



REVIEW ARTICLE

HOPE AND DESPAIR

*Yalçın KANBAY, Özgür ASLAN and Elif IŞIK

Artvin Çoruh University Faculty of Health Sciences, Artvin, Turkey

ARTICLE INFO

Article History:

Received 21st April, 2016
Received in revised form
13th May, 2016
Accepted 17th June, 2016
Published online 31st July, 2016

Keywords:

Hope,
Despair.

ABSTRACT

Hope and despair are two concepts that commonly used in the human health. Hope is a concept that positively affects the health of the individual. However, despair has a negative impact on an individual's health.

INTRODUCTION

Hope is a concept related to emotions and will that requires us to have optimistic, remedial emotions and thoughts independent of the conditions from the most trivial to the harshest and desiring indefinite but possible things or having a belief in the possibilities (Clarke, 2003; Demirel, 2006). Hope, known to be utilized by individuals frequently and certain conditions arise in its absence, and which exhibits its absence in different ways in each individual, is a necessary concept for life force and creates a personal feeling of security in solving various problems in life (Moore, 2005; Roberts, 1992). It is possible to talk about two types of hope. In first, the individual hopes within the possibilities; this is realistic hope. The second is the type where the individual has high hopes irrespective of the facts and ends up in disappointment, hence the unrealistic hope (Clarke, 2003).

The most realistic expression of the current emotions of the patient that has less than a few months to live is when the patient says she or he hopes to live more than a few years. It is not difficult for me to tell the patient 'it would have been great if it was the way you thought'. Because, this is a way to show the patient that I understand her or his desires, and at the same time I knew the patient was expressing a dream that she or he could never attain. If we think like that, we could share the hopes of our patients that are in grave condition. When a young mother who was spending the last days of her life says 'I hope research labs could improve their studies and find a miracle drug, so that I could be treated with that,' but although I know the unlikeliness of that happening, I have no problem

*Corresponding author: Yalçın KANBAY,
Artvin Çoruh University Faculty of Health Sciences, Artvin, Turkey

sharing this hope with the patient. Because, I wish as much as she does that a new drug would be found and she could be reunited with her children at home (Ross, 1995).

To want and to hope forms a portion of the personal energy. This energy derives from the motivation to accomplish a special goal or goals or to desire these goals. The goal for a patient could be very ordinary such as being able to get out of the bed or to spend time with other people, or could be a complex goal such as being able to run. Hope is the motivation for individuals left with little energy. Independent of the age of individuals, all have a hope to realize. We have a hope for every future action. For instance, we would not brush our teeth after meals if we do not have a hope that our tooth would not decay (Roberts, 1992).

Despair

Despair is philosophically a deadly disease and derives from inability of the individual to die as the individual fights with the death. Thus, despair is to have a deadly disease, not being able to die and lack of a last hope (Kierkegaard, 2001). As there is no completely healthy individual, it could be argued that there is no one, who does not feel uneasy, a disorder, a hopelessness, a fear of unidentified origin even with a fear to know the origin, and prone to despair that a close look would not reveal (Kierkegaard, 2001). Existential despair means that "we would settle with trusting things that depend on our will or possibilities that result in our action." Existentialism goes even beyond that and explains despair by claiming that humans are only their own design and exist as much as they could do or realize, and are equal to the total of their achievements in their lives. It is the human effort that matters. Existentially, reality exists only within action (Sartre, 1999). One who is in despair,

wishes to be one's self within one's despair. The self that the person in despair has is the self the individual never wants to have (because to embrace the real self is the opposite of despair). When doing that the individual wants to rid of own self, the one the individual possesses. What the individual does not want is himself that has to be that self, his torture. That is, the torture of being free of himself (Kierkegaard, 2001). To understand the self that the individual in despair tries to be free of, in fact the individual wants to get away from, it would be useful to define the concept of "self."

Self

Self is the totality of an individual's opinions about his own personality, and a way for the individual to know and assess himself.

Functions of the self

- To inhibit the motives inflicted by instincts and urges,
- To establish connections with objects and individuals around,
- To recognize, assay and understand the truth,
- To adapt to the truth,
- To determine future expectations and goals,
- To use defense mechanisms that save the individual from anxiety,
- To perceive, store, remember, think and judge (Güney, 2000).

Types of self

- **Material Self:** The body, clothes, family and house of the individual constitute the material self of the individual. In other words, everything the individual owns is his material self.
- **Social Self:** It is the thoughts of others about us. Formed as a result of interaction between people.
- **Spiritual Self:** It is the spiritual activities of the individual such as thinking, feeling and perceiving. That is, spiritual self is the way an individual perceives and evaluates himself.

