SCRIPTURE AS A SOURCE OF HOPEFULNESS

FOR ADULT CHRISTIAN MEN AND WOMEN

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

In

Pastoral Care and Counseling

Liberty University

April 2009
SCRIPTURE AS A SOURCE OF HOPEFULNESS
FOR ADULT CHRISTIAN MEN AND WOMEN

Submitted to the
Faculty of Liberty University
in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

by

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has been approved

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Liberty University, Lynchburg, Virginia

May 2009

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ABSTRACT

SCRIPTURE AS A SOURCE OF HOPEFULNESS FOR ADULT CHRISTIAN MEN AND WOMEN

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The primary focus of this study was to evaluate the effect of a Bible study intervention on increasing the levels of hopefulness in a non-clinical population of adult Christian men and women. Using a randomly assigned pretest-posttest eight-week control group design, data was obtained from a sample of 60 adult Christian men (N=25) and women (N=35). Analysis of Covariance (ANCOVA) revealed that the bibliotherapeutic intervention was effective at (p. < .01). The study also revealed a positive correlation between hopefulness and spiritual maturity at (p. < .01). Of the 31 participants in the treatment group, 20 individuals (64.5%) made a meaningful change in their levels of hopefulness at post treatment.
Dedication

This work is dedicated to my wife and best friend Nancy Mills for being a loving and encouraging wife and mother. Thank you for the proof reading of the manuscript and for sending out all the correspondence. Thank you for your faithfulness in providing sacrificial support and encouraging me through these years of additional education and other goals in our life and for always believing in me. I am enormously grateful.

Amy, Kathryn, Donna, and David, this is dedicated to you and your families for your constant love, prayers and, encouragement. Thanks to you all for proofreading the manuscripts, for scoring the assessments, and for helping with the dissertation study. You all are truly gifts from God. I love you all and pray for God’s blessings on you always.
Acknowledgments

I would like to express my gratitude and thanks to Dr. Harold Willmington for his friendship and wise counsel in my decision to study for this area of ministry. Your special knowledge and proficiency in the Scriptures have provided a valuable contribution to this dissertation.

I would like to thank Dr. Ron Hawkins for his willingness to chair my committee and invest his time and thoughts in this study. You have contributed significantly to the reliability and exactness of this project, by editing my work, and sharing the great value that I place on hopefulness.

I would like to thank Dr. Gary Sibcy for his statistical direction, supervision and clarification of the results of this study. Thank you for your interest in hope and the place that Scripture holds as self-help therapy.

I would like to thank Dr. Victor Hinson for his helpful observations in editing and encouragement, and for sharing the same high value of hopefulness in the counseling process.

I would like to thank Dr. John Pantana for his help with statistics when I first began my work in the doctoral program, and for his encouragement along the journey.

I would like to thank my fellow students Dr. Dwight Rice for his advice in the area of research and Hitomi Makino for her guidance in statistics. Both of you have been faithful in prayer and encouragement.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter/Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>v</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>vi</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xii</td>
</tr>
<tr>
<td><strong>CHAPTER ONE: INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>2</td>
</tr>
<tr>
<td>The Problem</td>
<td>4</td>
</tr>
<tr>
<td>The Definition of Terms</td>
<td>5</td>
</tr>
<tr>
<td>The Significance of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Assumptions and Limitations</td>
<td>8</td>
</tr>
<tr>
<td>Summary</td>
<td>8</td>
</tr>
<tr>
<td><strong>CHAPTER TWO: REVIEW OF THE LITERATURE</strong></td>
<td>10</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>The History of Hope</td>
<td>10</td>
</tr>
<tr>
<td>The Definitions of Hope</td>
<td>12</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Evidence of Hope’s Being Increased</td>
<td>54</td>
</tr>
<tr>
<td>The Importance of Hope</td>
<td>55</td>
</tr>
<tr>
<td>Summary</td>
<td>57</td>
</tr>
<tr>
<td><strong>CHAPTER THREE: METHODOLOGY</strong></td>
<td>58</td>
</tr>
<tr>
<td>Introduction</td>
<td>58</td>
</tr>
<tr>
<td>Research Design</td>
<td>59</td>
</tr>
<tr>
<td>Selection of Participants</td>
<td>60</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>61</td>
</tr>
<tr>
<td>Research Procedures</td>
<td>64</td>
</tr>
<tr>
<td>Data Collection</td>
<td>64</td>
</tr>
<tr>
<td>Data Processing and Analysis</td>
<td>66</td>
</tr>
<tr>
<td>Research Questions and Research Hypothesis</td>
<td>67</td>
</tr>
<tr>
<td>Summary</td>
<td>70</td>
</tr>
<tr>
<td><strong>CHAPTER FOUR: RESULTS</strong></td>
<td>72</td>
</tr>
<tr>
<td>Descriptive Statistics</td>
<td>73</td>
</tr>
<tr>
<td>Answers to Research Questions</td>
<td>75</td>
</tr>
<tr>
<td>Summary</td>
<td>84</td>
</tr>
</tbody>
</table>
CHAPTER FIVE: SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS .............................................................................................................. 85

Summary ................................................................................................................................... 85

Problem ................................................................................................................................. 85

Methodology ......................................................................................................................... 85

Conclusions ............................................................................................................................... 86

Assumptions .......................................................................................................................... 86

Strengths ............................................................................................................................... 87

Limitations ............................................................................................................................ 88

Discussion ................................................................................................................................. 89

Recommendations ................................................................................................................... 100

Summary ................................................................................................................................. 102

REFERENCES ........................................................................................................................... 103

APPENDIXES ............................................................................................................................ 120

APPENDIX A: ADVERTISEMENT TO RECRUIT PARTICIPANTS .............................. 120

APPENDIX B: CONSENT FORM ........................................................................................ 121

APPENDIX C: DEPRESSION, ANXIETY, STRESS SCALE-21 ........................................ 123

APPENDIX D: PARTICIPANT INFORMATION FORM ................................................... 125
APPENDIX F: SPIRITUAL MATURITY INDEX ............................................................... 128
APPENDIX G: BIBLE STUDY INTERVENTION ......................................................... 130
APPENDIX H: IRB APPROVAL .............................................................................. 148
List of Tables

Table 1 Attrition Summary of the Population Sample………………………………………74
Table 2 Demographic Frequencies of the Final Sample…………………………………75
Table 3 Mean and Standard Deviation for Hopefulness and Spiritual Maturity…………..76
Table 4 Correlations of Pre and Post Hopefulness with Pre and Post Spiritual Maturity……77
Table 5 Correlations Between Hopefulness and Spiritual Maturity with Depression, Anxiety and, Stress at Pretreatment………………………………………………………78
Table 6 Analysis of Covariance of the Bible Study Treatment on Posttest Hope Scores, Controlling for Relevant Covariates…………………………………………………………..80
Table 7 Mean Scores for Pre and Posttest Hopefulness in the Treatment Group and Control Group………………………………………………………………………………80
Table 8 Analysis of Covariance of the Bible Study Treatment on Posttest Spiritual Maturity Scores, Controlling for Relevant Covariates………………………………………81
Table 9 Cross-tabulation of Half Standard Deviation Individuals’ Change in Levels of Hopefulness…………………………………………………………………………………..82
Table 10 Cross-tabulation of Half Standard Deviation Individuals’ Chang in Levels of Spiritual Maturity…………………………………………………………………………83
CHAPTER ONE: INTRODUCTION

Purpose of the Study

The purpose of this dissertation was to gain a better understanding of the effect of a bibliotherapeutic intervention consisting of certain Scriptures, focused on God’s character, His providential care in the present and, His secure plan for the future, on increasing the levels of hopefulness in adult Christian men and women. An association between Scripture and hope is well established in the literature (Alcorn, 1999; Carrigan, 1976; Collins, 1993; Crabb, 1987; Habermas, 200; Hawkins, Hindson, & Clinton, 2002; Heard, 1993; Jacobson & Jacobson, 2004; Lester, 1995; McMinn & Hall, 2000; Menninger, 1959; Plantinga, 2002; Worthington, 2007; Yancy, 1990). Since the Bible also supports a relationship between specific Scriptures and an increase in hopefulness (Romans 15:4), a sufficient basis for this study was established.

