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## Chapter 1

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# Hope in a time of global despair

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The straggly crab-apple tree on my neighbor's path is blooming. Tasteless, extravagantly expensive blueberries have replaced the small wooden crates of clementines on the front counter of my local grocery store. It's April. A survivor of three cancers, I have entered the arc of the year in which I hope I will live to eat clementines again.

Hope can be a wish, an expectation of something desired. I hope I live the six months until clementines reappear in the stores. This hope floats in the realm of feeling; I do nothing but note it.

Hope can also be a practice: it is achieved by taking action on behalf of one's desires or commitments. Last winter, unbeknownst to me, my partner froze a batch of clementines and we ate them like popsicles in July. 'You have lived to eat clementines again,' he said as we savored the cold, sweet, orange sections and the moment.

This chapter concerns hope as a practice. It is about *doing hope* with others (Weingarten 2000, 2003). This conceptualization arises out of my own need for a way of thinking about hope that can sustain both my supporters and me. Tested more than we would wish, I have generated ideas about hope that offer an alternative to those I have found in mainstream popular and academic sources.

Western ideas about hope originate with the foundational myth of Pandora, a beautiful young woman who was given as a gift to Epimetheus by Zeus. Two versions of the myth exist: one in which Pandora's adolescent curiosity leads her to open a jar filled with human miseries that she has been specifically instructed to leave alone and, horrified, she is only able to reseal the jar in time to keep hope inside; and another in which she opens a box and inadvertently lets out all the blessings known to humankind except hope. In both versions, two ideas are central. The first is that Zeus wants hope to be the responsibility of humans and second that hope exists inside one solitary object.

This latter idea corresponds with the common view that hope is a feeling, an achievement of one person alone. The same premise undergirds the principal empirical investigations of hope. For the last two decades, C. R. Snyder

and his colleagues in the psychology department at the University of Kansas have studied the psychology of hope. Here is one item from their Adult Trait Hope Scale (Snyder *et al.* 1997): I meet the goals that I set for myself. The scale perfectly captures the individualistic view of hope. Each hope item is designed to measure people's convictions that they can accomplish goals on their own. Now imagine an Adult Trait Hope Scale that is predicated on the notion that hope is something you do with others. Here is the same item revised to reflect that hope is the responsibility of the community: I can count on the support of others to help me meet my goals.

The view of hope expressed in the second version pivots the responsibility for its accomplishment away from the individual alone, who may or may not 'feel' hope, to the individual in community. It reflects both a pragmatic and a philosophical point of view. Individuals are notoriously prone to despair. Pragmatically, expecting people to summon hope on their own when they feel most dispirited seems unwise, even cruel. What's more, it may instantiate a fundamental misconception about the nature of human relatedness: we are not isolated, but rather intrinsically interdependent.

The Buddha expressed this as 'the one contains the all' (Hanh 1999: 221). Indra's net, hanging above the palace of the god Indra, provides a beautiful image of – and a metaphor for – human interrelatedness. The net is infinite in dimension and in the center of its every node rests a jewel, reflecting every other jewel in the net. This ancient wisdom finds contemporary expression in philosophy and science. For example, Alfred North Whitehead wrote in a lecture he delivered in 1926: 'The [people] are the primary units of the actual community . . . But each unit has in its nature a reference to every other member of the community, so that each other member of the community . . . is a microcosm representing in itself the entire all-inclusive universe' (Whitehead 1926).

Today, neuroscientists have identified mirror neurons that fire in our brains when we observe actions performed by others (Rizzolatti and Craighero 2004). This is a physical manifestation of interrelatedness; our very own nerve cells empathically resonate with others by mimicking them. Neuroanatomically, I am what you do.

### Hope tasks

From Indra's net to neural nets we see expressions of human interconnectedness. What does this mean for hope? Simply put, we each have a role in its manifestation but our positions in relation to hope determine what we must do. Those who are hopeless and those who witness their despair have different tasks.

For some doing hope emerges out of the most intimate knowledge. I suffer severe and apparently intractable pain as a result of treatments for cancer. I move in and out of hopelessness. My husband's days and nights are filled

with awareness of the ebb and flow of my pain. At night the shifting depth of his sleep reflects his ever-vigilant witness. By day, his constant wondering when he will get a call from me letting him know that my ability to sustain productive work has ended for the day is its measure. We both believe that hope is important and we know, achingly so, that what we must each do to accomplish it is not the same.

