treatment?**

The theoretical formulations presented offer implications for
treatment; and the model for the therapeutic use of hope is dedicated
to providing a conceptual structure and application of the theory for
use in practice. The model requires some understanding of the com-
plexity of therapeutic application of such concepts as the therapeutic
holding environment and therapeutic provisions; concepts which are
admittedly imprecise and subjectively determined. Such features of the
model pose limitations for its use by practitioners. However, it can
also be stated that the theory and model provide a more extensive
understanding and specific examination of the nature and function of
hope as a psychological phenomenon, while not requiring the individual
therapist to necessarily alter their therapeutic style in rigidly
formulated ways. As such, the theory and model provide a step toward
greater understanding of hope and conceptualizing the use of hope in
therapy, and the model is intended only to be suggestive regarding
matters of technique.
It is hoped that through future research, experience and clinical use of the theory and model presented, its contribution to greater understanding of the topic will prove useful to practitioners, and modifications and refinements may be found which address its limitations as a theory.
APPENDIX A

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September 18, 1984  

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in Counseling Psychology. The dissertation advisor is Edward L. Trembley,D.Ed.  
The title of the dissertation is The Therapeutic Use of Hope.  

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Bonnie L. Aardema, M.Ed.  
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Kalamazoo, Michigan 49009  

CC: Edward L. Trembley, D.Ed.
APPENDIX B

Letter of Permission to Use Figure 1
Ms. Bonnie L. Aardema  
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