The primary area of interest for the researcher consisted of testing the assumption that a positive correlation exists between levels of hopefulness and the levels of spiritual maturity, experienced by adult Christian men and women. In Romans 5:1-5, Scripture describes a sequence in which spiritual maturity is produced through difficult life circumstances, bringing about three qualities: (a) endurance, (b) strength of character and, (c) hope (McClain, 1973; Lopez, 2005). Additionally, I John 3:1-3 explains that every believer, who has the hope of God’s promised future (becoming like Him), seeks to live a more pure life (characteristic of spiritual maturity). These Scriptures connect hope and spiritual maturity in a positive manner. In this study, research was conducted that was designed to investigate the direction and magnitude of the relationship between hope and spiritual maturity in adult Christian men and women.
Hypotheses

Hypothesis number one: A positive correlation exists between levels of hopefulness and levels of spiritual maturity in the sample. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of spiritual maturity in the sample. This question addressed the assessment of the entire sample of 60 participants at pre and post treatment. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of spiritual maturity in the sample.

Hypothesis number two: A significant negative correlation exists between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment. This second question also addressed the complete sample (N=60) at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment.

Hypothesis number three: A negative correlation exists between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment. This second question also addressed the complete sample (N=60) at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment.

Hypotheses number four: Exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates. This fourth question addressed the treatment group (N=31) at pre and post treatment. Stated as a Null Hypothesis: Exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan
for the future will not increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates.

Hypothesis number five: Exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of spiritual maturity in the sample, after controlling for pretest hopefulness and other relevant covariates. This fifth question addressed the treatment group (N=31) at pre and post treatment. Stated as a Null Hypothesis: exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will not increase levels of spiritual maturity in the sample, after controlling for pretest hopefulness and other relevant covariates.

Hypothesis number six: A significant percent of participants in the treatment group, as compared with the control group, will make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment. Stated as a Null Hypothesis: There will not be a significant percent of participants in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment.

Hypothesis number seven: A significant percent of participants in the treatment group, as compared with the control group, will make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment. Stated as a Null Hypothesis: There will not be a significant percent of participants in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment.

Hypothesis number eight: Gender is not significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. This was considered to be a control question to
make sure that there were no significant differences between these variables. This control addressed
the entire sample of 60 participants at pre and post treatment. The Null Hypothesis is stated the
same: Gender is not significantly correlated with levels of hopefulness or spiritual maturity at both
pre and posttest intervals.

Hypothesis number nine: Age is not significantly correlated with levels of hopefulness or
spiritual maturity at both pre and posttest intervals. This was also considered to be a control
question to make sure that there were no significant differences between these variables. This
control addressed the entire sample of 60 participants at both pre and post treatment. The Null
Hypothesis is stated the same: Age is not significantly correlated with levels of hopefulness or
spiritual maturity at both pre and posttest intervals.

The Problem

At this time in history, a great number of people have lost hope (Jeremiah, 2007). An overview
of the literature demonstrates clearly the importance of hope. Hope is necessary for life and growth,
providing direction, and resiliency in seasons of difficulty (Averill, Catlin, & Chon, 1990; Kim,
1989; Werner & Smith, 1992). In addition, hope plays a part in psychotherapeutic and physical
recovery (Frank, 1968; Helm, 2004; Menninger, 1959; Morrison, Bromfield, & Cameron, 2003),
and is essential for establishing the desire to live (Scanlon, 1989). Clearly, the capacity to hope is
conceivably the most genuine and distinguishing attribute of humanity (Lester, 1995). For life to
continue, hope must be present (Erikson, 1964, p.115). In view of this information, it is evident that
hope is at the very heart and center of human wellness (Lynch, 1965). Since hope is essential to life
and health, efforts at increasing levels of hopefulness are of great benefit to both Christian and
secular caregivers.
Snyder (2000) states that there is, “…uncertainty regarding the source of hope…” (p. 4). Snyder, and associates (1997) acknowledge the need for developmental studies to find out how hopeful responses are learned (p. 582). Theologians, philosophers, psychologists, and healthcare professionals all agree that hope is essential to their profession and should be the focus of investigation (Jevne, 1991). Further, Lester advises, “We need specific research on hope from the perspective of faith development…” (p.64). At present, little research has been conducted, regarding a Scripture intervention that may be used by therapists to increase levels of hopefulness in clients. In this study, we explore the power of a specific bibliotherapeutic treatment for increasing levels of hopefulness and spiritual maturity in adult Christian men and women.

The Definition of Terms

The initial and most essential asset intrinsic to the state of being alive is hope (Erickson, 1964). The researcher defines “Hope” as being convinced of a valued truth with a simultaneous emotion of anticipation of the fulfillment of that truth. The cognitive process of hope centers on the conviction that God can be trusted to always relate to believers according to His flawless and immutable character and, since He is actively involved with us in the pursuit of our goals, we will succeed. This conviction and expectation simultaneously stimulates the emotion appropriate to the context of our circumstance. Affective result is immediately experienced in the individual who is convinced of this truth (Dufault and Martocchio, 1985; Lester, 1995; Marcel, 1962; Nowotny,1989; Ortberg, 2008; Snyder, et al., 1991; Stotland, 1969). This hope is expressed in Hebrews 6:19 as, “…an anchor of the soul, a hope both steadfast and sure…”

McMinn and Hall (2001) state, “Christian spirituality is built upon a solid foundation of historical, biblical, and systematic theology—one that offers hope through truth-claims that have
been forged through centuries of scholarship, devotion, and divine leading…” (p.1). “Christian” is defined as one who is trusting Jesus Christ alone as his or her only way to be saved (Barna, 1995).

The researcher defines “spiritual maturity” as the degree to which a believer’s relationship with God is lived out in handling life’s difficulties and establishing wholesome relationships with others, in order to share God’s truth in ways that bring hope and a desire to glorify God (Ellison, 1983; Fabricatore & Handal, 2000; Gibson, 2004; Hawkins, 2008; Salsman & Carlson, 2005). Such maturity is a focus of Romans 15:1-3, “Now we who are strong ought to bear the weaknesses of those without strength and not just please ourselves”.

The Significance of the Study

The high price for ignoring hope is evident in Seligman’s (1990) evaluation that hopelessness destroys life—death is the result of hope being dashed. In the absence of hope, the best medication and the best caregivers find that their ability to restore an individual to good health is compromised (Jevne, 1991). The function that breathing provides for the living body is the function that hope provides for the soul; where hope is missing, the soul dries up and withers (Marcel, 1962). Counseling efforts will not bring about change unless hope is offered as an additional motivation (Crabb, & Allendar, 1996).

Hopelessness is found to be the highest correlated symptom with suicide (Melges & Bowlby, 1969; Seligman, 1990). The sense of hopelessness leads the depressed patients to conclude that suicide is the only plan for dealing with their problems, which they view as impossible to solve (Beck, Brown, Berchick, Stewart, & Steer, 1990). The main source of neurosis in today’s world is absence of meaning (Fitzgerald, 1979). Hope is one of the main strengths responsible for progress in the prevention of mental illness (Seligman, 2002). Lester (1995) correctly summarizes,
When people are wounded and in need of healing, confused and in need of guidance, overwhelmed and in need of sustaining, alienated and in need of reconciliation, or trapped and in need of liberation, it should be obvious that hope and despair are major psychological dynamics. (p.1)

This rationale for increasing hope is seen in Fitzgerald’s (1979) warning, “unless we can tap the sources of hope, there can be no human future” (p.2). Everything people accomplish in the years of their existence is based on a certain level of hopefulness (Miller, 2000).