Hope, hopelessness and despair may touch our lives at far remove. The radio at dinnertime brings news of a flooded Chinese village, thousands dead, while we are setting the table for our meal. The morning paper contains a story about rape in Darfur as we are arguing with our partner about who will walk the dog. The gap between what we witness and what others suffer is staggering. Taking in what is happening in the world and registering the immensity of the gap may temporarily or chronically sap our reserves of hopefulness.

Hope and despair are unevenly distributed in our lives and on our planet. Some people, some groups of people, some nations, lack and need hope; others, hope intact or untested, are witnesses. For however long these circumstances obtain, they position us differently and call for different actions.

*Hopeless, we must resist isolation. Witness to despair, we must refuse indifference.* Neither is easy.

Peggy Penn, a psychotherapist and poet in New York, has worked for decades with people with chronic and severe illness, a group who are often hopeless (Penn 2001). She well knows the gravity of the pull toward isolation and the dangers of it. Before withdrawal, however, there is a struggle. The ill and unwell have an intense desire to share the details of the body's betrayals but this is coupled with an equally immense fear that to do so as often as the body does betray would drive away the very audience we most want to stay. Penn names this a paradox. I live it as a bind.

Whether hopelessness derives from chronic illness or any other condition against which struggle seems insurmountable, the task is to resist the temptation to withdraw from others. *The task is to resist isolation.*

The witnesses' task is a related one. In the face of calamities and tragedies that happen over and over again, in our homes and on our planet, we must reject indifference. Indifference exerts its own seductive pull, roping us in by our feeling, first, inadequate and then, overwhelmed. Recognizing these sticky strands is the first step of *refusing indifference.*

The tasks I am proposing are difficult. Mutually intertwined, they call for doing hope together, yet they don't concretize a way of doing so. Instead, they are an approach, an attitude. Coupled with concepts from Snyder's group, a practice does emerge.

### The practice of hope

Snyder's group conceptualizes hope as a form of thinking that has three components, schematized as goal, waypower and willpower thinking. They write: 'Hope is a way of thinking in which a person has the perceived waypower and willpower to achieve goals' (Snyder *et al.* 1997: 7). I have already critiqued the individualistic orientation of their model, which is evident in this formulation. Willpower, or 'agency', the more technical term for it, implies that the motivation, determination and energy to achieve goals must be summoned from within, clearly a high hurdle for those who are truly hopeless and in desperate situations. Willpower conceptualized as a collective responsibility is attainable.

Waypower thinking, or, as the group also writes, pathways thinking, can also be reinterpreted as a collaborative enterprise. People who are discouraged can rarely summon the energy or creativity to see their goals clearly or imagine routes to them. Hopelessness itself often emerges in the context of blocked pathways to goals, which can engender confusion about the goals themselves. Despair is the conviction that nothing that one wants or wanted is within reach, whether love or security or clean water or health. Clarifying goals and identifying pathways toward them is part of the practice of doing hope; when we are hopeless others may have to help us do this.

But this is not necessarily simple. First, there is often a lot of trial and error to define goals and pathways that will succeed. Goals and pathways to them may have to replace each other at a rate one would never have expected or wanted. Second, life deals us circumstances in which we have to select goals and pathways we never thought we could accept. Yet, the practice of doing hope, of re-forming goals and cultivating pathways to them, stretches us, helping us sustain the very practice of doing hope.

My mother died decades ago. During her time of dying she was rarely hopeless, a gift that has continued to unfold in the lives of her children and grandchildren to this day. A writer, she wanted her experience with the medical care system to be of use to others. When she realized she had an incurable cancer, she was temporarily in despair. She turned to her oncologist, who suggested that she keep a journal – long before the days that people wrote illness memoirs. She did so until three months before her death (Weingarten 1978). Writing the journal provided a pathway toward a goal that was accessible to her, while there was no pathway toward the eminently preferred goal of staying alive.

