A WORKSHOP INTERVENTION FOR THE CONDITION OF HOPELESSNESS

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DEDICATION

This research is dedicated to Chris with a committment to continue to search.

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CHAPTER I

INTRODUCTION

Description of Hopelessness

The phenomenon of hopelessness is seen as a condition characterized by a sense of apathy, passivity, and futility with a restriction of the imagination, a lack of wishing, a sense of helplessness or of the impossible, a sense of powerlessness, including difficulty in assuming responsibility for one's own life and actions, expressed in negative expectancies and giving up behaviors (Beck, 1974; Frankl, 1955; Jung, 1961; Lynch, 1965; Rotter, 1966). At the opposite extreme on the continuum, hope is characterized by the ability to differentiate the impossible from the possible, assumption of control over one's own destiny, and a sense of activity with the energy to imagine realistic achievement of one's goals, expressed in positive expectancies.

Giving up behaviors affect individuals in a variety of ways. Clinically this phenomena is observed as depression, despair, or suicide. Beck and Lester (1973) reported that the consistent association of hopelessness and suicidal wishes in factor analytic studies supports the conclusions from other investigations that hopelessness is an important precursor to suicidal behavior.

Later, Beck, Kovacs and Weissman (1975) reported that

hopelessness is the key variable linking depression to suicidal behavior and that this finding has direct implications for the therapy of suicidal individuals. In addition, they stressed that by focusing on reducing the sources of a patient's hopelessness, the professional may be able to alleviate the suicidal crises more effectively than in the past.

Hopelessness has long been recognized as a factor in deaths ascribed to a lessened will to live, or giving up in the face of improbable recovery (Lefcourt, 1976). Frankl (1963) saw hopelessness as a factor in survival or failure to survive the rigors of concentration camps. Richter (1959) referred to instances of unexplained death by describing them in terms of hopelessness--literally a giving up when all avenues of escape appear to be closed and the future holds no hope. Hopelessness has also been investigated as a psychological predisposition to certain diseases (Schmale and Iker, 1966, 1971).

Stotland (1969) viewed hopefulness as a factor in adaptive action and positive affect, and hopelessness as involved in maladaptive behavior and negative affect. Mental illness was associated with hopelessness and therapy looked upon as the restoration of hopefulness.

In the non-clinical setting, hopelessness is expressed as pessimism. For example, students who feel that there is

nothing they can do to succeed in the face of obstacles exhibit pessimism, lack of control over outcomes, and consequent giving up behaviors.

Communication of Hopelessness

The literature supported the belief that hopelessness is communicated by staff to patients and patient to staff. Horney (1945) pointed out that the hopeless attitude is fatal not only to the patient, but also to the therapist. For no matter how good the therapist's technique or how brave his effort, the patient senses that the therapist has given up. Peplau (1964) questioned:

> Some of us have been wondering for a long time whether the theme of hopelessness in our culture, in the medical and nursing profession, among auxiliary personnel, and among patients is one stalemate that interferes with progress (p.327).

Mahon (1965) recommended:

> That the concept of hopelessness be investigated in the curriculum of schools of nursing, and in such areas of nursing as found in chronic and terminal illnesses; that investigations be carried out in an attempt to overcome the hopeless attitude that may exist in staff members toward patients and patients toward themselves.

Kobler and Stotland (1964) indicated that hopelessness is basic to all communication of staff, indicating that therapeutic power of the action toward change depends upon the clarity of the communication of hopefulness.

Nadelson (1977) speculated that a patient's continued physiological and psychological regression was due to

withdrawal of active participation by the staff, and that at such a point, the patient also gives up. He pointed out that thinking and activity based on the unrecognized emotion of hopelessness is bound to be restricted and eventually to confirm the hidden assumption. The author pointed out the need for professionals to realize their own hopelessness to help avoid stereotyped behavior and decrease personal stress.

After examining the causes of death in voodoo and similar cult practices in Africa and the United States, Golden (1977) gave the following description of giving up behavior:

> Feeling hopeless and helpless, the victim withdraws, thus furthering his or her isolation. Eating and drinking habits become irregular and the victim settles into an increasingly lethargic state. Although the threat to life is not acute, the emotional strain of feeling hopeless is evident over an extended period of time. The victim fatiques easily in order to conserve the energy needed to protect threatened resources from the emotional overstressful situation. The victim remains in a state of chronic fatigue and melancholia, and, with no interest in living, he or she simply dies (p. 1426).

The description is strikingly similar to that of many patients with diagnostic labels carrying an underlying hopeless theme to client and staff. This message of hopelessness is communicated to the patient as well as to the professional involved in the patient's treatment.

Rationale for Investigation of Hopelessness Intervention

Selvey (1978) indicated that therapeutic intervention always presumes hope and help. It is easier to concentrate

on the positive aspects of hope than to acknowledge the presence of hopelessness. But, hope cannot be understood in its fullest--or achieved and utilized to its maximum-optimum level--without an understanding of its polarity, hopelessness.

Little has been written regarding efforts to test the effectiveness of any specific method of intervening in hopelessness. It has only recently been acknowledged in the literature that hopelessness is a condition underlying the clinical manifestation of depression,i.e., present prior to the crisis condition (Beck, 1976). Empirical evidence has been limited--perhaps because it is a subject which practitioners prefer to avoid--feeling helpless to bring about any change. Now that the literature presents empirical support for the identification of a condition of hopelessness prior to its clinical manifestation (Beck, 1976), it is time to identify those interventions which are being used and to test their effectiveness. Further, the opportunity to explore alternatives in primary prevention is afforded.

Hopelessness is communicated by nurse to client. Measures to investigate the negative expectancies (pessimism) of nurses are needed with subsequent teaching about the affect of attitude on client. Potential interventions are needed to change negative expectancies orientation to

positive expectancies (optimism), hope. Nursing needs to assist individuals to gain control over their health and to assume independent health behaviors. Identifying and validating hopelessness can contribute to the growing theoretical base for nursing actions.

Hopelessness is exhibited clinically when crises occur. However, the basic condition is present prior to the crisis occurrence (Beck, 1976). If hopelessness can be identified in its non-clinical condition, then possibly it can be reversed with appropriate workable interventions before crises occur, thus preventing the commonly seen clinical manifestations of giving up behaviors.

Nursing seeks to find and use a theoretical base for prevention of illness. Hopelessness can be identified and empirically tested (Beck, 1976); now it is imperative to identify this condition and test interventions prior to the advent of a crisis. The obligation to prevent unhealthy responses in crises, to enhance health by teaching and assisting individuals to assume control over, and to be actively involved in the process of hopelessness reversal, fits nursing models which speak to client involvement in planning.

For the nursing profession the significance involves not only prevention, but intervention during crises. The nurse who is familiar with hopelessness interventions could potentially apply this in the emergency room during crises.

Hopelessness exists, and can be empirically tested; its effects on patient and staff are recognized. The question of its etiological implication in a variety of physiological and psychological disorders is being raised. This study seeks to investigate the effects of an intervention on the condition of hopelessness.

Use of Human Imagination as a Potential Intervention in Hopelessness

Imagination is seen as the healer of the hopeless (Hall, 1977; Jung, 1964; Kroger, 1976; Lynch, 1965). But, Lynch (1965) pointed out that the documentation of the human imagination and its contribution to hope is difficult. He emphasized:

> The imagination, like hope, cries out for future exploration..as the new mental sciences, the imagination properly understood and carefully distinguished from fantasy, directs the movement of human beings toward reality. And that, after all, is the greatest of human goals (p.257).

Movement toward reality presumes movement toward realistic expectation, based on the responsibility to control outcomes, rather than to turn over control to fate or others. Lynch (1965) explained one task of the imagination:

> To the degree that our images of things and of life are left in fragments, we cannot cope. The consequence of not being able to cope is hopelessness. We must therefore investigate ..the imagination as an instrument of coping and hoping (p.245).

Lynch (1965) indicated that a major task of the imagination

is to objectify the isolated absolute, or fact of hopelessness for management:

> It (imagination) must not leave the discovered fact an isolated absolute, but must give it a perspective and landscape, a local habitation and a name (p. 244).

Jung (1964) also referred to the imagination as healer, and proposed a method for changing the hopeless condition: he suggested that by guiding the imagination one can reverse the felt and perceived lack of power and assist the individual to gain a sense of control over his own life. This guided imagination permits the individual to learn the possibilities of success and/or achievement through his own actions. The individual is guided to imagine positive outcomes and to respond to them, thus gaining or regaining a sense of responsibility, or response-ability.

Singer (1974) reveiwed psychotherapeutic use of imagery from classical psychoanalysis through the various European mental imagery techniques and the behavior therapies. His reviews indicate behavior changes as a result of imagery approaches. Singer's own cognitive-affective orientation serves as a framework for a loosely systematic approach to imagery. He indicated that various imagery techniques in psychotherapy represent examples of training the patient for more effective use of his own imaginative capacity.

Warnoch (1976) strongly believed that the cultivation of imagination with its shaping power should be the chief

aim of education.

Central to Krogers and Fezler's (1976) hypnobehavioral model is guided imagination, considered to be the bridge between hypnosis and behavior therapy. The hypnotic images play an important role in their therapeutic approach and according to the innovators of this approach, this internalization in the patient's own psyche makes imagery an effective agent for behavioral change.

Hall (1977), distinguishing imaginal techniques from ordinary imagination, indicated that imaginal techniques:

> permit images to participate with some autonomy. The techniques differ from ordinary imagination in their seriousness of purpose, service to individualization, and putting some demands on the image to reveal itself in increasingly meaningful ways. They constitute a half-way station between our ordinary state of practical consciousness and the deeper inner world of dreaming (p.340).

The "perspective and landscape" which Lynch (1965) coaches the imagination to produce can be objectified through the use of symbols brought forth through the use of guided imagination techniques. Hall (1977) indicated that awareness of the projections and symbolic meanings involved enable one to enact rather than blindly act out.

Giving shape and form to symbols allows the individual a measure of personal control over outcomes. If individuals can be guided through imaginal techniques to give form to symbols, perhaps they can learn to utilize the symbol for awareness, growth, change, enactment (acting in).

Lack of internal control is a major factor in the expression of hopelessness. Use of imaginal techniques permits the individual to assume control over symbols, to explore the potential internal resources available, and to imagine positive realistic outcomes.

This study seeks to document the contribution of human imagination as a potential nursing intervention in the condition of hopelessness.

Statement of the Problem

Does the use of guided imagination techniques change the condition of hopelessness?

CHAPTER II

REVIEW OF LITERATURE

The purpose of this chapter is to review contemporary research on hopelessness, to discuss several theories related to the current understanding of the concept, and to survey literature relevant to the intervention selected.

Current Interest in Hopelessness

Literature related to hopelessness has been sparse until recently. Considerable attention has been given to hope, with very limited references to its polarity, and virtually no scientific studies reported before the 1960's.

Beck reported in 1963 that suicidal ideation was related to the subject's conceptualization of his situation as hopeless. Kobler and Stotland (1964) reiterated this view. Farber (1965) proposed that hopelessness is more than a feeling and raises its own questions which must be addressed if renewal is to occur. He opposed the view that hopelessness must be considered simply an encumberance, pointing out the limitations of treatments of mental illness in viewing it as a negative feeling to be avoided or eliminated. Farber (in Lynch, 1965) pointed out:

> In the last few decades we have witnessed a proliferation of electrical, surgical, and chemical devices, all of which would dispel the hopelessness present in every mental illness and in its place provide a feeling of well-being or hope. Each device pursues its

> own characteristic way, but in all these techniques it is clear that the mood or feeling sought is internal, private, and unrelated to the world (p.9).

Farber, in agreement with Lynch, opposed the notion that when there is no apprehension of the troubled nature of a given existence, that the associated hope gives way to a more optimistic mood. Farber emphasized, as did Beck (1975), the importance of the subjects' underlying hopelessness.

Lynch (1965) spoke of hopelessness as separate and distinct from hope, placing them on two separate continua, stating "hope and hopelessness must keep their absolute identities and not contaminate each other" (p.47). Lynch (1965) described hopelessness in terms of three powerful feelings, the most habitual being a sense of the impossible. "What a man must do he cannot; no matter what he does it leads to a sense of checkmate; he is in a trap" (p. 48). The second powerful feeling is that of too-muchness: "Life is too much for us; there is something there that is too big to be handled...things and tasks look like giants" (p. 48). The third powerful feeling at the heart of hopelessness, Lynch (1965) describes as actually a powerful absence of feeling, futility:

> There is no goal, no sense, no reason; and so I do not hope or wish or will. As the poet says, nothing connects with nothing. The present moment has no connection with

> the next. I, therefore, do not move. I stand still. We call it apathy. It is something like death (p.48).

Lynch's analysis of hopelessness included a central lack of an image of the future, emphasizing that hopelessness does not imagine and it does not wish, lacking the energy to do either. It is deeply passive, apathetic, marked by negativity, non-wishing, non-involvement, retreat into private imagination, absence of feeling, absence of concern. Lynch proposed that a cause of interior hopelessness is the inability or refusal to face all the forms of actual hopelessness, as they occur in real life. He suggested that exploring hopelessness, which he considers a permanent condition to be utilized creatively and positively, can prevent hopelessness from taking over as a negative total perspective. The hopelessness characteristics of impossibility, entrapment and helplessness are explored with attention given to an "absolutizing instinct" as the father of the hopeless.

Linking hopelessness and the loss of the will to live resulted in attention to studies aimed at gathering evidence of the relationship between hopelessness and distance to death (LeShan, 1961; Schultz, 1976; Weisman and Hackett, (1961). Paloucek and Graham (1961) attributed a negative response to treatment of cervical cancer patients to hopelessness.

References to hopelessness as antecedents and possible

causative factors in psychiatric illness (Adamson and Schmale, 1963) and physical illness (Schmale, 1958; Schmale and Iker, 1966) operated on the hypothesis that the experience of specific feelings reflect a psychobiological state facilitating or permitting the clinical appearance of disease. Schmale (1966) investigated psychological predisposition to cancer related to the affect of hopelessness in a study of 40 women with cervical cytology suspicious for cancer. The presence or absence of cancer was significantly predicted on the basis of presence or absence of interview criteria defined as a high hopelessness potential and/or recently experienced feelings of hopelessness. The study was based in part on previous observations of cancer patients which revealed that many had experienced feelings of hopelessness prior to the clinical appearance of the disease. This assumption is not new, and the authors refer to surgeons of the 18th and 19th centuries who reported that cancer frequently makes its appearance in a life setting of emotional reactions of hopelessness and despair. While the findings lack credibility based on the observation that the population of women studied were already hospitalized for a cone biopsy as the result of Class III pap smears, the study is reviewed because it is frequently referred to by subsequent investigators of hopelessness.