While much has been studied regarding the content of hope, how hope relates to human health and behavior, as well as various human sources of hope, empirical studies regarding the effect of Scriptural insight on an individual’s level of hopefulness has almost completely been overlooked. Considering the above information, it is clear that knowing how to increase an individual’s hopefulness is of extreme importance. Further studies should be conducted to more fully understand the effect of Scripture on an individual’s level of hopefulness.

Snyder (1989) related that since a correct awareness of reality is the foundation to psychological health, one should, “Tell it like it is” (p.130). Menninger (1959) asked:

Are we not duty bound to speak up as scientists, not about a new rocket, or a new fuel, or a new bomb, or a new gas, but about this ancient but rediscovered truth, the validity of hope in human development? (p.491)

The question of the researcher is: Are we not duty bound as Christian counselors to examine methods by which certain Scriptures may be used to increase hopefulness in Christians and demonstrate the power of these methods through carefully structured research studies?
Assumptions and Limitations

This study involved persons who had an active affiliation with a church and who were willing to participate in an eight-week Bible study about hope. These were adult Christian men and women between the ages of 18 and 75, many of whom had placed their faith in Christ at a very early age. For these reasons, many of the participants had scores on the Nowotny Hope Scale and the Spiritual Maturity Index that were at or close to the achievable upper limit of the pretests. This “ceiling effect” made analysis more complicated since it reduced the amount of variation between the pretests and the posttests (Vogt, 2005). For example: for participants who had high levels of hopefulness scores near 100% on the pretest, it was difficult to determine to what degree the Bibliotherapeutic intervention was effective, since the posttest score could not go up any further. Also, based on the same specifically selected sample, the results of the study cannot be generalized to populations who do not have a similar faith in God and His Word.

Summary

Chapter one has included a brief description of the purposes of this study. The first purpose was to study the correlation between levels of hopefulness and levels of spiritual maturity in adult Christian men and women. The second purpose was to understand the effect of a treatment package, consisting of a Bibliotherapeutic intervention, focused on certain Scriptures. These specific Scriptures explained God’s character, His providential care in the present and His secure plan for the future, on increasing the levels of hopefulness in adult Christian men and women. Further interests, regarding the demographics, included questions about the effect of gender and age on the individuals’ levels of hopefulness. The nine Hypotheses for the study were explained, along with the Null Hypotheses. The significance of the study was rooted in a brief survey of the literature that
illustrated the importance of hope in psychotherapeutic as well as physical recovery. The literature also reveals a shortage of hope in our culture, with the resulting consequences of hopelessness, depression, despair, and suicide. The shortage and its consequences were then shown to demonstrate the problem and the significance of pursuing research studies focused on the outcome of increasing hopefulness in adult Christian men and women. The terms “hope”, “spiritual maturity”, and “Christian” were operationalized. Finally, the responsibility, of Christian counselors, is to shape intervention strategies that are rooted in the teachings of certain Scriptures and demonstrate their value through solid research for improving levels of well being in clients was stated.
CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

Contributions to the literature regarding the importance and meaning of hope have been made by psychologists, psychiatrists, philosophers and theologians. This chapter provides a brief explanation of the importance of hope and a history its origin. Also presented is a selective analytical summary of the literature, reflecting the research, observations, and patterns of thought, as they have developed over the past half century.

Hope has been generally understood as a positive expectation about one’s future and a confidence about accomplishing future goals (Herth, 1990; Korner, 1970; Snyder, et al., 1991; Stotland, 1969). Since hope is practically the heart and center of a human being (Lynch, 1965) and the most essential asset intrinsic to the state of being alive (Erickson, 1964), and since there is an identified shortage of hope among Christian men and women (Barna, 2001), there is an evident need for further empirical research to better understand the Scriptures as a source for hope.

The History of Hope

Because hope has been viewed by psychologists, psychiatrists, psychotherapists, and philosophers both positively and negatively from one point of history to another, it is important to present a brief history of this phenomenon. The oldest writings about the concept of hope are found in the Hebrew Old Testament (B.C. 1520). Three terms were used relating to hope. In Job 4:6, Eliphaz used the term *tiqvah*, which refers to the expectation of a thing that is longed for or something hoped for (Brown, Driver, & Briggs, 1907). Job, in 6:11, introduced a second concept of hope (*yachal*), which has to do with patiently waiting (Brown et al.). This was the term that King...
David also used when encouraging his soul to, “hope thou in God” (Psalm 42:5). Finally, in Second Kings 18:19 (BC 713) the term *batah* was used to indicate the meaning of trust (Brown, Driver, & Briggs, 1907).

The explanation of hope (*elpis*) in Greek mythology came on the scene much later, perhaps in the High Classical Period between BC 480 and 323, through the story of Pandora’s jar of evil creatures. It was generally accepted in Europe through the early 1700’s that these myths were distorted versions of biblical narratives (Bowman, 2002; Wills, 1993). As explained in the Greek myth, Zeus ordered Hephaestus to create the first woman (Pandora) out of clay for the purpose of punishing men (Grum, 1991; Mercaante, 2004). Then, Pandora, as the myth is told, was sent with a jar, which contained creatures that would spread evil and sickness to all human beings (Willis, 1993). Upon opening the jar, Pandora released the evil creatures to spread envy, spite, revenge, gout, rheumatism, and colic throughout the world (Snyder, et al., 1991). As the myth states, hope was the only creature left in the jar as Pandora slammed the lid shut (Carrigan, 1976; Magaletta & Oliver, 1999; Menninger, 1959; Smith, 1983; Snyder, et al., 1991; Willis, 1993). Through the myth of Pandora’s Box, the Greeks depict hope as, “life’s final illusion to which we cling” (Carrigan, 1976, p.41). Believing in the unchangeable nature of fate, Greek thought considered hope to be an illusion and, therefore evil (Menninger, 1956; Kim, 1989).

Averill, Catlin, and Chon (1990) explain that, our present understanding of hope owes more to the Christian-Judeo beliefs than to classical Greek thinking. The understanding of hope changed when Christianity began to spread. The writings of Paul (AD 59) were an attempt to set his Greek friends free from fatalism and mythology. He stated that hope stands side-by-side with the virtues of faith and love (Menninger, 1959; Rawlins, Williams, & Beck, 1993). In writing to the Greek believers about the resurrection of Christ, Paul explained that, “If in this life only we have hope in
Christ, we are of all men most miserable” (I Corinthians 15:19). This Greek term *elpis* refers to “expectation, or prospect” (Bauer, 1957, p.252).

Thomas Aquinas (13th century) classified hope as one of the four primary emotions, along with joy, sadness, and fear (Averill, Catlin, & Chon, 1990). British empiricists, Hume (1739) and Hartley (1749) both classified hope as a fundamental emotion (Averill, et al.). Kant (1800) described hope as being like a disease, if it directed a person to behave immorally, and as a good emotion, if it prompted one to lead a moral life (Averill, et al.). Nietzsche (1878) considered hope to be evil, since it prolongs man’s suffering (Averill, et al.). As early as 1905, Freud wrote, “…the state of mind, in which expectation is colored by hope and faith, is an effective force with which we have to reckon… in all our attempts at treatment and cure” (as cited in Frank, 1968, p.384).

Transformation of an alcoholic’s state of hopelessness to hope was experienced in 1932 in Carl Jung’s counseling office in Zurich (Fitzgerald, 1979). This was the foundation for Alcoholics Anonymous (A.A.) (Fitzgerald). A.A. began instructing alcoholics to admit that they were powerless to win over alcohol and to seek help from a “higher power” (Fitzgerald, p. 80). This shift in thinking produced the feeling of hope (Fitzgerald).