William James, based on these three perspectives of self he explained, proposed the concept of self-esteem. According to him, self-esteem is formulated as follows (Güney, 2000):

$$\text{Success} = \text{Self-esteem} / \text{Pretensions}$$

Factors that Result in Despair

- Deterioration in physical condition
- Deterioration in functional abilities
- Deterioration in body image
- Insufficient social support
- Inability to solve problems
- Negative past experiences
- Lack of self-confidence
- Beliefs about illness
- Problems related to treatment (Öz, 2004).

Definitive Characteristics of Despair

- Expressing that the individual does not possess required capacities to reach a goal

- No positive or negative expectations from the future or negative expectations from the future
- Expressions that the control necessary to influence future events will be lost
- Pacifism induced by the thoughts that planning would change nothing to achieve the goals, dreary, desperate or hopeless responses, emotional negativism
- Rhetoric that claims that situation is insoluble or solutions are impossible
- Expressions that reflect a reduced will to live, fear or an expectation of probable death in near future, being in void or pessimism
- Expressions that the events were too much and went beyond the individual's capacity and would not be able to cope with
- Inability to make the first step, passivity, reduction in the power to influence, reduced appetite, irresponsiveness towards others' attempts of communication, increase in sleep, reduction in dialogue, lack of eye contact, reduced response to stimuli, loss of interest or desire, to express that the individual could not do anything or could not change anything (Öz, 2004).

Theories of despair

Psychodynamic Approach

From the moment of birth onwards, a child lives in connection with his mother. All his motions are to keep this connection alive. For months, mother plays a significant role in the child's life (Adler, 1998). This regular reciprocal relationship between the mother and the infant establishes the continuity of the mother in child's mind. The main elements in the integration of this two mutually interacting organisms are continuity, consistency and uniformity. The relationship is continuous. This continuity, consistency and uniformity in mother-child relationship creates the basic feeling of confidence in the child (Öztürk, 2004). Freud argued that these impressions that determine the future developments could not be wiped out, but could only be removed from the field of conscious (Akvardar et al., 1997).

Psychosocial Approach

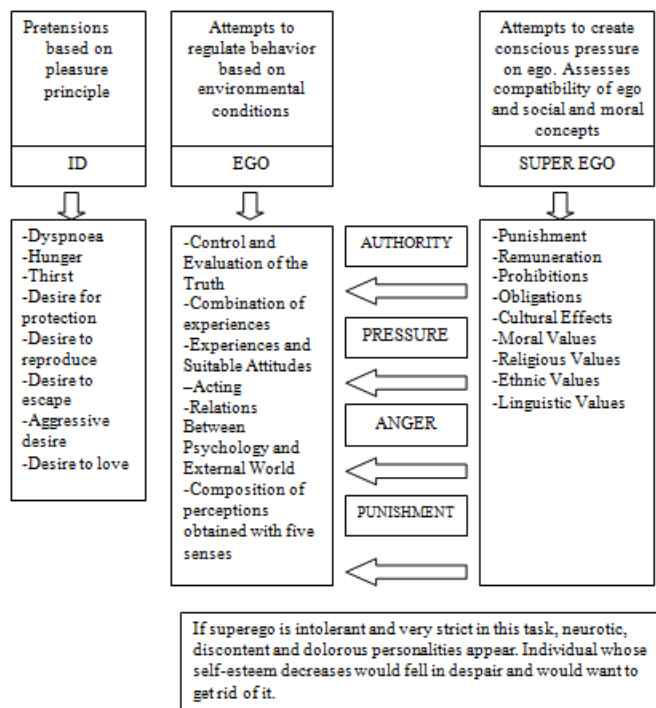
According to Erikson psychosocial development theory, individuals review their past entirely and become content with their past lives and the things they produced until that day. Otherwise, if the individual believes that he wasted his time when he reviews the past, the individual could think it is too late to do anything and could fall in despair (Erdem, Akmam, 2004). Erikson and Fromm both argued that hope starts in early developmental stages. Fromm conceived hope as structurally instinctive and could be eroded due to the behavior of those who are around the individual. According to Fromm, hope is at a maximum at birth. According to Erikson exists at the beginning of life. He argued that it matures in that period perfectly and grows stronger in time (Öz, 2004).

Cognitive Approach

Cognitive psychology investigates mental processes between the stimulus and response. According to the cognitive model,

the emotional response given at point C for the event that occurred at point A depends on the interpretation made at point B about the event A. Although this simplified ABC level definition of cognitive model seems extremely simple and comprehensible, cognitive functions at point B are extremely complex and as a result of processes that individuals are usually not aware of consciously (Sungur, 1997).

Id, Ego, and Superego Relation



Despair, defined as negative expectations from the future, is the most significant factor that initiates and maintains the suicidal process according to the cognitive theory. Abrasom et al. (1989) led by the fact that not all in depression commit suicide, indicated that there could be a sub-depression type where despair reigns. Researchers named this sub-type of depression as “despair depression.” Most probably despair depression could be differentiated from other types of depression (depression types induced by loss) with negative expectations for the future (Ross, 1995).