I, who had wanted to grow old with my mother, at first wanted her to avail herself of any treatment that might extend her life. Ultimately, in the final hours of her life, I wished her dead. I saw that my hope for connection to my mother would forever be in my dreams and in my heart and never with the unconscious body lying inert in the hospital bed. In one excruciating 24-hour period my hope tumbled through four phases: please don't let her die became

please don't let her suffer, which passed on to please let her die comfortably, which then morphed the most inconceivable hope into a conceivable one: let her die now. It was only after listening to Karl Tomm at a workshop 21 years later (Tomm 1997) that I fully acknowledged my thoughts and only in writing this chapter that I fully accepted them. Hope depends on pathways thinking to an achievable goal, whether that goal breaks our heart or not.

### Hope as a practice of solving for pattern

This past summer I read a remarkable letter written by Jeffrey Sachs, Special Advisor to UN Secretary-General Kofi Annan on the Millennium Development Goals and Director of the Earth Institute at Columbia University. He wrote the letter after visiting rural villages in Kenya that he described as 'beset by hunger, AIDS, and malaria,' with conditions far 'grimmer' than any UN document conveys (Sachs 2004). He met with 200 villagers for three and a half hours to learn about their problems and to think with them about how their situation could improve.

The letter details terrible conditions that prevail in the community. Malaria is constant and AIDS prevalence is 30 percent or more. Virtually every household is taking care of a child orphaned by AIDS. Clean water is not always available. Few of the farmers can afford fertilizers for the soil, rainfall is inconsistent, and as a result food production is low. There is barely enough food to feed the villagers, much less to take to market.

Sachs observes that the villagers are clear on goals, but they lack access to the resources that would provide pathways to them. This is precisely what Sachs does have access to. In his letter, he frames his approach to the villagers' problems in a manner consistent with the themes I have been addressing in this chapter. First, he is not indifferent to the villagers' plight. Second, he operates from a premise of global interconnectedness. As an economist, he puts this in market terms: 'The remarkable point is that this village could be rescued . . . Survival depends on addressing a series of specific challenges . . . all of [which] can be met, with *known, proven, reliable, and appropriate* technologies and interventions . . . at a cost that is tiny for the world but too high for the villages themselves' (Sachs 2004: 5). How might a 'global village' operate on this observation? Sachs suggests that rich and poor nations must make visible the multiple arrangements they have with each other. For instance, while Kenya's foreign investment need in rural areas is about \$1 billion per year, donor support to Kenya is around \$100 million. 'Amazingly, Kenya's debt servicing to the rich world is around \$600 million per year, much larger than the aid inflows! Kenya's budget is therefore still being drained by the international community, not bolstered by it' (Sachs 2004: 8).

Sachs' analysis connects the villagers' needs to the wider context of the international donors' debt servicing inflows. He recognizes that one solution to the rural villagers' problems lies in increasing donors' outflows and

decreasing their inflows from desperately poor peoples. Reading Sachs' letter I was reminded of Wendell Berry's term 'solving for pattern,' his apt phrase for developing solutions that do not make the problem worse and that do make improvements in harmony with the overall context within which problems are embedded (Berry 2002). Sachs' genius is his ability to make connections between facts on the ground and those of the global market. He sees that pathways thinking is more constructive when linked to an understanding of the widest possible context within which problems are embedded and that solving for pattern is bound to be more effective if we look at the whole.

### Questioning hope in therapy

As therapists, this is our challenge too. We try to understand the context of our clients' distress, communicate our empathy for their dilemmas and provide energy and direction for alternative ways of thinking about their situations. Good questions are a mainstay of our work. They produce fresh responses, which bring facets of the pattern into view that had been obscured. They contribute to conversations that are rich and enlivening.

Some questions, however, initiate conversations that entrench the very problems we are trying to solve. Hopelessness is notorious for inducing those who confront it – like therapists – to ask questions that worsen the problem. It is as if our facility with questioning shrinks in direct proportion to the depletion of zest we feel sitting with those who despair. Inadvertently, our questions lack the complexity to generate the material out of which solving for pattern can happen.

I had such an experience with Anna, a woman in her late thirties working at a creative job within a Byzantine organization. I had seen Anna for several months, during which time she was going through a painful breakup with her boyfriend. Her pain at his loss was compounded by anger at the injustice of the timing of his leaving her: within weeks of her father's death. We worked together until Anna felt more herself, readier to move on and look forward to whatever was next in her life.

