GOAL FOCUSED HOPE, SPIRITUAL HOPE, AND WELL-BEING

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Abstract

The current study examined the relationship between goal focused hope and spiritual hope, and whether these constructs independently predicted subjective well-being (SWB). Two hundred and seven university staff and students completed measures of goal focused hope, spiritual hope, satisfaction with life, and positive affect. Goal focused and spiritual hope scores were not correlated. Via multiple regression analysis we found that goal focused hope, but not spiritual hope, was an independent predictor of well-being. However the regression analysis also showed a significant goal-focused hope by spiritual hope interaction for subjective well-being, which suggests that spiritual hope may have a buffering effect when goal focused hope is low. Further studies of hope and SWB are suggested and implications for clinical interventions are discussed.

There is increasing evidence for the importance of subjective well-being in a number of domains (Sheldon & Lyubomirsky, 2004). In older adults, well-being protects against mortality and the onset of disability (Ostir, Markides, Black & Goodwin, 2000). Contrastingly, a lack of subjective well-being has been linked to depression and suicide (Keyes & Magyar-Moe, 2003). Ruini and Fava (2004) advocate well-being therapy as a means of counteracting and perhaps preventing psychological distress. Focusing on well-being in psychosocial interventions aims for outcomes beyond the mere removal of suffering, to help people go “beyond zero” to achieve optimum functioning (Sheldon & Lyubomirsky, 2004).

It is important that we further our understanding of the cognitive processes underpinning subjective well-being, as researchers and clinicians are increasingly using this concept and designing interventions to enhance well-being. Well-being and hope are concepts much studied in positive psychology and offer a new direction for researchers.
and clinicians seeking to identify and foster factors contributing to wellness (Naidoo, 2006). Folkman (2008), in reviewing studies relating to the role of positive affect in the stress process, urges researchers to focus attention on the underlying cognitive processes that lead to adaptive coping, positive affect, and well-being.

One such cognitive concept considered to underlie well-being is hope, commonly defined in dictionaries as to wish for something with expectation of its fulfilment. Scioli (2007) has suggested that hope is a primary indicator of subjective quality of life and reminds us that throughout history practitioners of every healing art have prescribed hope. And yet researchers and clinicians continue to struggle with defining and measuring hope and thus in reliably ameliorating it and understanding its relationship with well-being (Haase, Britt, Coward, Leidy & Penn, 1992). Clinicians in particular, long invested in the development of hope, have a paucity of information on which to base interventions to enhance this virtue (Lopez et al., 2004).

Hope has been thought of, on one hand, as akin to a sense of mastery over one’s goal related endeavours (Snyder, 2002); high hope individuals believe the wished-for future will come about because they are confident that they can take the necessary steps to ensure it. Or conversely, hope has been seen in terms of an integrating and creative energy based on a belief in, and a feeling of interconnectedness with, a power greater than self (Haase et al., 1992; Lynch, 1965; Marcel, 1962; Pruyser, 1986); high hope individuals believe in a positive future because there are greater external forces at work which we may not fully understand.

Snyder (2002) proposes that hope is a major contributor to well-being. Snyder et al. (2002) conceptualize hope as a person’s ability to perceive the pathways to desired goals and their sense of agency or effectiveness in being able to achieve those goals. Snyder and colleagues have developed a measure of hope based on these ideas (Snyder et al., 1991). In contrast there are large numbers of measures and studies which demonstrate that spirituality is of central importance to quality of life and well-being (Sawatzky, Ratner & Chiu, 2005; Gall et al., 2005; Goldstein, 2007). Gall et al. (2005) refer to an explosion of interest in this area. Indeed it seems impossible to overlook the importance of spiritual beliefs in a comprehensive understanding of well-being. In a large meta-analysis, Sawatzky, Ratner & Chiu (2005) confirmed that a random effects model of the bivariate correlation