Schultz (1976) pointed out in a review of studies aimed

at gathering data linking "hope" and "maintaining life" that: "Problems in both research techniques and design leave the important question of causality unanswered. It is not clear (from the research described) whether hope affects the course of illness or vice versa" (p. 137).

Melges and Boulby (1969) gave attention to two types of hopelessness as precursors of depression and sociopathic behavior, defining hopelessness as an attitude that the future holds little promise, reflecting a low estimate of the probability of achieving certain goals. Pointing out the considerable interest in goal directed behavior in the 60's, the authors contrasted the relative neglect of goals and plans in determining states of hope and hopelessness. Hope and hopelessness represent polar expectations: with hopelessness, failure is anticipated. Melges and Boulby (1969) further develop the concept of hopelessness as a belief system; belief about the role of chance versus skills in achieving goals, the trustworthiness of partners, and the prospect of reaching short term goals in comparison to long range ones, the interactions between these beliefs determining in great measure the type of hopelessness that a person experiences. Hopelessness developmental models for depression and sociopathy were presented by Melges and Boulby (1969) with the suggestion that treatment be tailored to the specific type of hopelessness present.

Stotland (1969) viewed hopelessness as a factor in negative affect, but proceeded to develop a theory of hope which treats hopelessness not only as a subjective factor lacking in goal-directed action-oriented behavior, but as a schema involved in motivation, action and non-action in animal and human behavior. Hopelessness was referred to as low expectancies of success. Stotland's (1969) theory relies heavily on the cognitive explanatory notion of the schema as a basis for the exploration of hope and hopelessness in relation to anxiety, action, motivation, performance, expectation, level of aspiration, and persistence in the face of failure or pain. Stotland (1969) focused on the level of perceived probability of goal attainment as a core variable and views hopefulness as a factor in adaptive action and positive affect and hopelessness as involved in maladaptive behavior and negative affect. Simplified, mental illness is associated with hopelessness and therapy is understood as a restoration of hopefulness.

Stotland's theoretical constructs are frequently cited in studies on hopelessness, but his methodology has been criticized by such figures as Erickson, Post and Paige (1975) who considered his strategy vulnerable in that it is based on after-the-fact interpretations of previous studies rather than on original research.

Distinctions between hopelessness and depression were

explored by Korner (1970) while presenting some methods of activating and using hope as a coping device in persons under acute stress. Hopelessness according to Korner suggests the loss of all hope, the presence of great despair, and the cessation of all efforts to alter the threatening condition. Hopelessness means that an individual accepted the feared and threatening outcome as inevitable. Korner (1970) differed from those authors offering "expectations" as central to hope and hopelessness by pointing out:

> Expectations represent significant but small aspects of hope. Expectations tell little about the nature of despair, nor do they have but a modest effect on the neutralization of despair. To make despair inoperative, to prevent hopelessness and its paralyzing effects, stronger measures (faith) must be called into operation than mere expectations (p. 134).

Korner (1970) continued pointing out that the study of anticipatory behavior, a cognitive phenomena, fails to take into account the salient dimension of "hoping behavior" which is primarily conative and unconscious. In addition, Korner emphasized that loss of the affective component of hope is frequently confused with depressive phenomena, and although hopelessness and depression can occur together, hopelessness can occur without depression. He stated:

> Some individuals, as the result of many reversals in life, acquire a firm conviction that there is nothing to be hoped for. They are certain that their future will bring events which are dreaded, undesirable and/or disappointing. There is

> an undramatic quality about hopelessness which contrasts with the dramatic flavor of depression. The depressed individual's discomfort is visible; he makes it visible. The hopeless person does not care and he becomes quasi-invisible. He appears to have become utterly separated from and indifferent to both his internal and external environment (p.138).

In conclusion Korner stressed that the primary concern of the therapist should be to move the patient out of immobility and into activity to reverse the regression and helplessness associated with loss. Reversal of the regressive passivity and mobilizing hope as a coping mechanism were suggested as vital elements of therapy.

Building on studies related to the affective response of "giving up" behaviors which occur prior to the onset or exacerbation of psychic and somatic disease, Sweeney, Tinling and Schmale (1970) differentiated the giving up affects into helplessness and hopelessness. The results of this study indicate that phenomenologically, helplessness is more active than hopelessness because of the orientation toward the environment in helplessness. Hopelessness is less pleasant because of the self-perception of inadequacy and the sense of responsibility for the events leading up to the feeling. With helplessness the individual feels no personal responsibility for what has happened. The more permanent and irreversible qualities of hopelessness arise from the perception that it will last forever. Hopelessness is also

rated by these investigators as the dry, barren, unproductive self, a completely pessimistic state in which the individual has given up all anticipation of future satisfaction. The researchers were interested primarily in studying the possible biological correlates of the affective reactions of helplessness and hopelessness, and aimed at increased awareness of specific criteria to differentiate the two responses for use in the clinical area.

Minkoff, Bergman, Beck and Beck (1973) studied hopelessness in relation to suicide attempt and reported that hopelessness correlated markedly higher with suicide intent in suicide attempters than did severity of depression. Indications were given that hopelessness correlated highly with measure of future time perspective, supporting the construct validity of a hopelessness correlated highly with measure of future time perspective, supporting the construct validity of a hopelessness scale developed by Beck et al. (1974). The same year, Beck and Lester (1973) reported that a factor analysis of the responses of suicide attempters to the Beck Depression Inventory yielded factors similar to those found in a previous study of non-attempters. They concluded that:

> the consistent association of hopelessness and suicidal wishes in factor analytic studies supports the conclusions from other investigations that hopelessness is an important precursor to suicidal behavior (p.257).

The association between cognitive elements such as negative expectancies (pessimism) and negative view of self (sense of failure) associated with suicidal wishes supported their view that a causal connection between hopelessness and suicide exists.

Citing the dearth of controlled clinical studies designed to explore the relationship between hopelessness and depression, hopelessness and suicide, hopelessness and schizophrenia, hopelessness and alcoholism, hopelessness and sociopathy, hopelessness and physical illness, Beck, Weissmann, Lester and Trexler (1974) designed a scale to quantify hopelessness. Following Stotland's lead, they objectified hopelessness by defining it in terms of a system of negative expectancies concerning an individual and his future life. The instrument consists of a 20-item true-false scale designed to reflect the respondent's negative expectancies.

Using the hopelessness scale as well as the Beck Depression Inventory which measures cognitive, affective, motivational and vegetative symptoms of depression, Beck, et al. (1975) studied alcoholic and non-alcoholic suicide attempters and established that hopelessness was the key determinant of suicidal intent in both groups. Their findings substantiate the position taken by Smart (1968) that certain forms of addiction are associated with substantially reduced and non-coherent future-time perspectives. The authors described alcoholics in terms of hopelessness: "Many

alcoholics are in a chronic state of hopelessness and have little orientation to the future" (Beck et al.,1975,p 72). Offered was additional understanding of why alcoholics are high risks for suicide. They cited the limited temporal outlook and powerlessness of alcoholics which tends to produce impulsive behavior. Beck et al. (1975) conclude that attention should be directed to hopelessness which appears to be a more sensitive danger signal of suicidal intent than is depression. Suggesting an active cognitive-behavioral approach directed at correcting the pervasive misconceptions inherent in hopelessness they recommended that focusing on reducing a patient's hopelessness may serve to alleviate suicidal crises more effectively, and that once the hopelessness has been substantially reduced, the therapist can deal with the problem of the patient's drinking.

Beck et al. (1975) in an overview of hopelessness and suicidal behavior reported a study in which the relationship of hopelessness to levels of depression and suicidal attempt was explored psychometrically and clinically. The results of an investigation of 384 suicide attempters support previous reports that hopelessness is the key variable linking depression to suicidal behavior. The results replicate and extend the preliminary findings of Minkoff, Bergman and Beck (1973).

Wetzel (1976) also replicated the findings of Minkoff

et al. (1973). In addition, he found that hopelessness was the mediating variable between depression and suicidal intent among patients who had planned but had not actually carried out a suicidal attempt ("Ideators"). Wetzel concluded that the confirmation and extension of the findings of Minkoff et al., by this study suggest that research on suicide focused on the cognitive aspects of affective disorder might be productive. He concluded that the availability of Beck's short, reliable, easily administered scale should facilitate investigation of the relationship of biological and interpersonal variables to hopelessness and suicide.

Wetzel (1976) utilized Beck's hopelessness scale as one of a battery of tests in a study of semantic differential ratings of concepts and suicide intent. The results suggested that suicidal scales do not show a general difference in cognitive style from other psychiatric patients and that significant changes in ratings occurred over time in conjunction with hopelessness, depression and self-rated suicide intent. He suggested these changes indicate that the ratings are a function of state, rather than a stable trait.

Pokorny, Kaplan and Tsai (1975) investigated the stability and generality of the reported relationships among hopelessness, depression and seriousness of suicidal intent

and concluded that the observations of Minkoff et al. (1973) do not identify a general relationship, but one that may depend instead on specific subject characteristics. The authors suggested that (1) demographic differences between subjects of the various studies may have contributed to the differing results, and that (2) the presence of stronger external societal supports may lessen the impact of hopelessness.

A study by Erickson, Post and Paige (1975) was designed to test empirically aspects of Stotland's theory concerned with psychiatric status and hopefulness. They utilized a hope questionnaire to explore aspects of the theory that had to do with psychopathology and psychiatric treatment. On the basis of this self-report questionnaire, the researchers concluded that (1) psychopathology is associated with lower estimates of perceived probability of goal attainment, (2) the lower the perceived probability of goal attainment and the higher the importance of the goal, the more the organism will experience anxiety, and (3) effective treatment serves to increase the perceived probability of goal attainment. In the discussion of findings the writers reiterated Stotland's questions in regard to how Locus of Control and hopefulness might interact over the course of therapy, pointing out that this is a promising subject for future research.

Lack of internal control is a major factor in the expression of hopelessness, frequently expressed as giving up behaviors (Lefcourt, 1976). Two studies emerged in 1976 with reference to the concept of hopelessness and the Locus of Control construct. Prociuk, Breen and Lussier, (1976) examined the relationship between hopelessness, defined as a system of negative expectancies about the future, and two theoretically relevant constructs: Internal-External Locus of Control and Depression. Beck's "H" Scale, Rotter's Internal-External Control Scale, and the Beck Depression Inventory were administered to two samples of 67 and 44 undergraduates. With males and females combined for analysis purposes, data from both samples support the predictions that hopelessness would be positively related to external Locus of Control and to depression.

Henderson (1976) in his study states that all suicidal and self-destructive behavior could be placed on a continuum from hopeful to hopeless. The author attempted to show that there is an underlying continuum of hope corresponding to what is known about the statistics of suicidal behavior. He employed two operational hypotheses as tests of these ideas: (1) a group of college students who admit to significant amounts of suicidal thought will also be significantly higher in degree of hopelessness than will a comparison group of college students who do not claim to have

much self-destructive thought; and (2) among a sample of formerly hospitalized patients, a higher degree of hopelessness will be found among serious attempters than among those who have only made suicidal gestures or threats. In addition to the acceptance of the above stated hypotheses, the most interesting result of this study was the findings that over forty per cent of the college sample fell into the suicidal group, data which, according to Henderson (1976), corresponds with similar statistics presented by the American Association of Suicidology.

Another study examining the relationship between hopelessness and Locus of Control (Fogg, Khaut and Gayton, 1977) also used Rotter's Internal-External Locus of Control and Beck's Hopelessness Scale. The investigators found correlations which suggest that the relationship between hopelessness and a belief that behavioral outcomes are determined by luck, chance or fate exists only for male students, results which are consistent with previous studies examining the relationship between Locus of Control and depression.

Dimsdale (1977) reviewed emotional causes of sudden death with the goal of stimulating interest in what he refers to as a surprisingly neglected area. He reviews some of the principle investigators of sudden death phenomenon who have concentrated on the hopelessness of the individual in the situation.

Richter (1959) concluded that in some instances death could only be described in terms of hopelessness. Engel (1971) described stress-related factors which victims had in common: (1) being impossible to ignore, (2) evading intense emotions, (3) involving a situation in which the person had no control. A number of studies placed increasing emphasis on the hopelessness and helplessness that precede sudden death. Schmale (1958), Saul (1966), and Engel (1968, 1971) referred to this phenomena as the "giving-up--given up response".

Pointing out that neither the psychological nor physiological explanation of the causes of sudden death are firmly established, Dimsdale (1971) concluded that in both research and clinical practice collaboration between psychiatry and medicine is sorely needed in the area of emotional causes of sudden death.

Describing the psychological mechanisms of voodoo in relation to practices in the United States, Golden (1977) described the victim in terms of a strong belief system involving belief in the power of other persons to produce negative consequences. He described the giving up behaviors of victims in terms of hopelessness, indicating that this behavior is often seen in hospitals, particularly in patients who suffer a loss of body image due to surgery or an accident or those told of imminent death. These individuals may react

by withdrawing, eating and drinking poorly, and socially isolating themselves, resulting at times in premature death. Anorexia nervosa and marasmus were speculated by Golden (1977) to be similar giving up mechanisms. He concluded:

> Overwhelming feelings of fright, fear, hopelessness, and helplessness, not unlike those felt by the cursed African, have been known to cause death in the United States when people have been confronted with the demise of a loved one, a business loss, or a dangerous situation. Anniversary and other forms of sudden and unexplainable death might be psychologically and physiologically related (p. 1426).

The impact of hopelessness on physical and emotional illness and patients' responsiveness to treatment is receiving increased interest in relation to the "given-up" response viewed as evolving from the perceived hopelessness of those involved in delivery of health care. Mahon (1965) pointed out the communication of hopelessness to patients and its detrimental effect on their progress. Kobler and Stotland (1964) cite hopefulness as basic to all communication by staff. Frank (1969) cites hopelessness as a barrier to treatment.

Schulman (1977) explored the effects of staff hopelessness on a patient hospitalized for disorientation:

> It became clear then that everyone who had been responsible for the patient's care had been so frustrated by three weeks of constant unproductive struggle that they had essentially given up on him, accepting his agitation at face value as the disorientation in an elderly person with a fever rather than attempting to establish a cause (p. 2150).

The staff was described as strained into rigidity by the vast hopelessness of the small changes to be made in the face of enormous needs; the giving up behavior was the result of unmeetable demands and impossible expectations. Schulman (1977) charged the profession to pause and reflect on the impact of staff giving up behaviors and their influence on patients.

> They (patients) remind us that whenever we slip into rote adherence only to the forms of giving care, we lose the balance that is so vital in enabling us to care at all: with awareness of the inevitability of hopelessness, so often encountered, we can dare to keep trying. Ignoring it, our care becomes rote, and we have essentially given up (p. 2150).