About three years later, Anna came to see me again. She had just begun treatment for a curable cancer and was enraged at her misfortune. She said, 'Cancer has cut hope off at the knees. It's mangled my hope that my life will ever be different.' Remembering her abusive family history, eventually in the session I asked her to reflect on how this history might be contributing to her hopelessness at this time. Cooperatively, Anna began telling her family story using disappointment, loss, and shame as her organizing themes. She cried and we were both moved by what she shared. But I felt no traction. I could offer companionship in her sadness, anger and grief but the path we were on was not producing direction, and it was certainly not solving for pattern.

'How is this going for you?' I asked.

'Terrible.' She said, 'I don't want to talk about why I feel hopeless. I feel worse than when I came in.'

'*What is the work you need hope to do for you?*' I asked her. '*What do you want hope for?*'

These questions took her off guard and were immediately generative for Anna. Without hesitation she answered:

'When I have hope, I have the ability to imagine something good and then I can take steps to do it.'

'So what does hope actually do?'

'It illuminates the corridors. It helps me see the way out.'

'What about now? Is there a beam of light shining anywhere in the corridor? Can you see anything at all?'

'Truthfully, right now, there is a tiny beam and I can see a few steps ahead of me.'

'Who's holding the light?'

'I am.'

'Is that OK with you?'

'Damn it, you know it's not.'

We were off and running. The questions had elicited an image that invigorated Anna and gave her many angles to explore. It triggered her imagination and helped her believe she could solve for pattern, although we never spoke this phrase between us. It unblocked her thinking and unstuck the painful emotional rut she was in. It freed her to work on the very real dilemmas in her life. For instance, she wanted to know: Who could hold the flashlight when she got tired and why were there so few candidates for that position? How was she deciding which part of the corridor to illuminate and how did she know it was the best place? If she took the cancer as a wake-up call, where might she shine the light?

These conversations produced a corollary to the first two questions about hope. *What is your hopelessness insisting that you understand about your life?*

All three questions extend the concept of doing hope by concretizing that hope is literally something we do. In the same way that as a writer I ask myself what work I need a word to do in a sentence, people can interrogate hope, enquiring what they need it to do. Likewise, despair and hopelessness are urgently sending messages that can, must, be decoded. Once understood, pathways can be found toward goals.

As therapists we are keenly aware that hopelessness constricts our clients' thinking, making it difficult to move to a 'place' from which these three questions can be addressed. Life in certain regions can also contribute to cognitive constriction, making it difficult to address these questions from the perspective of a citizen applying them to the society in which he or she lives.

In cultures dominated by fear, anger and hate, hope is scarce and yet crucial. When societies are under threat, fear – an automatic, physiologic response – serves important functions. In societies where the threat is exaggerated or past, fear can nonetheless overwhelm hope and interfere with crucial activities, such as peacebuilding (Bar-Tal 2001).

Under conditions of perceived or actual threat, it may just be too difficult for individuals to resist fear alone. Collectively, though, groups of individuals can support each other to diminish, not amplify, their fear responses. *Encouraging and supporting others to resist the powerful pull of fear and hate is a third way that we can do hope together.* And it is important to do, since hope confers so many advantages, for individuals and societies. High hope individuals do better at problem solving, at managing challenging situations and even in coping with illness and disability (Snyder *et al.* 1999).

### The neurobiology of hope

While this discussion has so far emphasized the interpersonal merits of doing hope together, it rests on a review of neurobiological evidence that suggests that the brain is actually wired to be responsive to interpersonal collaborations. A series of studies undertaken by Richard J. Davidson, a psychologist at the University of Wisconsin who has been studying the neural circuitry of emotion for decades, are especially relevant (Davidson 2003). In one set of studies, Davidson looked at how positive and negative emotions might interact with each other in the brain. It is known that the limbic system, and particularly the amygdala, plays a decisive role in the experience of fear. Chronic exposure to stress can induce rapid and sustained excitation of the limbic system, creating the sensation of hyper-arousal and fear. Davidson and his colleagues wanted to see whether other parts of the brain might dampen the limbic system's excitability, which indeed they did find. In the process they realized that it would be more accurate to think of the brain as a system of highly interconnected complex neural networks rather than separate structures with pinpoint functions.

Davidson and his team found that positive emotions that originate in the prefrontal cortex set off chemical cascades that flow to and infuse the limbic system. (Chemicals flow the other way also.) The prefrontal cortex is rich in dopamine, a chemical that is thought to have a role in the release of endorphins and enkephalins, the brain's natural form of morphine (Groopman 2004). The amygdala is particularly sensitive to dopamine and it turns out that the amygdala is quieted by the chemicals released by the prefrontal cortex.