The Definitions of Hope

Since no global definition of hope exists, hope has been defined in a diversity of ways (Farran, et al., 1995; Herth, 1990; Miller, 2000; Stephenson, 1991; Touhy, 2001). All definitions of hope can be separated into two “spheres”, identified by Dufault and Martocchio (1985) as: “particularized” hope and “generalized” hope (p.380). Particularized hope is the expectation of reaching a specific valued goal. Generalized hope is a sense of well-being and provides a sense that life is worthwhile.
Particularized Hope

Dufakult and Martocchio (1985) describe this sphere of hope as being,

… concerned with a particular valued outcome, good, or state of being, in other words, a hope object. Objects of hope, that which is hoped for, may be concrete or abstract, explicitly stated or implied…hope is characterized by the expectations that, (a) What exists at present can be improved, (b) What a person does not have at this time can be attained or received, (c) The desired circumstances surrounding an event will occur, (d) What is valued in the present can be part of the hoping person’s future. (p.380)

These expectations have to do with setting goals. A goal can be anything that a person, “desires to experience, create, get, do, or become” (Snyder, Lopez, Shorey, Rand, & Feldman, 2003, p.123).

Stotland (1969) exemplifies the particularized hope when he describes hope as simply an anticipation larger than zero of reaching a goal. Bryant and Cvengros (2004) conclude that hope focuses on the achievement of specific goals. Melges and Bowlby (1969) defined hope as a person’s estimate of the possibility of his or her reaching specific goals and how an individual evaluates the likelihood of his or her being able to continue developing effective plans of action in the quest of present and future goals. Erikson (1964) also defined particularized hope as, a person’s continuing belief in the attainability of avid wishes. Herth (1990) equates hope with the upbeat anticipation of a future goal that is good. Korner (1970) described hope as having the characteristic of personal reliance on outcome, which, “… specifies that a future event will solve problems, give gratification, provide solutions… that must occur for the sake of his well-being” (p.135). Lester (1995) labels this goal directed thinking as “finite” hope (hope for an increase in pay, the well-being of our children, or winning a game) (p.63). Snyder (2000) defines this hope
as, “a willingness to actively engage goals and to perform the behavior necessary to attain those goals” (p.316). He proposes that this hope involves two interrelated elements. Snyder and associates (1991) explain that the first element is a sense of determination in accomplishing goals. This goal-directed energy (motivation), that provides the perception of success, is called *agency*. The second element is the perception of being able to develop plans which will accomplish the desired goals. This element is known as *pathways*. It is agency that initiates the pathway thinking, and it is the interactivity of these two elements that brings the people through the journey of reaching their goal (Snyder, et al., 1991; Irving, et al., 2004; Juntuen & Wettersten, 2006). Snyder further defines *particularized* hope as, the summation of perceived abilities to create routes to preferred goals, along with the apparent inspiration to make use of those routes.

A similar understanding of the category of particularized hope is seen in the explanation that hope is a progression of expectation that includes the interaction of feeling, thinking, relating, and behaving; all focused toward a future accomplishment that is significant to the individual (Stephenson, 1991). Lynch (1965) adds that this hope includes the basic awareness and feeling that a way out of difficult circumstances does exist—that there are answers and solutions. Lynch describes three basic elements: (a) we do not yet have what we hope for, (b) to obtain what we hope for may be difficult, and (c) it is possible to have it.

Farran and associates (1995) include four attributes of hope. They explain these four components as, (a) the *experiential process*, involving the degree to which a patient’s health or other circumstances has altered his or her levels of hope, (b) the *relational process*, having to do with the role that is played by family, friends, and community in the preservation of hope, (c) the *rational thought process*, focusing on the establishing and refining of goals, and (d) the
spiritual/transcendent process, involving one’s religious/spiritual orientation. This is closely related to Stephenson’s (1991) progression of expectation, which was mentioned earlier. Stephenson included the interaction of feeling, thinking, relating, and behaving; all focused toward a future accomplishment that is significant to the individual.

Miller’s (1999) explanation of a particularized hope includes five attributes, (a) will or will-power, being the element of desire or willfulness, (b) way or wayfulness, having to do with where the individual places his or her trust (self, another person, or a higher power), (c) wish, involving a specific desire, (d) horizon, having the capacity to see further than present state of affairs, and (e) action, being the deepest expression of hope, where thoughts and emotions are expressed in doing something about one’s situation. Owen (1989) observed these six attributes of hope, (a) setting goals, (b) personal attributes (positive attitude, optimism, courage), (c) reframing the future, (d) peace, (e) meaning of life, and (f) strength.

Averill and associates (1990) describe four rules (principles) of particularized hope, as follows: (a) the prudential or realistic principle states that hope is inappropriate when the possibility of reaching a goal is unrealistically small, (b) the moralistic or value principle states that hope should not be placed on objects that are morally unacceptable, (c) the priority or precedence principle states that goals should be of vital interest, and (d) the action principle states that individuals who are hopeful should be prepared to take the proper action to accomplish their goals. The probable attainment of particularized goals provides motivational energy in the hoping process (Haase, Britt, Coward, Leidy, & Penn, 1992; Stotland, 1969; Miller, 1989).
Generalized Hope

The second sphere of “generalized” hope describes a hope that supports the feeling of well-being and contributes to a sense of life being worthwhile (Dufault & Martocchio, 1985). Dufault and Martocchio define this sphere of hope as hope that,

… protects against despair when a person is deprived of particular hopes,

and preserves or restores—past, present, and future—in circumstances of all kinds. It imparts an overall motivation to carry on with life’s responsibilities and gives a broad prospective for life and thought that includes flexibility and openness to changing events.

(p.380)

A general state of hopefulness is not in reference to a specific hope (“I hope I complete this dissertation before April”) but hope about one’s being and existence in this world, which makes a vital difference in one’s outlook on life (Fitzgerald, 1979). Fitzgerald also includes that hope involves the conception that one’s own existence and the existence of the world has meaning. Macquarrie (1983) defines hope as, “a diffuse, inclusive concept, denoting a mood or an attitude in which, beliefs, emotions, imagination and purpose are all combined…characterized by a measure of confidence and affirmative expectation about the future” (p.243). Smith (1983) described hope as the confidence that a good quality future is probable and valuable enough for which to strive. Gottschalk and Irvine (1974) conceptualize hope as a positive outlook or the anticipation of a favorable conclusion, both in one’s personal life on earth, as well as celestial phenomena and spiritual or imagined events. Stephenson (1991) defines hope as, “an anticipation, accompanied by desire and expectation of a positive possible future” (p.1457). Dufault and Martocchio (1985) state that, “In some instances, it is as though generalized hope provides the climate for developing particular hopes and later rescues the hoping person when
the particular hope no longer seems realistic” (p.381). Lester’s (1995) term for generalized hope is “transfinite”, referring to, “a hope that is placed in subjects and processes that go beyond psychological sensing and the material world” (p.64). General (fundamental) hope is thoroughly linked with inquiries regarding values and meaning (Fitzgerald, 1979). Miller, (2000) sees hope as a state of being, having the particular characteristics of an expectation of a continuous good state, an enhanced state or a liberation from a seeming entrapment. She further describes hope as an expectation of a positive future that is established upon: significant relationships, a feeling of personal competency, a capacity for coping, psychological health, meaning and purpose of life. Nowotny (1989) identifies six attributes of hope: “confidence in outcome; relates to others; future is possible; spiritual beliefs; active involvement; and inner readiness” (p.76).

Stanley (1978) found this kind of hope among college students. He defined that hope as a positive anticipation of a good future, which, although attended by uncertainty and fear, is reasonably promising through active effort, encouraging personal relationships and religious beliefs.