Nadelson (1977) in an editorial comment on Schulman's reflections, treats Schulman's message as a confrontation of a major experiential and elusive problem of clinical medicine, and "one that we, understandably, in human terms, wish to avoid--our sense of personal hopelessness" (p.2179). Nadelson noted that hopelessness must be identified in order to avoid stereotypic behavior and to decrease personal stress.

Gelperin (1978) described Schulman's reflections as an illustration of those in nursing homes, citing the diversities of diagnoses and management resulting from varying attitudes of examiners. Pointing to a study concerned with motivation without medication, Gelperin (1976) emphasized

the importance of physical touch and dependability in producing changes in the patient's feelings of worthlessness, depression, and hopelessness. Gelperin (1976) concluded that: "Trust established by consistency and genuine interest creates a pattern of positive response. One must project caring along with diagnostic probing" (p. 18).

Use of Imagination As An Intervention in Hopelessness

Imagination has been viewed as the healer of the hopeless (Lynch, 1965) and is presented in the literature as useful in specific hopeless conditions related to hopelessness, such as depression, suicidal behavior, and delinquency To reiterate Lynch (1965), "the imagination...directs the movement of human beings toward reality" (p. 340).

Singer, (1974) in a review of the use of imagery and daydreaming in psychotherapy and behavior modification, cited the need for scientific research to investigate the uses and application of imagery, and its effects on behavior leading to change in self and self-understanding. Singer (1974) asserted that man consists of body, mind, and imagination and that the imagination has been the most neglected of those components. This he proported is a result of emphasis on the scientific, and reluctance to use amorphous and nebulous terms. He considered it fortunate that a trend was emerging toward collaboration in approaches to treatment and a blending of techniques borrowed and catalyzed

into improved modalities. Casey (1974) quotes Jung:

> 'The real, says Jung, is what works (C.W. 7.353), and this efficacy of the real obtains no less in the psychological than in the perceptual or practical realm' (p. 4).

Literature related to the use of imagination in treatment is beginning to emerge with increasing number of reports of studies conducted to test the efficacy of what for centuries has appeared to work, but was not tested or considered testable. These reports span a variety of theoretical bases and treatment modalities, some blending to form unique approaches. A general review of the current uses of imagery in treatment is treated chronologically for a sequential view of imagery, followed by a description of the use of guided imagination techniques in the Jungian and hypnobehavioral model, the blending of which constitutes the intervention selected for this study.

In an attempt to provide potentially suicidal individuals with as many avenues of expression as possible, art therapists encouraged patients to express themselves in pastels, waterpaint, and clay which often facilitated the verbal expression of feelings as well. Hopelessness was described as an obvious theme throughout the art work, and provided significant clues to staff for predicting possible imminent suicidal behavior. Interestingly, the spiral image was used by many suicidal patients to convey similar feelings

of turmoil, "whirlpool", anxiety, narrowing possibilities, leading to a feeling of entrapped hopelessness. The spiral began with the largest circle and ended with the smallest. During increasing depression less color was used in pictures; the pictures became emptier, less effort was invested and the pictures were less complete. Impoverishment of pictures was interpreted as a reflection of hopelessness (Wadeson, 1975).

Mook (1975) discussed the need for the use of imagery in psychotherapy to help the individual develop and discover a personal meaningfulness in an affective and synthetic way. He stressed that imagery makes the world immediate and concrete again and heals the individual's feelings of alienation.

Current uses of imagery have taken a variety of forms. Task imagery as therapy is the approach of Shorr (1975). Building on the works of Hammer (1967), Leuner (1969) and Desoille (1965), Shorr's focus is on asking the patient to face difficult symbolic forces and transform them into images that are more readily handled. Shorr's (1975) approach in addition involves the patient in "mastering" a piece of work or action. An effect of this process brings out "... the degree of hopelessness or optimism in a patient's life as seen, together with distortions of reality, should they exist" (p. 207). In a study of the use of imagery in the

treatment of depression, Burtle (1975) investigated the use of visual imagery in reducing depression levels and increasing imagery production levels.

Oliver (1975) attempted to show a relationship between symbolic aspects of hypnagogic imagery and theta EEG feedback. Kazdin (1976) developed a technique to assess imagery during covert modeling. Logo therapy and guided imagery were tested as group treatments for the existential vacuum (Stropko, 1976). Reardon and Tosi (1977) described the effects of Rational Stage Directed Imagery on Self-Concept and Reduction of Psychological Stress in Adolescent Delinquent Females.

Short term treatment of phobia through Eidetic Imagery, a flexible middle of the road approach to alleviating symptoms was presented by Dolan and Sheikh (1977) with case histories illustrating its therapeutic usefulness. Morrison and Coneto (1977) present another new short term cognitive approach referred to as Emotive-Reconstruction Psychotherapy which contains the use of imagery with selective hyperventilation. Kirsch (1977) compared the use of self-guided imagery with systematic desensitization as methods of reducing stroke avoidance behavior.

Singer (1974) reviewed imagery and daydreaming within the context of psychodynamic psychotherapy and behavior modification. In this survey of the uses of imagery and

fantasy processes, Singer brings together the work of Horowitz (1970), Klinger (1970), Kosbab (1972, 1974), McKeller (1957), Paiveo (1971), Segal (1971), Sheehan (1972), Shorr (1972), Singer (1966, 1971) Richardson (1969), and the European researchers beginning with Jung (1968), Assagiole (19 65) Bachelard (1971), Desoille (1966), Fretigny and Virce (1968), Happich (1932), Leuner (1969), Rigo (1962). The uses of imagery described span the horizon from imagery games-a-la-Eslan and T-Groups, Humanistic approaches, transcendental and Zen meditation therapies, Psychodrama, Transactional Analysis, hypnosis, rational emotive therapy, psychoanalysis, emergent uncovering, systematic desensitization, convert conditioning, to Symbolic meaning. In an extensive and interesting review, Singer (1974) points out that the various imagery techniques in psychotherapy represent examples of training the patient for more effective use of his own imaginatiove capacity, and that behavior changes are often the result of imagery approaches. Singer (1974) emphasized:

> The patient who comes for psychotherapy or relief of symptomatic difficulties brings with him generally the same basic capacity for imagery as all human beings (p. 249).

Often though the awareness of ongoing imagery or sustained attention to such imagery shows wide differences. Singer identified two important effects involved in the utilization of imagery. First the therapist calls attention to the importance of private processes, dreams, and

fantasies and noted its efficacy as a heretofore neglected resource. Second, the patient becomes aware that many of his thoughts, expectations, and judgments represent poorly assimilated information from childhood. Thus, the patient increases the attention he gives to his own expectations about people or specific situations, and determines to what extent they may be reflections of fantasy situations. Stressing anticipatory planning and cognitive structures as determinants of ways in which individuals (Singer,1974)

> move through the world, the therapist can help the patient develop a very significant asset for his futher autonomous development--a heightened capacity for examining his wishes and plans in relation to a variety of alternative possibilities and options in his life situation. Once again the patient is in a position to experience a control over his own thought process (p. 250).

Thus, the use of guided imagination techniques has the potential for assisting individuals to alter the cognitive schema of hopelessness by counteracting its specific components. Viewing hopelessness as a learned phenomena, reinforced within a repetitive structure of defeat, one can theoretically unlearn the negative, pessimistic, self-defeating pattern characterized by apathy, futility, passivity, lack of a future image. Negative expectations can be turned into positive anticipation when personal control is returned to the individual, and a re-learning through imagery takes place.

While reflecting on past and present developments in imagery techniques, Singer (1974) expressed optimism that we have moved beyond the narrow extremes of behaviorism to recognizing the tremendous relevance of private experiences of fantasies, marginal thoughts, dreams, and images, and we may greatly increase the power of prediction and control in human behavior through more extensive study of these phenomena in both experience and psychotherapeutic application. Singer stressed that just as a man's paintings reflect a primitive and dynamic control over his environment, man's imagery gives him a sense that he can control his world and determine to some extent, his own destiny through his image making capacity.

Jung's method of active imagination underlies the mental imagery movement in psychotherapy (Singer, 1974). Active imagination was described as a technique of using the imagination in a controlled way that (1) maintains maximum ego responsibility and (2) allows maximum freedom of the images to develop by themselves (Hall, 1977).

Guided imagination (Whitmont, 1969) refers to all those processes that partake of active imagination but involve some structure from the outside, such as input from a therapist in hypnoanalysis. These can involve minimal influence on the imagery, in which case they are similar to the pure active imagination, or they can involve elaborate structures

of imagery, such as in psychosynthesis, autogenic training, traditional Eastern Sadhanas (Hall, 1977) or convert imagery training. Fry (1976) has developed techniques of guided imagination for group use. Images produced using Fry's methods frequently make persons aware for the first time of the reality of the unconscious process (Hall, 1977). The Ruth Fry Smybolic Profile (Fry, 1976) combined with techniques of active imagination or other meditative process, can be used by the individual to work through fantasies about self and to discover where development takes place.

Jung, as cited by Casey (1974), stressed two characteristics of fantasy: autonomy and creativity. Casey (1974) explained:

> Its autonomy stems from its being ' the mother of all possibilities', and its creativity is linked with its role in the formation of symbols (p. 18).

Active imagination utilizes techniques involving fantasy where (Casey 1974):

> We enter into the drama of the psyche itself by participating in what is psychically real: in what is capable of changing us in some basic way (p. 19).

Explaining the construct further, Casey (1974) pointed out:

> Such imagining, though neither hallucinatory nor delusional, is active because we are ourselves the actors in the psychical play that is produced through the forceful elaboration of fantasies that otherwise may remain passive. In this process of self-dramatizations, we come up against entities and events which derive,

> not from the fickle freedom of the conscious ego--nor even from the constraint of a personal unconscious--but from the genuine autonomy of an objective impersonal psyche--such apparitional figures guide us, if we are willing to follow them, toward a different kind of imaginative experience through 'a movement (born) out of the suspension between opposities, a living birth, a new situation (p. 19).

Fry (Personal communication, 1979) reiterated the essential focus on opposites when she emphasized Jung's caution to pay close attention to the opposites.

Whitmont (1969) stated:

> Conflict of opposing urges, feelings, duties, etc. thus suffered, eventually call forth what Jung calls the reconciling symbol. This appears not from the imagination or the fantasies of the analyst, nor from the inventiveness of the patient, but spontaneously from the unconscious itself...It is an expression of the manner in which the objective psyche transcends the deadlock of unresolveable conflicts by the renewing, resolving, or reconciling action of the archetypes (p. 134).

Enactment of images into external forms such as paintings, sand tray projections, poetry, letter writing, dialogue, dance and clay offer ways to deal with unconscious material, utilizing symbols, in a concrete "here and now" approach. Lynch (1969) stated that the task of the imagination (in changing the condition of hopelessness) is to reduce "these things and tasks that look like giants to their actual size" (p. 48).

Progoff (1963) discussed the symbol as a spontaneous image which emerges from the depth of the personality acting

as a vehicle by which the potentially latent in the unconscious of the individual can be carried forward. Cautioning against approaching a symbol in an analytical way, reducing it to experiences of the past, Progoff (1963) encouraged its nurturance.

> The symbol embodies the open future as that future is becoming the present in the seed-depths of the individual. It provides the motive force by which this potentiality can unfold and become actual in the world (p. 23).

According to Progoff (1963), the more productive way to approach a symbol is to work with it affirmatively, to encourage it, to nurture it, and draw it forward.

> If we nurture it properly, the symbol will open as naturally as a bud. By means of it then, the process of individual growth can proceed, moving through the symbol which functions as the active psychological medium of personal development (p. 23).

The blending of theoretical frameworks and treatment modalities has led to a number of innovative approaches to the task of helping persons change the behaviors which interfere with an autonomous fulfilling life. One such blend is the hypnobehavioral model of Kroger and Fezler (1976), developed in pragmatic fashion to offer the clinician a considerable number of potentially useful mechanisms for the treatment of a broad range of symptoms. Central to the model is the use of guided imagination, considered to be the "bridge between hypnosis and behavior therapy". (Orne as cited in Kroger and Fezler 1976, p. viii)

Hypnobehavioral therapy is directed to reconditioning of faulty behavior in the here and now. Covert conditioning, defined as the use of imagery to change behavior, enables the patient to bring hiw own behavior under his own control anytime it is needed; the therapist is not needed once the procedure is learned (Kroger and Fezler 1976). Citing reasons for the success of the hypnobehavioral model, Kroger and Fezler (1976) explained:

> An approach based upon common sense, ability to construct vivid images, and particularly the presentation of these at the appropriate time all provide therapeutic gains. If relaxation and the various hypnotic techniques are added to the above model, these highly therapeutic tools per se increase possibilities for recovery. The neutralizing effects of the images when added to the hypnosis provide the positive reinforcements for change (p. 97).

Hypnosis, added to imagery conditioning shortens the time necessary to bring about change, and places the responsibility for change on the patient. The images used in this model are constructed to assist the individual to gain maste: and control over himself. These hypnagogic images, internalized in the patient's own psyche, are an effective agent for behavioral change. Pointing out the reliance of both Eastern and Western healing methods on suggestion, relaxation, imagery and fantasy evocation "all the bête noires of anxiety", Kroger and Fezler (1976) drew from the basic sciences. clinical research. cross cultural psychiatry,

psychodynamics, hypnosis, and behavior therapy to call for a multidisciplinary therapeutic approach. This approach "can thus be directed to substituting positive, constructive, healthy, and adaptive responses for negative, destructive, harmful and maladaptive responses". (Kroger, and Fezler p. XIII) It is an approach which is directed to "here and now" unlearning of faulty response patterns, and re-learning a new pattern of behavior. The standard structured relaxation producing images offered are flexible and may be tailored to suit the needs of individuals or groups.

Viewing hopelessness as a system of cognitive schemas with an underlying theme or common denominator of negative expectancies, an integration of Jungian active imagination and hypnobehavioral techniques was developed for this study into a process directed at altering the condition through relearning, changing the focus from negative expectancies to positive expectancies. It was speculated that this process might assist individuals to move in a positive direction along the hopelessness continuum from pessimism to optimism. Individual exercises were constructed to alter specifically identified clusters of characteristic components common to the condition of hopelessness. With guided imagination as the common denominator to both modalities, the depth of Jungian theory and practicality of the hypnobehavioral model were synthesized into a short term model for personal change

and growth, which theoretically could allow individuals to change the maladaptive cognitions inherent in hopelessness into the creative boldness which characterizes its polar opposite, hope.