Importantly for our understanding of doing hope, Davidson believes that setting goals and pursuing paths toward them activates the reward circuitry of the prefrontal cortex, setting in motion the complex chemical interplay between the prefrontal cortex and the amygdala (Groopman 2004). In a very

tangible way then, assisting people with the formulation of goals and pathways toward them – doing hope – activates a neurochemical cascade that dampens fear and makes people feel more hopeful.

People vary widely in their ability to sustain hope in difficult circumstances and are inequitably challenged by socioeconomic, political and interpersonal circumstances. These are reasons why I prefer to think about hope as something we do together. There are biological justifications for this preference as well. Scientists are now learning that there is a neural basis for the observation that people vary in their ability to withstand stress. Charney, in a comprehensive review of the psychobiology of vulnerability and resilience, posits that resilient people may have ‘a reward system that is either hypersensitive to reward or is resistant to change, despite chronic exposure to neglect and abuse’ (Charney 2004: 205). Further, in resilient individuals, the neural networks associated with social cooperation and mutual altruism may be more densely linked to reward centers in the brain than for more vulnerable individuals, making bonding and attachment to others more gratifying. Doing hope is one way that those who are more neurobiologically robust can share the benefits of this endowment with others who are less fortunate. It is these ‘gifted’ individuals who likely have the resources to imagine hope for those whose resources are depleted, leaving them hopeless.

### Conclusion

In *Disturbing the Peace*, Václav Havel says of hope that it is ‘definitely not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out’ (1991: 181). I like this distinction a great deal because it is precisely the activity of making sense of what life deals us that people do so well with each other, and that we as therapists are so skilled at doing.

His sentiment also orients us toward an appreciation of why hopeful people, as opposed to optimistic ones, may also feel discouraged or despairing. Hope is a process of arriving at a goal – no matter how much it has shifted – and making sense of the journey there. As long as despair doesn’t descend into isolation, devolve into indifference or foster fear and hatred, it is just another feeling that may accompany us along our path.

Nor does false hope have a place within this conceptualization. False hope refers to pinning our expectations on an outcome that is unlikely to come true. On the other hand people do hope – in the three ways I am now conceptualizing it – all the time even though the outcome is uncertain. As Leonard Woolf (1989) said, quoting Montaigne, it is not the arrival but the journey that matters.

More worrisome is not stepping on a path at all. The other day, I was giving a workshop on ‘International Work at Home: Creating Global Communities’. About half of the participants described themselves as ‘ambivalent’ about

projects that they had considered doing, each in his or her own way fearing that in the end whatever they did do would be insignificant.

I have encountered this sentiment many times before, in myself and with other workshop participants. Yet I have come to believe that the absence of action born of deep caring shows up in the world no differently from inaction due to indifference. Older, diverted from larger projects to ones I can do with less energy, I have had to embrace the belief that small actions matter and ripple out in ways that we can never predict.

In the fall of 2003, I learned this lesson again painfully. Poised to go on a book tour for *Common Shock: Witnessing Violence Every Day: How We Are Harmed, How We Can Heal* (Weingarten 2003), instead, diagnosed with cancer, I was changing surgical dressings every 20 minutes and lying on a freezing-cold, steel radiation table. Diminished, exhausted, I was desperate to continue my work. On World AIDS Day, listening to a lecture, I realized that I could dedicate what I had – my radiation treatments – to my friends and colleagues in South Africa working with people who suffer from AIDS, their families and caregivers.

From then on, each day, I dedicated my treatment to a person or a cause whose work in relation to violence I wished to honor. I hoped that the knowledge that someone cared enough about the work they were doing to dedicate their treatment to them would encourage them in the daily challenges they faced. Dedicating my treatments brought me in virtual contact with people and organizations whose work sustained me while I was doing hope in the bowels of a hospital! (Weingarten 2004, 2005).

And I felt better. Hope is a resource. We hoard it at our peril. The effects of hope are profound, as are the effects of hopelessness. It is a human rights issue. Just as food, water, and security must be equitably distributed, so, too, must hope. Whether we offer or receive, co-create or imagine, we can all participate in doing hope.

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