These two categories of hope join together in the process of hoping, when one’s ability to envision his or her future existence attaches itself to a specific goal (Lester, 1995). Lester further explain that there is something specific to hope for or to hope in. Individuals place their hope in something (Yahne & Miller, 1999). The combination of the two categories of hope is also described by Dufault and Martocchio (1985). They define the hoping process as a, “multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving good, which, to the hoping person, is realistically possible and personally significant” (p.389). Marcel (1962) explained that the capability for little acts of hoping in one’s day-to-day existence gives evidence to a more weighty basis of hope that lies outside the human condition.
A Definition for This Study

In view of the above information, one can see that hope involves values and outlook in addition to goal achievement. Hope is multi-dimensional (Farran, et al. 1995). A focus on only one characteristic, such as anticipation of goal achievement, would not give a complete picture of hope (Farran, et al.). A definition of hope must take these variations into account in order to be valid (Farran, et al.). Therefore, for the purpose of this study, hope is defined as, a person’s being convinced of a valued truth with a simultaneous emotion of anticipation. This cognitive process of hoping centers on the conviction that God can be trusted to always relate to us according to His flawless and immutable character, and, since He is actively involved with us in the pursuit of our goals, we will succeed. This conviction and expectation simultaneously stimulates the emotion appropriate to the context of our circumstance (Calvin, 1921 Translation; Dufault & Martocchio, 1985; Lester, 1995; Marcel, 1962; Nowotny, 1989; Ortberg, 2008; Snyder, et al., 1991; Stotland, 1969). This expectation includes the interaction of beliefs about the meaning and value of life, resulting in an accurate understanding of the causes of success and failure while striving for specific valued goals. These beliefs and values must be established upon an understanding of what God is really like (loving, sovereign, and trustworthy) and an accurate knowledge of His plans regarding our earthly responsibility and our promised future.

Such a definition is a safe-guard to prevent irrationally labeling goal achievers as “high hope persons”. In addition, this definition recognizes that some of the most sought after goals (obtaining power, becoming famous, or winning the lottery) are ultimately meaningless goals based on a failure to comprehend the meaning of life (Fitzgerald, 1979). Nor should one pursue goals that lead to immorality (Averill, et al., 1990). The pursuit of such goals, as an end, is defeating one’s self (Fitzgerald). Fairchild (1980) offers an analysis of Stotland’s stress on goal
attainment, instructing that finite hope in attaining earthly goals will be disenchanted at some point in time unless it is founded upon transfinite hope that is not invested in earthly objects. Jeremiah (2008) refers to finite hope as a “tenuous source of hope at best” (p.8). [and] “…such hopes will be buried with them in the grave” (p.16).

The Role of Hope in Social Science

While in the 1950’s clinical appraisal and intervention gave attention primarily to hopelessness in psychiatric clients (Farran, et al., 1995), hope became a major object of study by the social science community in the 1960’s, as Menninger (1959) brought the value of a scientific study of hope to the attention of the counseling community in his academic lecture to the American Psychiatric Association (Menninger). At that time the world of social science had a great deal of skepticism but very little knowledge about hope. Menninger stated his concern that the study of hope was being over-looked in the writing of books and journals. Although Menninger chose to place hope into the forefront of the psychiatric community, he stated that he was unable to do so in a conventional scientific analysis, because, at that time in our history, there were no studies being conducted about hope, from which a research report could be given (Menninger, 1959).

Although Menninger’s (1959) understanding of hope was quite unclear, he did tie the importance of hope to its relationship to faith and love, explaining that a counselor’s concern for others reflects, “the concern of a Creator” (p.481). This presentation of hope was offered as an appeal to the professional psychiatric practice of examining and contemplating one’s innermost thoughts. The idea was that, since the counseling community dares to hope, then it would be
logical for counselors to take a close look at the hoping process in treatment and teaching (Menninger).

Menninger (1959) observed students of psychiatry, as they graduated and entered their careers of working with the mentally ill. He witnessed how their encounters with negative experiences and frustration, depleted the hope they once possessed. Menninger described them as, “hopeless physicians presiding, passively over hopeless patients” (p.482). He believed that it was the responsibility of the teacher to instill hope into the student that would be balanced and un-extinguishable. Finally, Menninger believed that it was the duty of science to speak up about, “rediscovered truth, the validity of Hope in human development.--Hope, alongside its immortal sisters, Faith and Love” (p.491).

In the same year, Frankl (1959) published his experience with hope in the concentration camps of Germany during World War II. Frankl reported that hope was described by those who survived as, “spiritual freedom, a freedom which cannot be taken away, a freedom that makes life meaningful and purposeful” (p.66). Frankl found that any endeavor designed to combat the concentration camps’ psychopathological manipulation on the prisoners had to be done by providing an inner strength,

…by pointing out to him a future goal to which he could look forward…It is a peculiarity of man that he can only live by looking to the future…And this is his salvation in the most difficult moments of his existence. (p.81)

Later he reported that the future was doomed for those who did not have faith regarding the future. Men were reminded that their life outside the camp still waited for them when the war was over; that loved ones still waited their return. Although, Frankl was not anti-religious, his existential view was that man, himself, had the power to rise above his circumstances, by assigning a meaning to his
particular situation. Frankl recognized that meaning of life is, “an indispensable prerequisite of mental health” (p.109).

Cantril (1964) observed that individuals are “creatures of hope” (p.131). Cantril believed that human beings continually ask themselves “Where did I come from?” “How did I get this way?” and “Where do I go from here?” (p.132). Cantril (1964) observed that people are future-oriented in their anxious interests. Later Cantril tied hope into the individual’s desire for the fulfillment of his or her future ambition for advancement.

Also, in 1964 Erik Erikson recognized an inner relationship between the earliest mental disturbances and the loss of hope. His desire to gain an understanding of the determinants of a state of hopefulness led him to investigate the rationale of hope and six other basic qualities, which he listed under the heading of “virtues” (p.112). Erikson defined “virtue” as, “certain human qualities of strength” (p.113). The virtues of Hope, Will, Purpose and Competence were thought to be developed in childhood, with hope being the foundational virtue, which must be established before will can be trained. Erikson believed hope to be, “the earliest and most indispensable virtue inherent in the state of being alive” (p.115). He defined hope as, “the enduring belief in the attainability of fervent wishes, in spite of the dark urges and rages which mark the beginning of existence” (p.118). His observations concluded that hope is the foundation of faith, and that faith in a child is nourished by the faith of the adult caregiver—primarily the child’s mother.

Frank (1968) reported experimental findings in placebo studies, indicating that an individual’s thoughts are strongly prejudiced by his or her vision of the future, and that efforts to heighten a patient’s hope could be genuinely therapeutic (p.383). In this study of two groups of psychiatric outpatients (49 and 60 patients respectively), Frank also observed that clients’ long-term hopes and anxieties strongly affect their emotions and could establish their choices between different courses
The Cognitive/Affective Interchange in the Hoping Process

Psychological research and theory from the 1960’s to the present time have focused on the reasoning process that is put into motion when an individual evaluates the basis for his or her hopefulness in managing circumstances and reaching a goal. Sagy and Adwan (2006) describe hope as, “the interaction between wishes and positive future expectations” (p.128). The hoping process includes more than a single act; rather, it is an intricate arrangement of numerous feelings, thoughts, and choices that change as time goes on (Touhy, 2001). Lester (1995) also states that hope includes both cognitive and affective reactions to life, and that the interaction between the cognitive and affective produces a belief that the future is full of possibilities.