CHAPTER III

METHODOLOGY

Purpose of the Study

The primary purpose of this investigation was to study the effects of a workshop in guided imagination techniques on the condition of hopelessness. A second consideration was to document the potential use of guided imagination techniques as a nursing intervention. Long term techniques for ensuring behavioral change are not always appropriate in nursing. Interventions in hopelessness which can potentially bring about change in a relatively brief time are needed, especially in clinical areas where time is a crucial aspect in recovery or survival.

The more specific aims were: (1) to determine if a workshop in guided imagination techniques effects the variable of hopelessness; (2) to determine if pre-testing of subjects effects the outcome of the experimental workshop; and (3) to determine if any relationship exists between hopelessness as operationalized by Beck and hopelessness as operationalized by Mahon and Smith.

Hypothesis

There will be no significant difference in hopelessness scores as measured by the Beck Hopelessness Scale and the

Mahon/Smith scale between groups which have experienced a workshop in guided imagination techniques and control groups which have not experienced the workshop.

Dependent Variable

The dependent variable was hopelessness as measured by the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale.

Independent Variable

The independent variable was a workshop in guided imagination techniques.

Definition of Terms

For the purpose of this study, the following terms were formulated and defined:

Hopelessness-- theoretically defined as a system of cognitive schemas expressed in negative expectancies; pessimism. Operationally it is defined as the respondent's composite score on the Mahon/Smith Scale of 0 (absence of hopelessness) to 40 (total hopelessness) and on the Beck's Hopelessness Scale, a score of 0 (absence of hopelessness) to 20 (total hopelessness).

Hope--a system of cognitive schemas expressed in positive expectancies; optimism.

Guided Imagination--a directed application of the use of imagery utilizing active imagination enactment techniques and imagery conditioning.

Imagery Conditioning--induction of relaxation through imagery training in which the individual can control the level of relaxation.

Active Imagination--a meditative process, developed by Jung, of concentrating on fantasy or dream images, and permitting a confrontation to occur between the conscious and unconscious thereby producing a third, or centering point in the psyche (Fry, 1976).

Basic Assumptions

1. Hopelessness is a learned cognition.
2. A learned cognition can be unlearned.
3. Change in a cognitive schema leads to a change in behavior.
4. All human beings have a basic capacity for imagery.
5. Lack of capacity to imagine is characteristic of hopelessness.

Instrumentation

The two instruments used in this study were the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale, College Form. A description of each instrument, its validity and realiability data are presented in the following section.

Beck Hopelessness Scale

Beck's (1974) scale is a 20 item true/false paper and

pencil self-report instrument (see Appendix B). Two sources were utilized in the selection of items for this 20 true/false scale. Nine of the items were selected from a Heimberg's Attitude Test (1961) about the future. The 11 remaining items were derived from a group of pessimistic statements of psychiatric patients who were judged by experts to appear hopeless.

The scale was initially administered to a random sample of depressed and non-depressed clients who were informed as to the purpose of the instrument. These subjects provided their opinions and reactions as to the relevance of the content and clarity of each statement. Several clinicians appraised the statements in regard to face validity and comprehensibility.

The final instrument consists of 20 true/false statements, 9 of which are keyed false and 11 keyed true. Each statement is assigned a response score of either 0 or 1, with the total hopelessness score being the sum of the scores on the individual statements. The possible range of scores was from 0 (absence of hopelessness) to 20 (total hopelessness).

Internal consistency of the hopelessness scale was arrived at by means of coefficient alpha (KRZO), which yielded a reliability coefficient of 0.93. Analyses resulted in a highly significant correlation between the items and the total hopelessness scale score, producing item-total

correlation coefficients ranging from 0.39 to 0.76 (Beck, et al., 1974).

Clinicians were utilized to arrive at an assessment of severity of patients' conditions. They utilized an 8-point scale and included the following criterion in arriving at their assessment: the patient believes (a) that he will never get well, (b) that he will not solve his problems, (c) that the future looks black, (d) that he has nothing to look forward to, and (e) that he will not achieve his goals. Voice and facial expression were taken into account in the determination of intensity and severity.

The determination of concurrent validity was arrived at by the comparison of Hopelessness Scale scores with the clinical ratings of hopelessness and other instruments designed to measure negative attitudes about the future.

The correlations of clinical ratings with The Beck's Hopelessness Scale total scores were compared in two samples of subjects--23 out-patients in general medical practice and 62 hospitalized patients who had recently made suicidal attempts. Clinical ratings of hopelessness in the general practice sample was 0.74 ($p > .001$); and in the hospitalized sample, 0.62 ($p > .001$). The interrater reliability of the two judges was reported as 0.86 ($p > .001$).

The Hopelessness Scale was compared with other measures such as the Stuart Future Test (1962) (0.60, $p > .001$) and

with the pessimism items of the Depression Inventory (Beck, 1967) (0.63, $p > .001$).

Construct validity of the Hopelessness Scale was provided by utilizing it as a measure in the testing of various hypotheses. The Hopelessness Scale was used in several studies, and in each investigation, the hypothesis was was confirmed. These findings support the construct validity of the Hopelessness Scale instrument (Beck, 1974; Minkoff, et al., 1973; Vatz, Winig and Beck, 1969). The validity data available for the Hopelessness Scale appears to be sufficient to justify its use on an ongoing basis (Beck, 1974).

Mahon-Smith Hopelessness Scale (College Form)

The Mahon-Smith Hopelessness Scale College Form is a revised scale based upon the Mahon Hopelessness Scale (1965) for psychiatric patients and staff.

The Mahon Hopelessness Scale (1965) consists of statements which were derived from literature, statements made by persons involved in psychiatric practice, and statements made by psychiatric and chronically-ill patients. Nineteen statements were compiled. The statements were judged by a panel of 19 experts as to their communication of hopelessness. The expert group consisted of psychiatric nursing, psychiatric social workers and technicians. A correlation of 0.98 was obtained for agreement that the statement communicated hopelessness. The agreement of the judges was

found to be above the 0.01 level of confidence.

The statements were then compiled into a 19-item instrument. Each statement was assigned a three-point scale for measurement. Value of 3 for applies very much; 2 for somewhat and 1 for not at all was applied to the hopeless statements. Numerical values of 1 for applied very much, 2 applies somewhat and 3 for applies not at all were assigned to the non-hopeless statements.

The highest possible score on the Scale is 57, indicating a high hopelessness. The middle rating of applies somewhat produces a total numerical value of 38--a mid-point between hopelessness and non-hopelessness. The lowest possible score of 19 indicates a non-hopeless attitude.

In a study utilizing the hopelessness scale instrument with 191 participants, an analysis of the individual statements in the instrument was carried out by means of the Likert Discriminatory Powers Technique to determine if the 19 items of the instrument discriminated between hopelessness and non-hopelessness. Although the items varied in their power of discrimination, all were found to be statistically discriminating.

The College Form of the Mahon/Smith Hopelessness Scale (see Appendix C) was constructed for this study by expanding the statements in the Mahon Scale, and by wording some to represent expressions which are reflective of hopelessness in the academic area.

The final instrument used in this study consisted of 40 statements, 12 of which were keyed false, and 28 keyed true. Each statement was assigned a response score of either 0 or 1 with the total hopelessness score being the sum of the scores of the individual statements. The range of scores was from 0 (absence of hopelessness) to 40 (total hopelessness).

Pilot Study

The Mahon/Smith Hopelessness Scale, College Form was developed as an instrument to measure hopelessness in the academic population. The Beck Hopelessness Scale was designed to measure hopelessness as an underlying condition which is speculated to exist prior to the onset of overt symptoms of hopelessness.

The Mahon/Smith instrument was designed to determine if Hopelessness specific to a college population could be identified. It was speculated that a state of hopelessness in a college student might also reflect an underlying condition of hopelessness.

In order to establish concurrent validity for the Mahon/Smith Hopelessness Scale College Form a pilot study was done.

The Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale were administered to 102 students who volunteered to take the two questionnaires. A Pearson Product

Moment Correlation indicated a 0.71 correlation ($p < .001$) between the two scales. This level of correlation obtained indicates that the Mahon/Smith Hopelessness Scale can be used as a measure of hopelessness with reasonable confidence.

Study Design

The design of this study was a 2 X 2 Solomon Four Group design within which both experimental and control groups were subdivided into two sections, one section of each (control and experimental) group were administered both the pre- and post-test, while the second half were administered only post-tests. This Solomon Four Group design (Campbell, 1963) was chosen to investigate the effects, if any, of pre-testing of the subjects. The research design is modeled as follows:

Experimental Group

Pre-Testing	Post-Testing
Beck's Hopelessness Scale	Beck's Hopelessness Scale
Guided Imagination Workshop	
Mahon - Smith Hopelessness Scale (College Form)	Mahon-Smith Hopelessness Scale (College Form)

Control Group

Pre-Testing	Post-Testing
Beck's Hopelessness Scale	Beck's Hopelessness Scale
Mahon - Smith Hopelessness Scale (College Form)	Mahon - Smith Hopelessness Scale (College Form)

Experimental Group

No Pre-Test		Post-Testing (only)
	Guided Imagination Workshop	Beck's Hopelessness Scale
		Mahon - Smith Hopelessness Scale (College Form)

Control Group

No Pre-Test	Post-Testing (only)
	Beck's Hopelessness Scale
	Mahon - Smith Hopelessness Scale (College Form)

With one-half of the experimental and control groups being administered the post-tests only, both the main effects of testing and the interaction of testing and treatment can be determined. Through use of the Soloman Four design, generalizability can be increased, and the effect of treatment can be replicated in four separate ways (Campbell, 1963).

Setting, Population, and Sample

The research setting for this study was a Southwestern community with a population of approximately 50,000. The community population includes students from two state universities. The facility used was a large room within a University Ministry Building designed to accomodate 150-200 people. The room had sliding glass doors to the outside along one

wall, and two other access doors, one to the kitchen, the other to the lobby and rest rooms. A drink machine was located close to the room. A large lounge area as well as a library and classroom were also available for use by participants desiring privacy during the enactment exercise. No other activities were scheduled in the building during the workshop. The grounds outside the building are landscaped. A patio with lounge chairs, tables, trees and grassy areas surround the building.

The population consisted of college students from universities in the community as well as from universities in a large city 37 miles away. The sample consisted of those individuals who responded to an announcement of a one day free workshop in imagery training and relaxation (see Appendix D). The following criteria were established for participants:

1. Willingness to participate
2. Willingness to take pre and post tests

Procedure

Pre-registration was required so that those meeting the criteria for inclusion in the study could be randomly assigned to experimental and control groups. A registration form was attached to the workshop announcement (see Appendix D). Announcements were placed in University buildings for students to pre-register. Eighty people pre-registered by the deadline requested, four days prior to the workshop. Those whose

applications arrived late were placed on a substitution list. Applicants were randomly assigned to each of the four groups necessary to the design of the study. Those subjects assigned to the pre-post control group were mailed the Hopelessness instruments with a request to complete and return them in the enclosed stamped addressed envelope. The purpose of this mailing was to complete the pre-testing of the pre-post control group prior to the workshop in order to allow them to remain for the workshop. The post-test for this group was administered the morning of the workshop prior to the first session. Subjects assigned to the post-test only control group were administered the instruments on the morning of the workshop, prior to the first session. Since testing for the control groups was completed, these subjects were permitted to attend the workshop. Pre-testing of the pre-post experimental group was done in the morning of the workshop also, prior to the first session. Post-testing of the subjects of the pre-post and post only experimental groups took place at the termination of the workshop.

Late pre-registered individuals and individuals who did not pre-register were informed of the possibility of participation in the workshop if openings became available. These individuals were randomly assigned to one of the groups on the morning of the workshop as openings became available. Since the investigator was allowing the Control group to

participate after testing it was not feasible to assign substitutes to the pre-post control group. Substitutes were randomly assigned to one of the remaining groups.

The Workshop

The characteristics of hopelessness were clustered into three major groups for the design of the intervention. Each cluster was treated sequentially after an initial session directed toward teaching the relaxation response using sensory imagery conditioning. The clusters are developed as follows:

1. apathy, passivity, entrapment
2. a sense of helplessness, powerlessness, lack of control over outcomes
3. anticipation of failure, a sense of the impossible lack of future ideation, lack of wishing.

Since impoverishment of imagining was seen as a thread running through the hopelessness schema, it was emphasized in all segments of the process. Each segment was begun with a meditative theme utilizing positive suggestions, followed by an exercise in image making and enactment. Methods utilized included the use of meditation, dialogue, music, art, fairy tales, clay, rhythmic movement, and journal keeping.

The choice of this methodology was based on the need to first call attention to the importance of private processes as a resource, and secondly to draw the individual's attention toward possible faulty expectations. The third

rationale was based on the need to demonstrate the potential for controlling outcomes through cognitive restructuring and decision-making regarding one' life.

The four phases of the workshop were:

1. Cognitive phase:
   a. introduction/explanation of workshop
   b. teaching the relaxation response
   c. identification of negative expectancies in a hopeless situation
2. Cluster 1: apathy, passivity, entrapment
3. Cluster 2: helplessness, powerlessness, lack of control over outcomes.
4. Cluster 3: Anticipation of failure, sense of the impossible, lack of future ideation, lack of wishing.

The Cognitive Phase. The workshop opened with a brief overview of the workshop. It is explained that the main purpose of the workshop was to increase attention to one's own expectations about people or specific situations, and to determine to what extent they are reflections of poorly assimilated material, fantasy, or learned faulty cognitions. It was stressed that anticipatory planning and cognitive structures are major determinants of responses to situations. The participants were encouraged in the beginning and throughout the workshop to examine their own wishes

and plans in relation to a variety of alternative possibilities and options in their own life situations.

It was stressed at this time that while sharing is sometimes helpful to oneself and to the group, the focus of the day's work would be on internal processes. No one was expected to share in the group, but time was structured so that those who might benefit from sharing were given an opportunity to do so.

The advantages of using a cognitive approach early in a workshop of this nature is that it reduces risk and lowers emotional threat at a time when participants are unfamilar with one another and with the group norms. The building of a cognitive framework for understanding pessimism as the expression of hopelessness allowed participants to begin to recognize the variety of ways that negative expectancies can permeate a variety of situations and relationships. The workshop was developed by clustering characteristics of condition of hopelessness. The participants were encouraged to examine their thoughts, feelings, and behaviors for any of these characteristics; they were then guided to begin to develop a methodology for changing negatives into positives, and for assuming control over those thoughts, feelings, and behaviors.

An explanation of the use of relaxation exercises was given with emphasis placed on the role of these exercises

in assisting participants in the self-identification of negative or faulty, non-productive cognitions. It was further explained that those cognitions could influence their responses to stressful situations. In addition, an explanation of imagery conditioning with positive suggestions was given, with emphasis on the importance of changing one's non-productive or counter-productive cognitions by developing an increased control over one's own private processes.