Behavioral Model

According to this model, individuals have significant control on their behavior. They do not only respond to external influences, but also select, organize and transform incoming stimuli. Thus, individuals ignore insignificant objects under the control of the environment (Stuart, 1998).

Learned Helplessness Model

According to Seligman, individuals who are resistant to depression are experienced in command of life. There was effective behavior in removal of distress and providing satisfaction in their childhood experiences. Individuals who are prone to depression lack this experience. There was desperation induced difficulties and displeasure that prevents them to develop a response against hardships in their childhood experiences (Stuart, 1998).

Despair – Depression – Suicide relation

Despair is related to cognitive processes that play a role in the process that leads an individual to commit suicide. To understand the concept of despair, it is necessary to understand Beck’s cognitive depression theory. Beck mentions the existence of a cognitive state called cognitive triad in depression. According to this theory, a depressed individual has a negative perception about himself, the world and the future. The individual does not like himself and desires to escape from himself. Similarly, depressive individual perceives the world as a place that he does not want to habit, not as a livable place where he could be happy (Eskin, 2003). The theory of despair derives from the relationship between depression and suicide. As is known, many suicidal individuals are diagnosed with depression. According to the theory of despair, the key factor in the relationship between depression and suicide is despair.

The individual, who is in intensive despair and does not want to be in pain any more, desires to escape from the despair and unhappiness he is in. Death seems to be more desirable than life (Eskin, 2003). A review of suicide literature would reveal that being young (15 – 24), experiencing intensive feelings of despair and loneliness, and having few reasons to continue living are the most significant risk factors for suicide (Batıgün, 2005). Since 15 – 24 age range is where the youth encounter life for the first time and make serious decisions about the future, they have an extensive amount of stress to deal with during this period. Thus, it could be argued that young adults in 15 – 24 range are risky groups for despair and suicide attempts. Individuals with suicidal behavior consider themselves negatively. Self-evaluation and self-perceptions of these individuals often do not reflect the reality. Individual feels hopeless, invaluable, awkward, desperate, alone and unlovable, and blames himself for these. Self-blame create an immense feeling of unworthiness in the individual. Similarly, the individual only expects negativities from the future. This type of individuals expects further pain and unhappiness, deprivation and frustration in the future (Eskin, 2003).

Consent

It is not applicable.

Competing Interests

Authors have declared that no competing interests exist.

REFERENCES

Adler, A. 1998. Yaşamın Anlamı ve Amacı, çev: Şipal,K. Say Yayınları, 4. Basım,İstanbul
 Akvardar ve ark. 1997. Psikanalitik Kurama Giriş, Mepev Seminerleri, Mepev Yayınları, İstanbul
 Batıgün, A.D. 2005. İntihar Olasılığı: Yaşamı Sürdürme Nedenleri, Umutsuzluk ve Yalnızlık Açısından Bir İnceleme, Türk Psikiyatri Dergisi;16(1):29-39
 Clarke, D. 2003. Australasian Psychiatry, Faith and Hope, 11(2):164-168
 Demirel, K. 2006. Açıklamalı İnsani Terimler Sözlüğü, Epsilon Yayıncılık Hizmetleri Tic.San.Ltd.Şti. İstanbul

- Erdem, M, Akman,Y 2004. Gelişim ve Öğrenme, Arkadaş Yayınevi, 13. Baskı, Ankara
- Eskin, M. 2003. İntihar: Açıklama, Değerlendirme, Tedavi ve Önleme, Çizgi Tıp Yayınevi, Ankara
- Güney, S. 2000. Davranış Bilimleri, Nobel Yayın Dağıtım, 2.Basım, Ankara
- Kierkegard, S. Ölümçül Hastalık Umutsuzluk, çev: Yakupoğlu, M. M. 2001. Mart Maatbacılık Sanatları Ltd. Ştd., 2.Basım, İstanbul
- Moore, S.L. 2005. Hope Makes a Difference, *Journal of Psychiatric and Mental Health Nursing*, 12:100-105
- Öz, F. 2004. Sağlık Alanında Temel Kavramlar, İmaj Basım, Ankara
- Öztürk, O 2004. Ruh Sağlığı ve Bozuklukları, Feryal Maatbası, 10.Basım, Ankara
- Roberts, S.L. 1992. Behavioral Concepts and Nursing Throughout the Life Span
- Ross, E.K. 1995. Yaşamın Son Günleri, çev: Terakye,G. Aydoğdu Ofset,2. Basım, Ankara
- Sartre, J. P. Varoluşçuluk, çev: Bezirci, A. 1999. Say Yayınları, 15. Basım, istanbul
- Stuart, G. W., Lariai, M. T 2001. Principles and Practice of Psychiatric Nursing, 8'th Edition, Mosby,İnc.
- Sungur, M.Z. 1997. Fobik Bozukluklar, Psikiyatri Dünyası; 1:5-11