Wright and Shontz (1968) conducted a study of the “hoping process” in a population sample of 14 disabled children, who varied in age from five to nineteen years (p.322). Their qualitative study was based on interviews with parents, teachers, and therapists of ten girls and four boys, diagnosed with cerebral palsy, spina bifida, and achondroplasia. The researchers found that children express a hope for some future goal without considering the reality of their hope. This observation was also observed in the studies conducted by Seligman (1990, p.125). Adults, on the other hand, include reality inspection to evaluate the possibility of finding support for hope in a given situation. This “reality surveillance” (p.329) was identified as the main task in the cognitive area of the hoping process. The interviews revealed that when this cognitive search finds sufficient grounds on which to support hope, then encouragement becomes an affective by-product, which provides motivation.
to continue hoping. Additionally, Write and Shontz observed that uncertainty about realizing one’s hopes produced worry. This was identified as the second affective part of the hoping process. Worry was reported as beneficial, in that it forced individuals to face reality and make positive adjustments to potentially hazardous situations. Mourning was the final element reported in the affective part of hoping. When reality dissolved the hopes of parents and children, sorrow over profoundly felt loss produced mourning, as hope was given up. Then, parent and child reported an eventual return to the cognitive element, as they were unwilling to tolerate mourning forever. Once again they initiated the process of searching for a foundation of reality, upon which hope could be constructed. Write and Shontz reported that “the need to hope” eventually restarts the cognitive element of the hoping process (p.330). This human need to believe that “all is not lost” was a significant element of the findings in this study. A final observation was the individual’s willingness to give up a hope if a substitute hope that can be supported by truth is available to take its place. This observation was later confirmed by Dufault and Martocchio (1985). They report, “During the process of hoping for a particular hope, other potential hopes are identified that aid both in gradually relinquishing hopes that have become unrealistic and in focusing upon new hopes” (p.381).

Stotland’s (1969) research of hope and hopelessness led him to also observe the same phenomenon that Write and Shontz (1968) had identified as “reality surveillance”. Stotland’s research was prompted by an outbreak of suicide among patients in a mental hospital. Stotland defined hope as, “an expectation greater than zero of achieving a goal” [and] “the degree of hopefulness is the level of this expectation or the person’s perceived probability of achieving a goal” (p.2). He observed that with hope, an individual is active and accomplishes goals, and without hope, he or she is often dreary, lethargic, and gloomy. Stotland, therefore, concluded that hope is an essential requirement for taking action. The heart of Stotland’s theory of hope is seen in his belief
that, the perceived probability of achieving a goal and the perceived importance of the goal form the foundation for an individual’s motivation to accomplish the goal. Stotland also observed that the goal-directed behavior of the hoping process includes focusing one’s attention upon elements of the surroundings applicable to reaching the goal. In this process, Stotland indicates that the individual forms a plan to realize his or her hope, based on recollection of previous successes and present prospect.

The concept of developing plans of action to achieve goals was also the focus of a study directed by Melges and Bowlby (1969) when they attempted to identify how diverse types of hopelessness influence an individual’s psychological organization. Their focus was on the types of hopelessness that occur in depression and in sociopathy. Melges and Bowlby identified hope as that which reflects a person’s evaluation of the possibility of his or her achieving specific goals and how an individual evaluates the likelihood of his or her being able to continue developing effective plans of action in the quest of present and future goals. They observed that goals and strategies for action usually go together. For example: when a certain plan proves successful in attaining a goal, that action plan is likely to be used later when the person is working toward the same or a related goal.

Melges and Bowlby (1969) observed that the kind of hope or hopelessness experienced was dictated by the individual’s beliefs about the manner in which outcomes were expected to occur. They observed these three elements of belief: (a) To what extent is talent, ability or chance believed to influence outcome? Individuals who consider that rewards and recognition are dependent on skillful performance are usually motivated toward high achievement and also adjust plans to goals in order to make events happen. A person who believes that his or her future is controlled by chance is unlikely to exhibit goal-directed behavior. (b) How much are other people considered to be dependable and trustworthy? Since family and community life is predominately characterized by
shared goals and plans of action, one’s sense of being able to rely on others has a great deal to do with determining feelings of hope. (c) How far-off in time is a result anticipated to be achieved? People can be hopeful about outcomes anticipated to take place within a time-frame of minutes, hours, or days, yet become utterly hopeless about events more distant in time, particularly if they have little insight about the future. Melges and Bowlby explain that the individual’s opinion regarding the future profoundly affects their thinking and behavior.

In addition Melges and Bowlby (1969) observed that a key process in depression is that, while individuals continues to cling to their established goals, there is an anticipation of failure to achieve those goals through available plans of action. In contrast to this, the type of hopelessness experienced by sociopaths is that they believe that long-range goals are useless to strive for, so they seek rewards in the present with little regard for the future. Sociopaths believe that their own skills do not have much influence on their future. They also believe that others cannot be trusted and repeatedly blame others for their own failures.

In 1970 Korner described the reasoning concept explained in the above paragraphs (Reality Surveillance) as a “rationalizing chain” (p.137). His hope theory was built to explain hope’s central role in healthy behavior. The theory includes four components: (a) the purpose of hope (the defense against despair), (b) the affective component (described in terms of “clinging” to show the emotional significance of what is hoped for), (c) the rationalizing chain (the construction of a chain formed by combining elements of reality with logic and reasoning), and (d) the hope equation (a dynamic relationship among the affective component, the rationalizing chain, and external stresses). The rationalizing chain is the individual’s cognitive support against doubts, uncertainty, and concern caused by the prospect of a future negative outcome. When misgivings of reaching the desired goal occur, the individual will compensate by finding new substantiation to reinforce his or
her selected strategy. When the reasoning links in the chain no longer match with reality, the course of action toward the goal becomes unreasonable; therefore, the hope must be given up.

Weiner, Frieze, Kukla, Reed, Rest, and Rosenbaum (1971) in explaining their attribution model of motivation, described a similar process of reasoning as consisting of four elements: (a) ability, (b) effort, (c) task difficulty, and (d) luck. Their explanation of the human reasoning process in an “achievement-related event” as, “…the individual assesses his own ability level, the amount of effort that was expended, the difficulty of the task, and the magnitude and direction of experienced luck” (p.2). Future prospects of achievement and failure are built upon one’s estimated level of skill in relation to the apparent difficulty of the task, along with as an assessment of anticipated effort and estimated luck (Weiner, et al.).

An excellent example of this reality surveillance is seen in Norman Cousins’ (1976) recovery from a terminal illness. With Cousins’ diagnosis of ankylosing spondylitis (a collagen illness), he was given one chance in 500 of recovering. The doctors had not personally witnessed a recovery from such a condition. Up until the time of the diagnosis Cousins had patiently let the doctors work on treating his condition. With the news of such a slim chance of survival, Cousins reasoned, “Now I felt a compulsion to get into the act” (p.1458). He began to form a plan for recovery. His goal was to rebuild his body’s ability to stop the breakdown of connective tissue. This search for a foundation of reality led him through medical journals and books. This reality surveillance produced the decision to discontinue two toxic medicines that were destructive to his adrenal glands. After beginning large doses of vitamin C and moving from the hospital to a more restful location, Cousins developed a plan to reduce emotional tension through laughter. He later explained, “Since I didn’t accept the verdict, I wasn’t trapped in the cycle of fear, depression, and panic that frequently accompanies a supposedly incurable illness” (p.1462).
Carrigan (1976) agrees that hoping includes, “reality testing in place of mere wishing and magical thinking…[and]…Genuine hope can never evade responsibility to search for a sound basis for expectation” (p.44). Later he adds that this is most clearly seen in the Christian doctrine of end-time things.