Exercise 1. Participants were asked to close their eyes and imagine their breath as a swinging door. "As the door swings in, it swings in with relaxation (inhale) and as the door swings out (exhale), it swings out with anxiety, tension, worry, and any cares of the day."

This was continued for a few minutes at which time progressive muscle relaxation was introduced. When the relaxation was completed, a time distortion imagery exercise was used (see Figure 1) followed by a suggestion for expanding the work of one day tenfold. "Just as in this exercise you are able to make one minute seem like ten, if you want to, you can let the work you accomplish today expand as if it were ten days of intensive work".

Exercise 2. Next, participants were asked to recall an experience when they felt hopeless. Zoom lens imagery was used to help identify any thoughts, feelings, behaviors, which occurred prior to the situation which was recalled.

"Imagine a camera with a zoom lens. You control the zooming action, and when you want to, you can zoom in on the situation to recall the thoughts and feelings which occurred just before the incident/situation. Now move the zoom in on the situation itself...Now, if you want to, you can move the zoom past the situation and look at the thoughts and feelings right after the situation. Pay close attention to any symbols, pictures, colors, feelings at this time; anything which would be helpful to you to recall comes into focus now, if you allow it to. When you are ready, open your eyes and return to the room. Come back to the room when you are ready."

Exercise 3. Notebook or journal keeping was introduced at this time with an explanation of the importance of internal dialogue to cognitive restructuring. Participants were asked to review their thoughts and feelings just recalled and to write down anything recalled.

Cluster 1. Phase II involved attention to the characteristics of apathy, passivity, and the entrapment of hopelessness. Story-telling was constructed with the female leopard representing the entrapment of the feminine, instinctual (animal) side of the psyche.

Exercise 1. (see Figure 2) Immediately after the story, an indirect suggestion was given: "Many people are experiencing a situation which seems hopeless, feels trapped

unable to act, or apathetic. Sometimes they find themselves such as 'I can't' or ' its no use' . We all need to close our eyes sometimes and look around at the traps which seem so awesome. Just like the leopard, you can now close your eyes and look at your trap, and explore and find ways to climb out, finding the root that you need to grab hold of. You can ask yourself, 'What does my trap look like?'

Exercise 2. Enactment phase: Participants were asked to draw a picture of the situation or trap. It could be the situation first recalled or any other which may have been recalled since. Newsprint was used, with a variety of media such as colored chalk, markers, crayons. At this point, it was emphasized that art ability was not required, and actually could be a handicap; free flowing expression was needed to let the art work act as an extension of feelings and cognitions (Robbins, 1976).

Group sharing was made possible after the drawing exercise was completed. Designated places were identified for this activity, while the privacy needs and rights of those desiring further internal dialogue were emphasized. Dialoguing in the notebooks/journals with the symbols in the drawings followed the exercise. A selection of dialoguing process. Again, emphasis was placed on letting their hands do the writing without structuring anything in particular to happen. Dialogue questions for this exercise included:

1. What does my trap look like?
2. In what ways do I allow myself to fall into these traps?
3. In what way do I feel trapped?
4. In what way do I feel apathetic?
5. What does the trap have to teach me, to show me?
6. What part of me is the owl?

Cluster 2. Phase III involved directing attention toward the characteristics of helplessness, powerlessness, and lack of control over outcomes.

Exercise 1. Reinforcement of time expansion was given using the following image (see Figure 3). This was followed with the suggestion: "Just as in this exercise, time passes very slowly, you can continue to use this so that the work you accomplish today is like ten days of intensive work. You can expand the results tenfold if you really want to."

Exercise 2. The fairytale, The Handless Maiden (Von Franz, 1976) (see Figure 4), was read twice while participants were instructed to soften and get used to the clay, but not to mold anything yet. During the second reading, participants were instructed to pay attention to the story and to let their hands mold whatever appeared without really trying to model anything in particular. Once again, it was stressed that art ability was not the object of the exercise; instead emphasis was placed on allowing the

expression of unconscious feelings and cognitions in order to deal with them in a concrete way.

Exercise 3. This exercise builds on the dialoguing technique introduced earlier, but was included as a separate exercise to direct attention to the care and feeding of symbols. Participants were instructed to dialogue with the model, answer all of the questions listed, and read aloud to themselves the written responses. This exercise involved the need for space and privacy, and since the weather and facility conditions permitted, taking a walk, or going outdoors was encouraged.

Dialogue questions for modeling included:

1. Who are you?
2. Why are you coming to me now?
3. What do you have to teach me, to show me?
4. How can you help me with this time in my life?

Group discussion/sharing followed again with the privacy needs and rights of individuals emphasized. Sharing was encouraged at this point, particularly since it provided an opportunity for explanation of symbols.

The group discussion and sharing concluded with the suggestion that "Just as you have assumed control over the modeling clay, and allowed it to work for you, so can you control other areas in your life, situations. Picture the situation or area of your life needing help/change/growth,

and as you picture it, imagine that you pick it up, just like the clay, and, mold it, shape it, just as you shaped your symbols of clay."

Cluster 3. Phase IV of the workshop dealt with the characteristics of negative expectancies: anticipation of failure, a sense of the impossible, lack of wishing and lack of future ideation. This phase built upon the previous exercises, utilizing the meditation/imagery theme to convey the positive expectation of spontaneous image formation by the participants. Participants were encouraged to explore possibilities, and alternatives, and in the final exercise to concretize their wishes through creative movement. Suggestions were given for exploration, wishing, and for creativity.

Exercise 1. Rose Meditation (see Figure 5).

Exercise 2. Dialogue/notebook. The direction of dialogue at this time was to suggest exploration of the symbols, colors, persons arising from the imagery exercise for any special message or meaning. The same questions were suggested here as in the previous dialogue exercise.

Exercise 3. Rhythmic movements to music. Participants were instructed to use rhythmic movement to act out a feeling, thought, image, or wish from the previous exercise in order to take control of the image, to enact it. Suggestions for creativity were given: " Some of your

learning today is already beginning to express itself in creativity. Now, you can let your whole body get into the act by allowing it to express a wish, or a possibility."

Again, emphasis was not on ability but on free expression. Group discussion followed with the final suggestion to continue the practice of cognitive restructuring for continued results.

Figure 1. Time Distortion Exercise

(Kroger, 1976, p. 109)

Space Scene. One minute of actual time will seem like 10 minutes to you. Time will go by very, very slowly. It will seem like an eternity. In less than 10 minutes you can watch an entire motion picture again and actually see it better than when you first saw it.

You are lying on your back on a large round bed in a gigantic circular, black marble room. It is midnight. You are looking up at the ceiling, which is a glass dome, a clear, transparent bubble. The night is clear. The sky is filled with stars. You are gazing at the heavens.

Suddenly you notice that the room is beginning to turn. Ever so slightly at first, gradually picking up momentum. It is revolving like a turntable on a record player. Going round, and round and round, and round, and round, and the room is spinning. You are hurled upward and outward off the bed. The dome opens and you shoot out into space, traveling at an incredible rate of speed, going faster than the speed of light, a dizzy sensation in the pit of your stomach. Flashes of light streak into view as you pass other planets, other solar systems, other galaxies, hurling wildly through space.

Now you are beginning to fall. You are falling back to the point from which you came. Falling through space. You are now back to your source, but there is no bed, there is no room, there is no Earth. The Earth has long ceased to exist. You have been gone billions of Earth years. You are suspended in space, in a vacuum. No sound, no touch, no smell...suspended animation.

Figure 2. Leopard Story

A young female leopard was out for a stroll, exploring, curious, just beginning to become aware of herself, her potential for freedom, for energy, for strength, for power, her eyes and ears and nose alert, responsive, but as yet unaware of danger beyond her lair and the protection of her mother. As she wandered, further and further from home, she came across a small clearing, when alas her paws gave out from under her as she heard the sound of branches breaking, leaves crackling, and suddenly she felt the jolt of the ground on her sides and back as she landed clumsily and unexpectedly in a large hole, a trap camouflaged by the brush. She lay very still for a while in the bottom of that deep hole, wondering what had happened. After she had lay still for what seemed like a very long time, she sat up and wondered how she could get out. Each minute seemed like hours as she became thirstier and thirstier, hungrier and hungrier, more and more frightened. She was trapped. She struggled and struggled against the sides of the hole, pawing helplessly at the dirt.

Well, the hours passed, and the small leopard felt like giving up, hardly able to move, her paws raw from scratching. As she looked up, she realized that it was dark out now. Nighttime had come to the forest...as the leopard continued to stare up at the top of the hole into the night, who should appear at the edge of the trap, but an owl, looking for an evening meal, ever so curious about what was going on in the hole below. Now the leopard recognized the owl as someone who could very often solve problems, so she asked the owl, ever so respectfully, if he knew any ways to get out of traps. The owl hooted a very wise hoot while he thought about the situation, and replied, much to the leopard's surprise, that she should close her eyes very tight, turn around four times very slowly, and picture a way out of the trap. You see, the leopard was so busy feeling trapped, that inexperienced as she was, she forgot to explore the hole for any stray roots along the other sides. Well, the owl knew this, and that is why he wanted the leopard to close her eyes for a few minutes to get a better perspective. You see, when she opened her eyes, she was facing the opposite side of the hole, and as she looked up, she saw that the end of a tree root was sticking out of the wall, about halfway up the side. Well, she soon took hold of that root, and with not too much effort was able to climb out

of the hole. The owl, of course, was quite pleased with himself, and the leopard scurried home, feeling very good about having escaped from such a treacherous looking trap, but feeling just a little foolish for having missed the way out simply by not taking time to close her eyes and look around.

Figure 3. Time Expansion Exercise

(Kroger, 1976, p. 109)

Farm Scene. You are in a very warm, snug, comfortable bed. It is very early morning. The covers feel so good. You are in a farmhouse in Kansas. It is late August. You hear a rooster crow. It is 5:30 in the morning. You drift off back to sleep. Suddenly you are awakened by the shrill sound of an alarm clock. It is 6:00 in the morning. You get out of bed and go to the window. The sun is just beginning to rise. The sky is turning scarlet, crimson, gold orange, amber. Every breath you take the sky gets bluer and bluer. You go into the kitchen. There on a blue platter is a sizzling stack of smoked bacon, hot from the frying pan. Next to it on a white platter are piping hot squares of corn bread covered with rich melted butter. You sink your teeth into the bacon, feel it crunch between your teeth. Taste the smoky flavor. Now, you eat the corn bread, feel the coarse texture of the bread and creamy taste of the butter. It is 6:30 in the morning.

You go out onto the porch. You sit down in a rocking chair and rock back and forth, to and fro, listening to the creaking of the porch boards beneath the weight of the rocker. You look out over the farm yard. You see the mud yard with ruts from the tractor, a white henhouse, a red barn, a garden with cucumbers, tomatoes, lettuce, squash, pumpkins, radishes, peas, and carrots, a ditch, a gravel road, bright green corn field, brilliant blue sky. Suddenly, off to your left, you hear boys, age 8, hurrying off to school. It is five minutes to nine and they are late. They rush down the gravel road, up the hill to your right, and disappear into a white schoolhouse. You continue rocking. You are getting hungry again. It is now 10:00. You go back into the kitchen. There on the table is a blue platter with a piping hot stack of blueberry muffins fresh from the oven. You sink your teeth into a muffin. The ripe blueberries burst in your mouth. Taste the sweet blueberry juice. Taste the nutty flavor of the muffin.

You go back out onto the porch and continue to rock. Now, you walk down the porch steps, across the farm yard, down the ditch, over the gravel road and into the corn field. Feel the dry corn rustle against your body. Now you come out into a field of sunflowers. Huge yellow flowers against the bright blue sky with large round brown centers. Next, you find yourself in a field of clover. It smells like honey.

Butterflies are darting back and forth among the clover blossoms.

You lie down in the clover, the smell of wet earth beneath you, the smell of honey around you. You look at a wisp of a cloud in the blue sky. The sun is straight above you. It is high noon. A lazy, hazy August day. You drift, you float, you doze, in the summer sun, not a care in the world.

Figure 4. The Handless Maiden

(Von Franz, 1976, p. 70)

A miller had falled by degrees into great poverty until he had nothing left but his mill and a large apple tree. One day when he was going into the forest to cut wood, an old man, whom he had never seen before, stepped up to him and said, "Why do you trouble yourself with chopping wood? I will make you rich if you will promise me what stands behind your mill."

The miller thought to himself that it could be nothing but his apple tree; so he said "yes" and concluded the bargain. The other, however, laughed derisively, and said, "After three years, I will come and fetch what belongs to me."

As soon as the miller got home, his wife asked him the origin of the sudden flow of gold which was coming to the house. The miller told her that it came from a man he had met in the forest to whom in return he had promised what stands behind the mill. "For", said the miller, "we can very well spare the great apple tree."

"Ah, my husband," exclaimed his wife, "it is the Evil Spirit whom you have seen. He did not mean the apple tree, but our daughter, who was behind the mill sweeping the yard."

The miller's daughter was a beautiful and pious maiden, and during all the three years lived in the fear of God. When the day came for the Evil One to fetch her, she washed herself quite clean and made a circle around herself with chalk, so that he could not approach her. In a rage he said to the miller, "Take her away from all water, that she may not be able to wash herself; else have I no power over her." The miller did so, for he was afraid. But the next morning when the Evil once came, the girl had wept upon her hands so that they were quite clean. He was baffled again and in his anger said to the miller, "Cut off both her hands, or else I cannot now obtain her. "

The miller was horrified and said, "How can I cut off the hands of my own child."

But the Evil One pressed him saying, "If you do not, you are mine, and I will take you yourself away."

The miller told his daughter what the Evil One said

and asked her to help him in his trouble and to forgive him for the wickedness he was about to do to her. She replied, "Dear father, do with me what you will--I am your daughter." And her father cut her hands off.

For the third time now the Evil One came. But the maiden had let fall so many tears upon her arms that they were both quite clean. So he was obliged to give her up and after this lost all power over her.

The miller now said to her, " I have received so much good through you, my daughter, that I will care for you most dearly all your life long."

But she answered, "Here I cannot remain. I will wander forth into the world, where compassionate men will give me as much as I require."

Then she had her arms bound behind her back and at sunrise departed on her journey. In time she arrived at a royal garden and by the light of the moon she saw a tree standing which bore most beautiful fruits. She could not enter for there was water all around, but she was tormented by hunger, so she kneeled and prayed to God. All at once an angel came down, who made a passage through the water, so that the ground was dry for her to pass over. So she went into the garden, but the pears were all numbered. She stepped up and ate one to appease her hunger, but no more. The gardener perceived her do it, but because the angel stood by he was afraid and thought the maiden was a spirit.

