

## You've got to have hope: studies show 'hope therapy' fights depression

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A growing body of research suggests that there is a potent way to fight symptoms of depression that doesn't involve getting a prescription. This potent weapon? Hope.

"We're finding that hope is consistently associated with fewer symptoms of depression. And the good news is that hope is something that can be taught, and can be developed in many of the people who need it," said Jennifer Cheavens, assistant professor of psychology at Ohio State University.

Cheavens and Laura Dreer of the University of Alabama at Birmingham discussed some of the latest research on how hope can battle depression during a symposium Saturday Aug. 16 in Boston at the annual meeting of the American Psychological Association in Boston.

Cheavens measures hope in people using a 12-item questionnaire developed by her mentor, the late C.R. Snyder of the University of Kansas. In this measure, hope has two components: a map or pathway to get what you want, and the motivation and strength to follow that path.

"If you feel you know how to get what you want out of life, and you have that desire to make that happen, then you have hope," Cheavens said.

Hope is different from optimism, which is a generalized expectancy that good things will happen, she said. Hope involves having goals, along with the desire and plan to achieve them.



The potential of hope as a way to fight depression is apparent in a recent study of patients and caregivers that Cheavens discussed in her APA presentation.

In this study, Cheavens and Dreer examined 97 adults, most over age 60, who had been diagnosed with macular degeneration or other conditions that would cause them to lose their sight.

The researchers looked at measures of hope and depression in these people with low vision, along with their caregivers.

As expected, the researchers found that, in general, caregivers were more likely to have significant depressive symptoms if the patients themselves had symptoms of depression.

But caregivers who scored higher on measures of hope showed fewer depressive symptoms, even if the people they care for were depressed. Higher-hope caregivers also showed higher satisfaction with life, and felt less of a sense of burden.

"Hope seems to be protective for caregivers," Cheavens said.

The good news is that hope is something that can be developed in people, she said.

In a study published in the journal Social Indicators Research, Cheavens and her colleagues tested a hope therapy treatment with a sample of 32 people recruited through newspaper ads and flyers. The ads asked for participants willing to attend weekly group meetings designed to increase participants' abilities to reach goals.

The researchers specifically looked for people who were not diagnosed with depression or other mental illnesses, but who felt dissatisfied with



where they were in life.

"Many of the people who seek therapy are not mentally ill – they don't meet criteria for depression or other illnesses," Cheavens said. "So if you focus primarily on what is wrong with them, there may not be much progress."

"Hope therapy seeks to build on strengths people have, or teach them how to develop those strengths. We focus not on what is wrong, but on ways to help people live up to their potential."

In this study, about half the participants took part in eight, two-hour group sessions led by trained leaders. As part of these sessions, they were taught new hope-related skills, including identifying goals, ways to achieve them, and how to motivate themselves.

Results showed that those who participated in the hope therapy had reduced depressive symptoms compared to the control group that did not participate.

"We're finding that people can learn to be more hopeful, and that will help them in many ways," Cheavens said.

"What I think is exciting about hope therapy is the way we are learning from people who are doing very well. We have been figuring out what hopeful people are doing right, and taking those lessons and developing therapies and interventions for people who are not doing as well," Cheavens said.

"And the great news is that it seems to work – we can teach people how to be more hopeful."

Source: Ohio State University



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