A short time later, Bandura (1977) developed a theory of self-efficacy which is very similar to the reasoning part of the hoping process. His theory dealt with goal-setting and self-evaluation. Reality surveillance is evident in Bandura’s hypothesis that, “Expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences” (p.191). Bandura observed that, although individuals know very well what to do, they will not produce optimal effort if there is a doubt about their own ability to perform. He explained that, “self-referent thought mediates the relationship between knowledge and action” (Bandura, 1982, p.122). This reasoning process, presented by Bandura, included two expectations: (a) Outcome Expectancy, is an individual’s estimation that a given activity or performance will achieve certain outcomes (goal-attainment), and (b) Efficacy Expectancy is the confidence that a person can effectively perform or accomplish the actions necessary to accomplish the outcomes. Bandura observed that, people who evaluate themselves ineffectual, focus on their coping inability and view difficult life situations as laden with danger. As a result, they acquire a high level of distress which increases preoccupation with their personal ineffectiveness and probable failures (p.137). Bandura related his own observations to those expressed by Abramson, Seligman, and Teasdale (1978) regarding an individual’s resolving to no longer try because he or she expects future performance to be futile. The work of Bandura in 1977 later influenced Snyder’s development of a hope theory (see Snyder, 1994, p.324).
Snyder’s 1987 concept of hope, like those described above, was also, “based on positive expectation for goal attainment” (Snyder, 2000, p.8). While interviewing students about how people give excuses when they make a mistake, Snyder found that individuals are not only motivated to, “increase the distance between themselves and their bad outcomes through excuses… [they are also motivated to]… decrease the distance to their positive life goals” (Snyder, p.6). Snyder recalled that for lack of a better word to express this drive to connect oneself to valued goals, he called it “hope”. In describing a person’s thoughts that seemed to go along with the pursuit of goals, Snyder, like Bandura, identified two categories: (a) *Pathways Thoughts (Outcome Expectancy)*, which were the supposed capacity to construct or create routes to desired goals, and (b) *Agency Thoughts (Efficacy Expectancy)*, which were described as confidence to make use of those routes. Snyder’s hope theory is an “interrelated system of thought” (p.13) in which agency and pathway thoughts continue to interact all along the individual’s route to a valued goal. This cognitive process often holds true; even when considering that there are significant odds in opposition to you, you think that you can eventually prevail (Sagy & Adwan, 2006). Agency is the trait component (a stable personality disposition), while Pathways is the state component (temporary frame of mind) (Carifio & Rhodes, 2002; Snyder, Lopez, Shorey, Rand, & Feldman, 2003).

Another view of the cognitive role in hoping is seen in Seligman’s (1990) “explanatory style” (p.40). Explanatory style has to do with how an individual thinks about the causes of the failures and successes that are experienced in life. Seligman relates how he derived the elements of explanatory style from John Teasdale (how people explain to themselves that bad things happen) and Bernard Weiner (the way people think about the causes of success and failure) in the 1970’s (Seligman, 1990; Weiner, et al., 1971). He reasoned that hope can be brought to depressed
individuals by altering their way of understand the causes of discouraging events. Specifically, Seligman relates the establishing of hope to one’s “finding temporary and specific causes” for the difficulties they face (p.48). He explains, “Temporary causes limit helplessness in time, and specific causes limit helplessness to the original situation. On the other hand, permanent causes produce helplessness far into the future, and universal causes spread helplessness through all your endeavors” (p.48).

While researching student activists at Berkeley during the 1960, Smith (1983) reported a thought process that strongly linked hope to students’ outlook on their future. By evaluating national surveys of high school seniors, conducted by the Institute of Social Research at the University of Michigan, Smith found that, if a person’s future seems uncertain or unattractive, he or she is likely to live in the present and grasp for available present satisfactions. He also observed that, if individuals have concluded that there is nothing they can do about improving their future, and avoiding negative outcomes, they most likely will not continue coping.

Hope and Psychological Well-Being

Staats (2001) studied the positive effect of hope in a non-institutionalized adult sample of 257 adults ranging in age from 25 to 72. The mean age was 42.9. The participants included 121 male and 136 female. The majority of this sample comprised parents of students enrolled in an introductory psychology class at Ohio State University. They lived in Newark or in the rural area surrounding the city.

Staats’ premise of the study was that, “hope is an important component of psychological well-being” (p.358). His purpose was to correlate measures of happiness and the quality of one’s existence with measures of hope. Hope was defined as having, “both a cognitive component (the
expectation of a future event that has some probability of occurring) and an affective component (i.e., the things that we hope for are pleasant events or good outcomes)” (p.358). Happiness was explained to be, “a preponderance of positive affect over negative affect” (p.358).

The results indicated that happiness (as measured by the Affective Balance Scale (ABS) Bradburn, 1969) and hope (as measured by the Expected Balance Scale (EBS) (Warr, Barter, and Brownbridge, 1983) were highly correlated, $r = .73, p < .001$. Staats advises that the parallel structure of the two scales (ABS and EBS) could result in elevation of the $r$. He also points out that the EBS measures hope based on expected feelings; therefore, the measure is affective in nature. Increases in both hope and happiness were reported to be due to decreases in past negative affect and expected negative affect. Results further indicated that subjective health increases in importance as people get older.

Carifio and Rhodes (2002) conducted a longitudinal study to assess the relationships between optimism, hope, self-efficacy, and locus of control. Data was collected from a convenience sample of 78 marginal at-risk university students with GPA scores of 2.0 and above. These students were in a transitional program at a Northeast university since their SAT score did not reach the required minimum of 800. Data was also gathered from 22 regular students in an introductory psychology course. The at-risk sample was made up of 60% minorities (Asians, Hispanics, and Blacks), as compared to only 20% of the regular student sample. Of the combined samples, 30% were female students. This study used the Snyder’s et al. (1987) Hope Scale, which measures the participant’s confidence in being successful in problem solving and goal attainment. Snyder (as discussed on pages 11 and 12) considered hope to include the components of pathways (the capacity to create strategies to attain desired goals) and agency (the confidence to make use of those available
strategies). Therefore, the Hope Scale used in this research has two subscales (pathways and agency).

The results, which relate to the issue of hope, indicate that the at-risk participants were not only significantly less hopeful, confident, and optimistic, but that also, unlike the regular students, their Agency (will) and Pathway (way) scores were independent (unrelated) to each other. This absence of a linkage between will and way for the at-risk students indicates that working with either of these components separately will not produce a change in the other. Therefore, work must be done with both will and way for these students.

Irving and associates (2004) provide recent research in their study conducted at a community mental health center to examine individual differences in hope before, at the beginning of, and at the end of treatment. Irving and associates state that, to their knowledge, “prior to this time individual differences in hope had not received attention in the temporal sequence of psychotherapy” (p.424). Since hope is a shared aspect of many therapies (Irving, et al.) and since hope prompts the client’s understanding that their troubles can be resolved and that their futures can and will be improved (Irving, et al.), a 5-week pre-therapy was developed by the staff at the community mental health center to improve clinical outcomes by introducing clients to basic motivational concepts prior to beginning individual therapy. At the beginning of treatment clients were taught cognitive restructuring and social skills. Then during the middle and later stages of therapy, clients used these new insights and skills in learning to generate strategies in reaching goals. The lessons in the treatment covered the areas of: (a) choosing goals to deal with problem issues, (b) practicing skills to find pathways to selected goals, and (c) learning self-motivation to meet goals to achieve mental and physical well-being.
The sample was made up of 98 participants, of which 69% were female. The participants had varied educational levels (7% graduated from college, 32% had some college, 25% had completed high school, and 37% had not finished high school). Of these, 90% were Caucasian, 4% Native American, 2% African American and, 4% of other ethnic origin. Most participants were unemployed, with 82% living below the poverty level. The majority of the participants were not married (48% were divorced, 29% were never married, and 2% were widowed). The analysis indicated that, “…higher hope was associated with superior coping and capacity to regulate emotional distress, greater well-being, fewer symptoms, and superior functioning… however, hope was not associated with level of functioning (LOF) at Sessions 6 and 11” (p.431).

Touhy (2001) conducted a descriptive, correlation design to study the level of hope in a sample of institutionalized elderly participants. She proposed to determine (a) the relationship between levels of hopefulness and the variables of age, education, gender, marital status, physical and mental health, functional ability, and length of stay; (b) the relationship between levels of hopefulness and spirituality, and (c) the relationship between levels of hopefulness and connectedness with others.