The next morning the king found that a pear was missing and asked the gardner whither it was gone. He replied, "Last night a spirit came, who had no hands, and ate the pear with her mouth."

The king then asked, "How did the spirit come through the water? And whither did it go after it had eaten the pear?"

The gardener asnwered, "One clothed in snow-white garments came down from heaven and made a passage through the waters, so that the spirit walked over on dry land. And because it must have been an angel, I was afraid, and neither called out nor questioned it; and as soon as the spirit had finished the fruit, she returned as she came."

The king said, "If it be as you say, I will this night watch with you."

As soon as it was dark the king came into the garden, bringing with him a priest. At about midnight the maiden crept out from under the bushes and again ate with her mouth a pear off the tree, whilst the angel clothed in white stood by her. Then the priest went towards her and said, "Art thou come from God or from earth? Art thou a spirit or a human being?"

She replied, "I am no spirit, but a poor maiden, deserted by all, save God along."

The king said, "If you are forsaken by all the world, yet will I not forsake you," and he took her with him to his royal palace. Because she was so beautiful and pious, he loved her with all his heart, ordered silver hands to be made for her, and made her his bride.

After a year had passed, the king was obliged to go to war and left the young queen to the care of his mother. Soon afterwards a boy was born and the old mother wrote a letter to her son containing the joyful news. But the messenger rested and fell asleep on his way and the Evil One changed the letter for another saying that the queen had brought a changeling into the world. As soon as the king had read this letter, he was frightened and much troubled, but he wrote to his mother that she should take great care of the queen until his arrival. But the messenger again fell asleep on the way and the Evil One put a letter in his pocket saying that the queen and her child should be killed. When the old mother received this letter, she was struck with horror and wrote another letter to the king, but received no answer. Rather the Evil One placed another false letter for the mother into the messenger's pocket saying that she (the mother) should preserve the tongue and eyes of the queen as a sign that she had fulfilled the order.

The old mother was sorely grieved to shed innocent blood so she cut out the tongue and eyes of a calf and said to the queen, "I cannot let you be killed as the king commands, but you must remain here no longer. Go forth with your child into the wide world and never return here again."

Thus saying, she bound the child upon the young queen's back, and the poor wife went away, weeping bitterly. Soon she entered a large forest and there she fell upon her knees and prayed to God. The angel appeared and led her to a little cottage, over the door of which was a shield inscribed with the words: "Here may everyone live freely."

Out of the house came a snow-white maiden who said, "Welcome, Lady Queen," and led her in and said she was an angel sent from God to tend her and her child. In this cottage the queen lived for seven years and was well cared for; through God's mercy to her, on account of her piety, her hands grew again as before.

Meanwhile, the king had come home again, and his first thought was to see his wife and child. Then his mother began to weep and said, "You wicked husband, why did you write me that I should put to death two innocent souls?" And showing him the two letters which the Evil One had forged, she continued, "I have done as you commanded," and she brought him the tokens--the two eyes and the tongue.

The king then began to weep so bitterly for his dear wife and son that the old mother pitied him, and said,"Be comforted, she lives yet! I caused a calf to be slain, from whom I took these tokens; but the child I bound upon your wife's back, and I bade them go forth into the wide world, and she promised never to return here because you were so wrathful against her."

"So far as heaven is blue," exclaimed the king, "I will go; and neither will I eat nor drink until I have found again my dear wife and child--if they have not perished of hunger by this time.

Thereupon the king set out, and for seven long years sought his wife in every stony cleft and rocky cave, but found her not--and began to think she must have perished.

But God sustained him, and at last he came to the large forest and little cottage. Out of the house came the white maiden and leading him in said, "Be welcome, great king! Whence comest thou?"

He replied, "For seven long years have I sought everywhere for my wife and child; but I have not succeeded."

Then the angel offered him food and drink, but he refused them both and lay down to sleep, and covered his face with a napkin.

Now went the angel into the chamber where sat the queen, with her son, whom she usually called "Sorrowful" and said to her, "Come down with your child. Your husband is here." So she went to where he lay, and the napkin fell from off his face.

At this the boy became impatient and said, "Dear mother, how can I cover my father's face? Have I indeed a father on the earth? I have learned the prayer, 'Our Father which art in heaven'; and you have told me my father was in heaven--the good God. How can I talk to this wild man? He is not my father."

As the king heard this, he raised himself up and asked the queen who she was. The queen replied, "I am your wife, and this your son, Sorrowful."

But when he saw her human hands, he said, "My wife had silver hands."

"The merciful God", said the queen, "has caused my hands to grow again." and the angel going into her chamber, brought out the silver hands and showed them to him.

Now he perceived that they were certainly his dear wife and child and kissed them gladly, saying, "A heavy stone is taken from my heart." After eating a meal together with the angel, they went home to the king's mother.

Their arrival caused great rejoicings everywhere; and the king and queen celebrated their marriage again and lived happily together until the end of their lives.

Figure 5. Rose Meditation

You are walking along a gravel path. It is just pre-dawn. Light begins to appear ahead, dim, just barely there. You see the stones along the path glowing from the leftover moonlight. Take off your shoes and feel the gravel under your feet; cook, hard, some edges are sharp. Smell the pre-dawn air, moist, fresh, cool. Now see the air's moisture, taste its freshness, smell the coolness, hear its silence.

You come now to a flight of stone steps. The light is still very dim, it is hard to see. Carefully begin walking down the steps. With each step you can, if you wish, allow yourself to become more and more relaxed.

As you look over the horizon the sun is just beginning to rise, orange, then yellow. Little by little it rises, its light begins to grow brighter and brighter, clearer and clearer. As the light grows brighter you look to your left and see a garden of flowers. Go over to the flowers. Concentrate on a red rosebud. You see the bud tightly closed, encapsulated in its own green cocoon, the little green leaves still holding it tightly around. As the light gets brighter see the green open up, slowly pulling away from the bud. Now hear the bud letting go of its petals. (PAUSE)--Smell the petals unfolding, and taste the velvet. As the bud unfolds look into its center. It beckons you to come in. You shrink down and climb into the center of the rose. Walk around with your bare feet, feeling sticky, powdery, soft insides. Now look down into the hollow stem. Now slide down the stem, down to the bottom. All around you are roots forming tunnels leading to undiscovered possibilities.

Pick a tunnel path and begin to explore. Be aware of what your pathway looks like. Use your sight, hearing, taste, smell and touch to explore. (Pause a moment) Everything you see has meaning for you. As you wander, if you wish, write in your notebooks, describe what you find. (Pause to allow time)

Anytime you want to, you can go back down the stem of the rose to discover new creative ways of handling the particular stressors in your life, to discover new possibilities.

Analysis of Data

The purpose of this study was to determine the effects, if any, of a workshop in guided imagination techniques on the condition of hopelessness, as measured by the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale (College Form); to determine if pre-testing of subjects effected the outcome of the experimental workshop, and to determine if any relationship existed between hopelessness as operationalized by Beck and hopelessness as operationalized by Mahon/Smith.

A two-way analysis of variance was computed on the results of the post-test measures of the four groups studied to determine the effects of the pre-testing phenomena and the experimental treatment. An "F" ratio was used as the test of significance and the 0.05 level was set as the level of significance. Analysis of covariance was done to determine any statistically significant differences between the means of the two groups (experimental and control) on each of the dependent variables. Pearson Product Movement Correlation was done to determine the relationship between hopelessness as operationalized by Beck and hopelessness as operationalized by Mahon/Smith.

Limitations of the Study

The limitations of the study are as follows:

1. In any therapeutic process, the personality

dimension of the therapist/intervenor can influence the outcome.

2. Short-term changes may not endure over time.

Ethical Considerations

A licensed psychologist was available on the premises to assist any participant who experienced untoward anxiety. There was no indication of excessive anxiety among any of the participants as a response to the procedures used.

The rights of subjects were protected by informing them that the workshop was part of a study to determine levels of optimism/pessimism in students, and to measure the effects of the workshop as a method of intervention. The subjects were informed of the risk of mild anxiety which could generate from either the testing or from the workshop itself, and were also informed of their rights to discontinue participation at any time. An introductory explanation of the design and techniques of the workshop were given, including an explanation of imagery conditioning with the use of indirect suggestions. Time was allowed after the introductory explanation for answering questions of participants. No one below the age of 18 was considered for the study.

CHAPTER IV

RESULTS

The primary purpose of this investigation was to study the effects of a workshop in guided imagination techniques on the condition of hopelessness. A second consideration was to document the potential use of guided imagination techniques as a nursing intervention.

The more specific aims were: (1) to determine if a workshop in guided imagination techniques effects the variable of hopelessness; (2) to determine if pre-testing of subjects effects the outcome of the experimental workshop; and (3) to determine if any relationship exists between hopelessness as operationalized by Beck and hopelessness as operationalized by Mahon and Smith.

The hypothesis that a workshop in guided imagination techniques will effect the condition of hopelessness originated in a theoretical definition of hopelessness which approaches this phenomenon as a system of cognitive schemas expressed in negative expectancies, or pessimism. The rationale for the study included a need to investigate nursing interventions leading to a reversal of a hopeless condition. Short term nursing interventions leading to a reversal in hopelessness are needed, especially in clinical areas where time is a crucial aspect in healing, recovery, and survival.

The dependent variables of this study were hopelessness as measured by the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale (College Form). The independent variable was identified as a workshop in guided imagination techniques.

The experimental design utilized in this study was a 2 X 2 Solomon four-group. The use of this design afforded information on treatment effect and pre-testing effects.

The procedure of this study included a workshop in directed application of the use of imagery utilizing active imagination enactment techniques and imagery conditioning for the experimental group along with pre-testing one-half of this group and post-testing all of the experimental subjects. The subjects in the control group were not exposed to the workshop before testing. As with the experimental group, one-half of the control group was pre-tested and the entire control group post-tested.

In this chapter of study, the study sample, the Pearson Product Moment Correlations, the two-way analyses of variance and the analysis of covariance are presented.

Study Sample

The subjects for this study were 77 individuals from a southwestern community of approximately 50,000, including two state universities, who responded to an announcement for the workshop. Subjects who met the stated criterion

were randomly assigned to the experimental and control groups. A random subdivision was carried out on both the experimental and control groups for pre-testing. Unequal number of subjects in each group resulted from failure of some pre-registered subjects to show up for the workshop, and from the need to randomly assign substitutes to each of the groups with the exception of the pre-post control group. Since the investigator allowed subjects to participate in the workshop after testing, it was not feasible to assign substitutes to this group. Three subjects left in the early afternoon prior to the completion of the workshop and testing. Five subjects were eliminated from the analysis of the data because of failure to complete the testing. Five of the pre-registered pre-post control group failed to return the instruments. Subjects used for the data analysis are as follows:

pre-post control group	15
pre-post experimental group	25
post only control group	24
post only experimental group	13

Statistical Analysis of Data

The first analysis was done to determine the relationship of the Mahon/Smith Hopelessness Scale and the Beck Hopelessness Scale. A Pearson Product Moment Correlation was utilized and a correlation of 0.78 ($p > .001$) was obtained.

Two-way analyses of variance were applied to the variables under investigation in the study, one factor being pre-test and post-testing versus post-testing only. The results of the analysis will be presented in the following manner: (1) hopelessness as measured by the Beck Hopelessness Scale, (2) hopelessness as measured by the Mahon/Smith Hopelessness Scale, and (3) hopelessness as measured by the Beck and Mahon/Smith Hopelessness Scales.

Treatment effect as measured by the Beck Hopelessness variable was found to be non-significant ($F(1,73) = 2.19$, $p < 0.144$) at the 0.05 level. The resulting F ratios for pre-test effect and interaction effect were also not significant at the 0.05 level. (see Table 1)

Table 1
Analysis of Variance: Comparison of Groups on the Beck Hopelessness Scale

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F
Mean	368.507	1	368.507	73.37
Pretesting vs. No Pretesting	1.062	1	1.062	0.21
Experimental vs. Control Groups	10.977	1	10.977	2.19
Interaction	0.004	1	0.004	0.00
Error	366.666	73	5.023	

For the hopelessness variable as measured by the Mahon/Smith Hopelessness Scale, treatment effect, pre-test effect and interaction effect were all found non significant at the 0.05 level (see Table 2).

Table 2
Analysis of Variance: Comparison of Groups on the Mahon/Smith Hopelessness Scale

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F
Mean	2654.71	1	2654.71	145.63
Pretesting vs. No Pretesting	1.021	1	1.021	0.06
Experimental vs. Control	0.095	1	0.095	0.01
Interaction	45.824	1	45.824	2.51
Error	1330.759	73	18.230	

No significance at the 0.05 level for treatment effect, pre-test effect and interaction effect were identified in relation to the combination of the Beck and Mahon/Smith Hopelessness Scale. (see Table 3)

Table 3.
Analysis of Variance: Comparison of Groups On The Combined Beck And Mahon/Smith Hopelessness Scale

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F
Mean	2654.71	1	2654.71	145.63
Pretesting vs No Pretesting	1.021	1	1.021	0.06
Experimental vs. Control	0.095	1	0.095	.01
Interaction	45.824	1	45.824	2.51
Error	1330.759	73	18.230	

One way analyses of covariance were carried out on data obtained from the experimental and control group subjects who were both pre-tested and post-tested on the Hopelessness variables. The pre-test scores of these subjects on the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale were identified as the covariates. These analyses were performed to determine if there were any statistically significant differences between the means of the experimental and control groups on the dependent variables after the means for the two groups had been adjusted.

The analysis of covariance presented in Table 4 for

hopelessness variable as measured by the Beck Hopelessness Scale reveals no significant effects. The adjusted and Original group means for the post-test Beck Hopelessness Scale scores are reported in Table 5.

Table 4.
Analysis of Covariance: Comparison of Groups On The Posttest Of The Beck Hopelessness Scale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Square	F	Beta Estimate
Mean	3.253	1	3.253	1.18	
Control vs. Experimental Groups	10.398	1	10.398	3.77	
Covariate (Pretest)	128.456	1	128.456	46.62	0.564
Error	101.944	37	2.755		

Table 5.
Original And Adjusted Cell Means For The Beck Hopelessness Scale Posttest Scores

Group	Original Mean	Adjusted Mean
Experimental	2.00	1.904
Control	2.80	2.960

The analysis of covariance of the experimental treatment effect as measured by the Mahon/Smith Hopelessness Scale evidenced no significance at the 0.05 level (see Table 6). Adjusted and original cell means for the posttest Mahon/Smith Hopelessness Scale scores of the experimental and control groups are reported in Table 7.

Table 6.
Analysis of Covariance: Comparison of Groups On The Posttest of the Mahon/Smith Hopelessness Scale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Square	F	Beta Estimate
Mean	14.788	1	14.788	2.58	
Control vs. Experimental Groups	0.465	1	0.465	0.08	
Covariate (Pre-test)	533.939	1	533.939	93.28	0.707
Error	211.794	37	4.724		

Table 7.
Original And Adjusted Cell Means for The Mahon/Smith Hopelessness Scale Posttest Scores

Group	Original Mean	Adjusted Mean
Experimental	7.00	6.339
Control	5.467	6.568

The analysis of covariance of the combination of Beck and Mahon/Smith Hopelessness Scale variables revealed a non-significant treatment effect at the 0.05 level (see Table 8). Adjusted and original group means are presented in Table 9.

Table 8.
Analysis of Covariance: Comparison of Groups On The Posttest of the Combined Beck and Mahon/Smith Hopelessness Scales

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Square	F	Beta Estimate
Mean	24.017	1	24.017	1.92	
Control vs. Experimental Groups	14.393	1	14.393	1.15	
Covariate (Pretest)	1145.837	1	1145.837	91.55	0.676
Error	463.096	37	12.516		

Table 9.
Original and Adjusted Cell Means For The Combined Beck and Mahon/Smith Hopelessness Scales Posttest Scores

Group	Original Mean	Adjusted Mean
Experimental	9.000	8.253
Control	8.267	9.512

CHAPTER V
DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

In this chapter, conclusions,and recommendations based on the data analysis and the workshop design are reviewed. Specific limitations of this project, as well as implications for further research are included.

Conclusions

In order to further investigate concurrent validity for the Mahon/Smith Hopelessness Scale (College Form), the scores of fifteen pretested control subjects and twenty-five pretested experimental subjects were used to examine the relationship between hopelessness as measured by the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale (College Form). A Pearson Product Moment correlation indicated a correlation coefficient of 0.78, with a significance at the 0.001 level.

This correlational estimate represents the relationship between the two variables, but must be viewed as an estimate only in light of the size of the group (40 subjects) observed. However, since the pilot study involving one hundred and two subjects revealed a correlation of 0.71, it can be accepted that the estimate (0.78) is reasonable. A correlation is always relative to the situation under which it is obtained, and its size does not represent

any absolute natural fact. The coefficient of correlation is purely relative to the circumstances under which it was obtained and its interpretation being done in the light of those circumstances (Guilford, 1965, p. 105).

The College Form of the Mahon/Smith Hopelessness Scale at present consists of forty statements. Further investigation is needed to refine and shorten the instrument, and to establish its reliability and further validity. The results obtained through this study reinforce the evidence from the pilot study that the Mahon/Smith Hopelessness Scale (College Form) is sensitive to measuring hopelessness levels in the academic environment consistent with hopelessness as operationalized by Beck for the general population.

Since the Solomon Four research design was used in this study, a two-way analysis of variance was done as a preliminary step. One factor in the analysis was identified as the experimental or treatment effect and the other factor the pretesting effect. The two-way analysis of variance examined the effects of having been pre-tested or not having been pre-tested, and the interaction between the testing and treatment. The main effect for the experimental treatmentment in the analysis was across both pre-tested and non-pretested subjects. Since no statistically significant differences were identified in relation to the treatment effect for the Beck variable, the Mahon/Smith variable, and

the combination of the Beck and Mahon/Smith variables, it was concluded that the pre-test was not reactive; that is, the pretest did not sensitize the subjects to the experimental treatment. Therefore, a one-way analysis of covariance proceeded in order to identify differences between the experimental and control groups in relation to the experimental treatment when all non-pretested subject scores were eliminated.

Analyses of covariance were performed to determine if there were any statistically significant differences between the means of the two groups (experimental and control) on any of the dependent variables. In each of the analysis the pre-test scores (co-variates) accounted for any differences in the post-test scores. No significant differences were identified between the experimental and control groups when the group means were adjusted. This was clearly true in the Mahon/Smith Hopelessness variable, but not so clearly true with the Beck Hopelessness variable and the combination of Beck and Mahon/Smith variables, since the regression slopes were found to be unequal. However, since the regression was significant and the adjusted means were not, the results led to a failure to reject the null hypothesis that: There will be no significant differences in hopelessness scores as measured by the Beck Hopelessness Scale and the Mahon/Smith Hopelessness Scale between groups which

have experienced a workshop in guided imagination techniques and control groups which have not experienced the workshop.

DISCUSSION

The results of the data analyses indicated that no significant changes occurred in levels of hopelessness, as measured by the Beck and Mahon/Smith Hopelessness Scales, of the participants receiving the experimental workshop intervention. It is recognized that short term results are difficult to detect when the time between the pre-testing and post-testing periods is brief. Because of the proximity in testing the main effect for the experimental treatment variable may be clouded over or embedded in the pre-testing. The instruments used may not be sensitive enough to detect short term change. Time is necessary for intergration of learning. It is possible that if learning occurred as a result of the treatment it might not be visible for a period of time.

Structured breaks or rest periods were not included with the exception of a 1 hour "bring food to share lunch" (see Appendix D). Although participants were encouraged to walk, or to use one of the other rooms for the drawing and dialoguing exercises, it is possible that fatique may have resulted due to the intensity and duration of participation. Only three of the participants left prior to the closure of

the workshop. The participants appeared to be actively involved and interested in the content and process.

The large size of the group may have been an influencing factor in the subjects ability to participate fully in all aspects of the exercises. In small groups full participation and involvement is sometimes more readily achieved.

In the final phase of the workshop a reluctance to participate in the movement to rhythmic music exercise was observed. This may have been the result of the size of the group and the tendency for some individuals to be self conscious in large groups. Fatigue may have been a factor in this phase as well.

Recommendations for future research:

1. Replication of the study utilizing a repeated measure design, and adding grade point average as a dependent variable. Integration of learning occurs over time. Changes not immediately visible may be found after one month, three months, or six months.

2. Replication of this study using smaller numbers. The large size of the group made it difficult to observe participants closely for their level of participation. Since participants were not expected to share in the group, group participation in the rhythmic movement exercise might have occurred more easily in a smaller group. Some individuals are inhibited about movement in front of others.

3. Replication of this study shortening the time or each exercise. Fatigue may be a factor in continued participation. A shorter day may be more effective in producing change.

4. Replication of this study in three sections, one week apart, i.e. three sessions lasting from one and one-half to two hours, each presenting one phase of the workshop with a one hour introductory or cognitive phase. Concentration on each phase for a short intensive period of time with a week in between sessions to practice may provide an opportunity for integration of learning. Fatigue would be decreased as a result of treating each phase at a separate session.

For a clinical population immediate results are needed and this concern remains for future research. It is speculated that in the extremes of the data, as evidenced in the unequal regression slopes, some significance may be hidden or masked. Such significance for the treatment variable in the condition of hopelessness that must be present before intervention is effective on a short term basis. It is, therefore, recommended that research continue utilizing the academic as well as clinical populations who are identified as experiencing hopelessness. The Beck and Mahon/Smith Hopelessness Scales may not have been sensitive enough to measure short term changes in the condition of

hopelessness in the academic population. Further refinement of the Mahon/Smith Hopelessness Scale is necessary for future studies investigating hopelessness in the academic population. Other indicators of change in the condition of hopelessness which were not considered in this study must be identified and investigated.

A failure to reject a null hypothesis does not indicate that the formulations being tested should be abandoned, but that new pathways or roadways be explored, additional cues sought and consideration be given to what has been learned in this process of research.

APPENDICES

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
BOX 22487, TWU STATION
DENTON, TEXAS 76204

Name of Investigator: Diane M. Smith Center: Denton

Address: 1017 Oakland St., Date: August 1, 1979

Denton, Texas 76201

Dear Ms. Smith:

Your study entitled A workshop Intervention For The Condition of Hopelessness has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

C. K. Rozier

Chairman, Human Research
Review Committee
at Denton

Consent to Act as a Subject for Research and Investigation

1. I hereby authorize Diane Smith to perform the following procedure(s) or investigation(s):

   This workshop is part of a research project to teach students relaxation techniques to help improve their academic performance. The workshop involves identifying stress factors in yourself that can interfere with optimal performance. The methods used in this workshop involve cognitive restructuring, imagery conditioning and Jungian enactment techniques. We will work with art materials, clay, music, and story telling.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Diane Smith.

3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:

   Some mild anxiety may occur in some individuals in relation to some of the questions and in some of the exercises.

   (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

   The benefits will be in the area of prevention and reversal of giving up behaviors in students, and in reducing test anxiety.

4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

5. No medical service or compensation is provided to subjects by the University as a result of injury from participation.

_____
Subject's signature

_____
Date

APPENDIX B

THE MEASUREMENT OF PESSIMISM:
THE HOPELESSNESS SCALE

Listed below are a number of statements. Read each item and decide whether the statement is true or false as it pertains to you personally.

	TRUE	FALSE
1. I look forward to the future with hope and enthusiasm.		
2. I might as well give up because I can't make things better for myself.		
3. When things are going badly, I am helped by knowing they can't stay that way forever.		
4. I can't imagine what my life would be like in 10 years.		
5. I have enough time to accomplish the things I most want to do.		
6. In the future, I expect to succeed in what concerns me most.		
7. My future seems dark to me.		
8. I expect to get more of the good things in life than the average person.		
9. I just don't get the breaks, and there's no reason to believe I will in the future.		
10. My past experiences have prepared me well for my future.		
11. All I can see ahead of me is unpleasantness rather than pleasantness.		
12. I don't expect to get what I really want.		
13. When I look ahead to the future, I expect I will be happier than I am now.		

	TRUE	FALSE
14. Things just won't work out the way I want them to.		
15. I have great faith in the future.		
16. I never get what I want so it's foolish to want anything.		
17. It is very unlikely that I will get any real satisfaction in the future.		
18. The future seems vague and uncertain to me.		
19. I can look forward to more good times than bad times.		
20. There's no use in really trying to get something I want because I probably won't get it.		

APPENDIX C

Mahon/Smith Hopelessness Scale College Form

		True	False
1.	If I try hard, I will successfully pass these courses.		
2.	Since starting school, I have never felt on top of things.		
3.	No one really understands what school is like for me.		
4.	It has always been difficult for me to share my problems and concerns with others.		
5.	Others have always seen me as "different" and probably always will.		
6.	I want to finish school, no matter how long it takes or how hard it's going to be.		
7.	My family (or friends) don't understand how hard it is.		
8.	School is a hopeless situation to me.		
9.	I've never been able to really solve my problems.		
10.	I feel I have the power to accomplish what I plan.		
11.	I'm a hopeless case.		
12.	I can accomplish what I set out to accomplish.		
13.	I am sure I can pass these courses.		
14.	My family (and/or friends) expect me to succeed, but I'm afraid I'll disappoint them.		
15.	All I can see ahead of me is failure.		

	True	False
16. I will finish school and be successful.		
17. Teachers don't care so why should I?		
18. I feel hopeless.		
19. I know I'll never succeed.		
20. When I study hard, I get good grades.		
21. My family doesn't care, so why should I?		
22. The situation may be different but I've fet this way for a long time, so how can things change.		
23. It's no use, I'm not worth it.		
24. I've tried hard to succeed, but look what it got me.		
25. I wonder if it's worth all this trouble to finish.		
26. I will get out of this situation and succeed.		
27. I should have done better than I have by this time.		
28. I don't feel that I can take on any more responsibilities.		
29. I'm afraid I'll disappoint those people in my life that expect me to succeed.		
30. It's no use. I'll never make it.		
31. I've been a failure too long to change now.		
32. Even God can't help me through this situation.		

	True	False
33. I am sure I can finish school.		
34. I feel that I should have accomplished more by this time.		
35. I've done everything I can to do well.		
36. I don't think there is an answer to my problems.		
37. Others think I will succeed and I feel that I will soon see progress myself.		
38. I know I'll never finish.		
39. I talk with teachers and other students whenever possible.		
40. The structure here is impossible. No one can win.		

APPENDIX D

The Purpose:

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The Method:

Negative self-statements
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and energy, this w
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Join

BIBLIOGRAPHY

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Adamson, J.D. and Schmale, A.H. Object Loss, Giving Up, and the Onset of Psychiatric Illness. Psychosomatic Medicine, 1963, 25, 493.

Assagiole, R. Symbols of Transpersonal Experiences. Journal of Transpersonal Psychology, 1969, 1, 30-37.

Bachelard, G. On Poetic Imagination and Reverie. New York: Bobbs-Merrill, 1971.

Barber, T.S. Experimental Studies in Hypnotic Behavior. Journal of Nervous and Mental Disease. 1964, 139, 416-425.

Beck, A.T. Hopelessness and Suicidal Behavior. Journal of American Medical Association. December, 1975, 234, (II), 1146-1149.

Beck, A.T. Role of Fantasies in Psychotherapy and Psychopathology. Journal of Nervous and Mental Disease, 1970, 150, (I).

Beck, A.T. Thinking and Depression: Idiosyncratic Content and Depression. Archives of General Psychiatry, 1968, 9, 324-333.

Beck, A.T., Kovacs, Weissman, A. Hopelessness and Suicidal Behavior: An Overview. Journal of the American Medical Association, December, 1975, 234 (II), 1146-1149.

Beck, A.T., and Lester, D. Components of Depression in Attempted Suicides. The Journal of Psychology, 1973, 85, 257-260.

Beck, A.T., Weissman, A., Lester,D. and Trexler, L. The Measurement of Pessimism: The Hopelessness Scale. Journal of Consulting and Clinical Psychology, 1974, 42 (6), 861-865.

Boris, H.N. On Hope: Its Nature and Psychotherapy. International Review of Psycho-Analysis, 76 3 (2), 139-150.

Bruhn, J.G., Poredes, A., Adset, C. et al. Psychological

Predictors of Sudden Death in Myocardial Infarction. Journal of Psychosomatic Research, 1974, 18, 187-191.

Burtle, V. Learning in the Appositional Mind: Imagery in the Treatment of Depression. Unpublished dissertation, California School of Professional Psychology, Los Angeles, 1975.

Carroll, J. and Payne, J. Cognition and Social Behavior. New York: John Wiley and Sons, 1976.

Casey, E. Spring 1974. An annual of Archetypal Psychology and Jungian Thought. New York: Spring Publications, 1974.

Desoille, R. Theorie et Pratique du reve eveille dirige. Geneva: Mont Blanc, 1961.

Dimsdale, J.E. Emotional Causes of Sudden Death. American Journal of Psychiatry, 1977, 134 (12), 1361-1366.

Dolan,A. and Sheikh, A. Short-term Treatment of Phobia Through Eidetic Imagery. American Journal of Psychotherapy, October, 1977, 31 (4), 595-604.

Engel, G. Sudden and Rapid Death During Psychological Stress. Annuals of Internal Medicine, 1971, 74, 771-782.

Erickson, E.G. Childhood and Society. New York: W.W. Norton, 1963.

Erickson, R.C., Post, R.D., Paige, A.B. Hope as a Psychiatric Variable. Journal of Clinical Psychology, April 1975, 31 (2), 324-330.

Farber, M. Theory of Suicide. New York: Funk and Wagnalls, 1968.

Fogg, M.E., Gayton, W.F. Social Desirability and the Hopelessness Scale. Perceptual and Motor Skills, October, 1976, 43 (2), 482.

Fogg, M, Kohaut, S and Gayton, W. Hopelessness and Locus of Control. Psychological Reports, 1977, 40, 1970.

Frank, J.D. Persuasion and Healing. Baltimore: The Johns Hopkins Press, 1961.

Frank, J.D. The Role of Hope in Psychotherapy. International Journal of Psychiatry, 1963, 12, 384-412.

Frankl, V.E. The Doctor and the Soul. New York: Knopf, 1955.

Frankl, V.E. Man's Search for Meaning. New York: Washington Square Press, 1963.

Fretigny, R. and Virce, A. L'imagerie mentale. Geneva: Mont Blanc, 1968.

Fry, R.T. The Symbolic Profile. Houston, Texas: Gulf Publishing Company, 1976.

Gelperin, A. Encountering Hopelessness Letter. Journal of The American Medical Association, July 1978, 240 (3), 211.

Gelperin, A. Psychotherapeutic Intervention by Nurse Clinical Specialist. Journal of Psychological Nursing, 1976, 14, 16-18.

Golden, K.M. Voodoo in Africa and the United States. American Journal of Psychiatry, December 1977, 134 (12), 1425-1427.

Goldenberg,I. Psychotherapy and the Psychotherapist: The Non-professional as Clinician Change Agent. American Psychological Association. Washington, D.C.: Harvard University.

Gottshalk, B. Hope Scale Applicable to Verbal Samples. Archives of General Psychiatry, 1974, 30, 779-785.

Greenleaf, E. The Unconscious Mind Mirror in Active Imagination. Psychotherapy: Theory, Research, and Practice. Summer 1974, 12 (2), 202-206.

Guggenbuehl, C. Power in the Helping Professions. Zurich: Spring Publications, 1978.

Guilford, J.P. Fundamental Statistics in Psychology and Education. New York: McGraw-Hill Book Company, 1965.

Hall, J A. Clinical Use of Dreams: Jungian Interpretations and Enactments. New York: Grune and Stratton, 1977.

Haltresht, M. Disease Imagery in Conrad's The Secret Agent. Literature and Psychology, 1971, 21 (2), 101-105.

Hammer ,M. The Directed Daydream Technique. Psychotherapy, 1967, 4, 173-181.

Happich, C. Das Bilde Wusstein Als Ansatzstelle Psychischer Behundlung. Zentreblatt Psychotherapie, 1932, 5.

Henderson, J.T. Hope and Self-Destruction: The Ratio of External Threat to Feelings of Personal Competence on the Underlying Continuum of Self-Destructive Behavior. A Paper presented at the Annual Meeting of the Southwestern Psychological Association (Albuquerque, New Mexico, April 29- May, 1, 1976.

Henderson,S. and Bostock, T. Coping Behavior After Shipwreck. British Journal of Psychiatry, July 1977, 131, 15-20.

Hillman, J. Suicide and the Soul. Zurich: Spring Publications 1976, 153-170.

Horney, K. Our Inner Conflicts. From The Collected Works of Karen Horney. New York: W.W. Norton Company, Inc., 1945,183.

Horowitz, M.J. Image Formation and Cognition. New York: Appleton, 1970.

Jacobson, E. Progressive Relaxation: A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice. Chicago: University of Chicago Press, 1938. (3rd. revised edition, Midway Reprint Series, 1974).

Jung, C.G. Man and His Symbols. New York: Dell Publishing Company, 1964.

Jung, C.G. Memories, Dreams and Reflections. Edited by Jaffey. New York: Vintage Books, 1961.

Kaufman, M. and Miller, J. Analogy, Empathy and Therapy. Social Work, June 1976, 21 (1), 69.

Kazdin, A. Covert Modeling, Imagery Assessment and Assertive Behavior. Journal of Counseling and Clinical Psychology. 1975, 43 (5), 716-724.

Kazdin, A. Assessment of Imagery During Covert Modeling of Assertive Behavior. Journal of Behavior, Therapy, and Experimental Psychiatry, 1976, 7, 213-219.

Kirsch, I, Frankel, A, Steven, Valone, Keith. Self-Guided Imagery vs. Systematic Desensitization: A preliminary Test. Psychological Reports. June, 1977, 40 (3) Part 1, 904-906.

Klinger, E. Structure and Function of Fantasy, New York: John Wiley, 1970.

Kobler, A. Stotland, E. The End of Hope. London, Glencoe: Free Press, 1964.

Korner, I.N. Hope as a Method of Coping. Journal of Consulting Clinical Psychology. April 1970, 34 (2), 134-139.

Kosbab, F. P. Symbolism, Self-experience and the Deductive Use of Affective Imagery in Psychiatric Training. Zietschrift fur Psychotherapie und Medizinische Psychologie, 1972, 22, 210-224.

Kroger, W. and Fezler, W. Hypnosis and Behavior Modification: Imagery Conditioning. Philadelphia: J.B. Lippincott, 1976.

LeShan, L. How to Meditate. Boston: Bantam Books, 1974.

Lefcourt, H. M. Locus of Control: Current Trends in Theory and Research. Hillsdale, New Jersey: Lawrence Relbaum Associates, 1976.

Lerner, H. Guided Affective Imagery (G.A.I.): A Method of Intensive Psychotherapy. American Journal of Psychotherapy, 1969, 23, 4-22.

Lynch, W.F. Images of Hope: Imagination as Healer of the Hopeless. Baltimore: Helicon Press, Inc., 1964.

Mahon, P.N. Identification of the Attitude of Hopelessness in Staff and Patients in Psychiatric Hospitals. Master's thesis, University of Colorado, Boulder, 1964.

McKeller, F. Imagination and Thinking. New York: Basic Books, 1957.

Melges, F. T., Bowlby, J. Types of Hopelessness in Psychopathological Process. Archives of General Psychiatry 1969, 20 (6) 690-699.

Minkoff, K., Bergman, E., Beck, A.T., Beck R. Hopelessness, Depression and Attempted Suicide. American Journal of Psychiatry, 1973, 130, 455-459.

Mook, B. Words and Images in Psychotherapy. Psychotherapy: Theory, Research and Practice, 1975, 12 (2).

Moland, J.Jr. Some Social Structural Correlates of Anomia Among Rural Blacks of Louisiana. Paper presented at the Rural Sociology Section of the Southern Association of Agricultural Scientists. New Orleans, Louisiana, 1975.

Morrison, J. and Conmeta, M. Emotive-Reconstruction Psychotherapy: A Short-term Cognitive Approach. American Journal of Psychotherapy, April 1977, 31 (2), 294-301.

Nadelson, T. On Encountering Hopelessness, An Editorial. Journal of the American Medical Association, November 1977, 238 (2) 2179.

Olness, K., Gardner, G.G. Some Guidelines for Uses of Hypnotherapy in Pediatrics. Pediatrics, August 1978, 62 (2), 228-233.

Oliver, G.W. Symbolic Aspects of Hypnagogic Imagery Associated with Theta EEG Feedback. Unpublished dissertation California School of Professional Psychology, Los Angeles, 1975.

Paiveo, A. Imagery and Verbal Process. New York: Holt, Rinehart and Winston, 1971.

Peplau, H. Utilizing Themes in Nursing Situations, American Journal of Nursing, March 1964, LXIV, 327.

Pokorny, A.D, Kaplan, H.B., Tsai, S.Y. Hopelessness and Attempted Suicide: A Reconsideration. American Journal of Psychiatry, September 1975, 132 (9), 954-956.

Prince, R. Symbols and Psychotherapy: The Example of Yoruba Sacrificial Ritual. Journal of the American Academy of Psychoanalysis, July 1975, 3 (3), 321-338.

Pociuk, T.J., Breen, L.J., Lussier, R.J. Hopelessness,

Internal-External Locus of Control and Depression. Journal of Clinical Psychology, April, 1976. 32(2), 299-300.

Progoff, I. The Symbolic and the Real. New York: McGraw-Hill, 1963.

Reardon, J.P., Tasi, D.J. The Effects of Rational Stage Directed Imagery on Self-Concept and Reduction of Psychological Stress in Adolescent Delinquent Females. Journal of Clinical Psychology, October 1977, 33 (4), 1084 - 1092.

Reda, M.A. The Concepts of Helplessness and Hopelessness in the Problem of Suicide and Suicide Attempt. Rivista di Psichiatria, September-October 1975, 10 (5), 387-397.

Richardson, A. Mental Imagery. New York: Springer, 1969.

Richter, C.F. Sudden Death Phenomena in Animals and Humans. In H. Feifel's (editor) The Meaning of Death. New York: McGraw-Hill, 1959, 302-313.

Rigo, L. L. L'imagerie di gruppo regli adulti. Proceedings of the 3rd International Congress of the Societe International des Techniques d'Imagerie Mentale. Cortina, Italy, 1970.

Rotter, J.,Chase, J., and Phares, E. Applications of a Special Learning Theory of Personality. New York: Holt, Rinehart and Winston, 1972.

Rotter, J. Generalized Expectancies for Internal Versus External Locus of Control of Reinforcement. Psychological Monographs: General and Applied, 1966, 80 (1), American Psychological Association, Inc.

Saul, L. Sudden Death at Impasse. Psychoanalytic Forum, 1966, 1, 88-89.

Scheidler, T. Stepping Stones to Waareness of the Higher Self: A Psychosynthesis Model. Psychotherapy: Theory, Research and Practice, 1975, 12 (2) 217-219.

Schmale, A. A Relationship of Separation to Disease. Psychosomatic Medicine, 1958, 20, 259-277.

Schmale, A.H., Jr., Iker, H. P. The Affect of Hopelessness and the Development of Caner. Psychosomatic Medicine, 1966, 28 (5), 714-721.

Schmale, A. J., Iker, H. Hopelessness as a Predictor of Cervical Cancer. Socio Science and Medicine, April 1971, 5 (2), 95-100.

Schutz, J. H. and Luthe, W. Autogenic Training: A Physiologic Approach in Psychotherapy. New York: Grune and Stratton, 1959.

Schwager, E.S. The Effect of Performing a Helpful Action with Supportive Reinforcement Upon Hopelessness and Affective State of Depressed Psychiatric Patients. Dissertation Abstracts, International, October 1977, 38 (4-B), 1905.

Shulman, L. On Encountering Hopelessness. Journal of the American Medical Association, November 1977, 238 (20), 2149-2150.

Schulz, R. Some Life and Death Consequences of Perceived Control. In J. S. Carroll and J.W. Payne (eds.) Cognition and Social Behavior. Hillsdale, New Jersey: Lawrence Erlbaum, 1976, XIII, 135-153.

Segal, S. J. (ed.) Imagery: Current Cognitive Approaches. New York: Academic Press, 1971.

Selvey, H. A. M. Psychotherapy in the Clinical Management of Cancer. Journal of MAG, Atlanta, October 1978, 67, 812-816.

Sheehan, P. The Function and Nature of Imagery. New York: Academic Press, 1972.

Shorr, J. The Use of Task Imagery as Therapy. Psychotherapy: Theory, Research and Practice, Summer 1975, 12 (2), 207-210.

Shoor, J.E. Psycho-imagination Therapy, New York: Intercontinental Medical Book Corporation, 1972.

Singer, J.L. The Stream of Consciousness. Edited by Kenneth Pope and J. L. Singer. New York: Plenum Press, 1978.

Singer J. L. Imagery and Day Dream Methods in Psychotherapy and Behavior Modification. New York: Academic Press, 1974.

Smart, R.G. Future Time Perspective in Alcoholics and Social Drinkers. Journal of Abnormal Psychology, 1968, 73, 81-83.

Snow, C. P. Grounds for Hope? Social Education, February 1977, 41 (2), 122-127.

Stewart, W. K. The Middle-aged Man Who Gives Up the Ghost: Hopelessness Following Illness in Middle Age. Psychosomatics, June 1977, 18 (2), 29-32.

Stotland, E. The Psychology of Hope. San Francisco: Josey-Bass, 1969.

Stropko, A.J. Logoanalysis and Guided Imagery as Group Treatments for Existential Vacuum. Dissertation Abstracts, International, August 1976, 37 (2-B), 992.

Strunk, O. Principles of Axiotherapy, Journal of Religion and Health, October 1976, 15 (4), 241-246.

Sweeney, D. R., Tinling, D.C., Schmale, A.H. Differentiation of the Giving up Affects: Helplessness and Hopelessness. Archives of General Psychiatry, October 1977, 23 (4), 378-382.

Talon, A. Personality Correlates of the Joy of Life. Journal of Clinical Psychology, July 1978, 34 (3), 671-676.

Tamez, E. Moore, J., Brown, L. Relaxation Training as a Nursing Intervention versus Pro re nata Medication. Nursing Research, May-June 1978, 27 (3), 160-164.

Trexler, L. The Suicidal Person and the Restoration of Hope. Rational Living, Fall 1973, 8 (2), 19-23.

Vatz, K., Winig, H., and Beck, A.T. Pessimism and a Sense of Future Time Constriction as Cognitive Distortions in Depression. Unpublished manuscript, University of Pennsylvania Medical School, 1969.

Von Franz, M.L. The Feminine in Fairytales. Switzerland: Spring Publications, 1972.

Voth, H. M. Cancer and Personality. Perceptual and Motor Skills, June 1976, 42 (3), Part 2, 1131-1137.

Wadeson, H. Suicide: Expression in Images. American

Journal of Art Therapy, April 1975, 14 (3), 75-82.

Weisman, A., Hackett, T. Predilection to Death. Psychosomatic Medicine, 1961, 23, 232-256.

Weisman, A. Hackett, T. Predilection to Death. Psychosomatic Medicine, 1961, 23, 232-256.

Weisman, A.D., Worden, J. Wm. The Existential Plight in Cancer: Significance of the First 100 Days. International Journal of Psychiatry in Medicine, 1976-1977, 7 (1), 1-15.

Wetzel, R.D. Hopelessness, Depression and Suicide Intent. Archives of General Psychiatry, September 1976, 33 (9), 1069-1073.

Wetzel, R.D. Sematic Differential Ratings of Concepts and Suicide Intent. Journal of Clinical Psychology, January 1976, 32 (1), 4-13.

Whitmont, E.C. The Symbolic Quest. New York: Harper Calaphon Books, 1969.