Participants from the skilled facility, age 65 and above took part in a 30-minute interview. Hope was defined as a “multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving good, which, to the hoping person, is realistically possible and personally significant” (Dufault & Martocchino, 1985, p.389). Spirituality was defined as, “personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than the self” (Reed, 1987, p.336, as cited in Touchy, 2001). Connectedness with others was defined as, “the presence of interpersonal relationships that are characterized by intimacy, attachment, mutuality, sharing, and feelings of belonging and being needed” (p.49).
There were no significant differences in levels of hopefulness based on age, education gender, marital status, physical and mental health, functional ability, and length of stay. However, there was a variation in the mean scores based on the religious beliefs of the participants: Protestant, 36.86 (SD=2.144); Catholic, 36.43 (SD=1.78); and Jewish 35.76 (SD2.62). Touhy suggests that such scores might reveal differences in how hope is viewed by the diverse religions and cultures. She suggests the need for additional study of the influence of belief systems on the meaning and expression of hope.

A significant positive correlation was reported for spirituality and levels of hopefulness ($r=.773$, $P=.001$). The correlation between levels of hopefulness and connectedness with others was not significant ($r=.131$, $P=.275$). Touchy advises that, when facing such tremendous losses, as those experienced in this stage of life, inner strength and closer connectedness with a higher power or greater purpose than one’s self, could become the important issue in the preservation of hope. Touchy (2001) evaluates that the ability to preserve hope while experiencing physical and emotional losses require an inner strength produced by faith in something greater than oneself.

Categories of Hope in Literature

The literature revealed abundant information about hope that could be better understood if it was arranged into specific categories. These categories included: (a) hope’s shared experience in community, (b) the issue of time, (c) humanity’s awareness of the future, (d) hope’s relationship to the meaning of life, (e) hope’s need for a valued goal, (f) hope’s association with trust, (g) hope’s ultimate source of hope in God, through the Scriptures and, (h) false hope. This information is presented in the following paragraphs under those categories.
Community

Pruyser (1963) observed that, “the language of hope accentuates verbs of relationship…hope is found, it is given, it is received…one hopes with, through, and sometimes for someone else. Hoping is basically a shared experience, generated in relationships” (p.92). Yalom (1995) observed a resource of hope that is distinctive to the group arrangement: members expressing at the end of group meetings how significant it was for them to have witnessed the improvement that others experienced. He explains, “Members are inspired and expectations raised by contact with those who have trod the same path and found the way back” (p.5). The first hand observation of the improvement in others is a practical benefit of community. Yalom cites the Alcoholics Anonymous (AA) success stories and the expectations raised by those who have become victorious over their addictions. St. Paul includes success stories and guidelines for individuals who have been encouraged by “the God of all comfort,… so that we can comfort those in any trouble with the comfort we ourselves have received from God” (II Corinthians 1:3-4).

Carrigan (1976) understood hope as being nurtured in the context of the Christian community, where testimony of fulfillment and experiences of communion give shape to life here and now, as well as expectations of the future. He explained that,

The gospel is essentially the gospel of hope. It is the good news of a new covenant, a new possibility and renewed faith that there is a remedy to our despair, our estrangement, our hatred, our loneliness. We have a vision of a new possibility, the Kingdom of God, which is here in part though not yet come to fruition. The Christian asserts that Jesus Christ is the expression of God’s love and his Kingdom in history, and as the church participates and gives tangible expression to that love in our lives,
so we can experience the hope of the gospel here and now. The basis of the Christian hope lies in trust in God’s love to provide meaning and fulfillment in life. (p.41)

Scripture presents the Christian community as a source of encouragement. God has supplied believers with a spiritual family consisting of other believers who grow to be like brothers and fathers, sisters and mothers, all with an ability to meet certain needs and provide hope (Trent, 2008). One purpose for meeting together as a church body is to “encourage one another” (Hebrews 10:25). However, encouragement is not limited to church attendance. Christians are to “encourage one another daily” (Hebrews 3:13).

**Future**

The issue of time and specifically humanity’s awareness of the future, is seen in the process of aging, the progression of days, weeks, and years, and the use of alarm clocks, calendars, and datebooks to remind us that deadlines are approaching (Crites, 1971). Lester (1995) recognized that the thought process of human beings is imbedded in the context of time, both past and future. He reasons that the outlook an individual adopts about the future can be positioned on a plane between hope and despair. Lester further advises that, “…psychological theories and therapies have overlooked the future dimension of human consciousness of time” (p. 4).

Erickson (1964) maintained the belief that life is going in some direction, selfhood is progressing towards some destination. The most important observable fact of temporality is the future (Heidegger, 1962). Marcel (1962) understood hope as the dynamic force that energized individuals as they traveled into the future. He viewed people as pilgrims on a journey. Marcel believed in the existence of God, and concluded that the final destiny of man’s pilgrimage is some kind of involvement with the magnificent being of God. Moltmann (1975) argued that people learn
about their fundamental nature more from their understanding of the future than from the present. He believed that the future supplies the opportunity for an individual to be what he or she has not yet become. As stated earlier, Cantril (1964) observed that people are future-oriented in their anxious interests. Lynch (1965) describes hope as a strenuous search for some kind of a future good that is reasonably feasible but not yet perceptible. Regarding this application of future hope to present circumstances, Lester (1995) states that, “In any crisis or facing any tragedy, those with hope more easily wait for the present to pass because they trust the future” (p.68). McMinn (2008) states, “God is… calling us to hope in a glorious future.

Beck (1967) reported that more than 78% of depressed persons reported a pessimistic view on the future, as compared with 22% of those who were non-depressed. The underlying assumption of the Beck Hopelessness Scale (BHS) is that hopelessness can be identified as, “… a system of cognitive schemas whose common denominator is negative expectations about the future (emphasis added)” (Beck, et al., 1974). Similarly, Pokorny, Kaplan, and Tsai (1975) report that, “there is a significant correlation between negative expectations about the future (hopelessness) and seriousness of intent in suicide attempters, and that seriousness of intent is more closely related to hopelessness than to depression in general” (p.954).

Stotland (1969) identified hopelessness as an arrangement of outlooks and opportunities about the future. Levine and Spivack (1959) found that a capacity to resist temptation was significantly associated with the length of the subject’s future time perspective. Lazarus (1968) has shown how an individual’s conceptualization of his future is a key predictor of his subsequent behavior. Hawkins, Hindson, and Clinton (2002), commenting on Jesus’ instructions in John 14:1-6, explain that comprehending the concept of a secure future, provided for us by the completed accomplishments of Jesus Christ, takes away the anxiety and fear, embedded in lack of knowledge,
concerning our future. They add, “Hope allows the present to be filled with the *shalom* that God provides for those who are at rest in His sovereignty, promises, and faithfulness” (p.115). Lynch (1965) sees hope as a serious search for an improved future of some kind that is rationally possible but not yet observable. Lester (1995) evaluates that, “Christian hope expects things to be different in the future. It anticipates transformation, redemption, reconciliation, healing, salvation, deliverance” (p.70). Carrigan (1976) points out that hoping involves placing oneself into that bigger world of new promise and potential that one is not aware of before, thus, even though one’s individual hopes are shattered, this all-encompassing hope cannot be destroyed. Smith (1983) observed that high school seniors’ willingness to make commitments, and to control their impulses for the sake of superior long-term payback depends upon their certain anticipation of the future. The literature is clear and unswerving in confirming the relationship between hope and the future; to possess hope is to reflect on the future (Cutcliff, 2004).

The use of the word “hope” in Scripture sets our attention on the near return of our Lord Jesus Christ and the glorious *future* that believers have in His Kingdom. The apostle Paul writes, “For I consider that the sufferings of this present time are not worthy to be compared with the glory that is to be revealed to us” (Romans 8:18, NASV). By directing one’s thoughts to the future, Scripture also brings hope to those currently experiencing difficult circumstances,

> For the momentary, light affliction is producing for us an eternal weight of glory far beyond all comparison, while we look not at the things which are seen, but at the things which are not seen; for the things which are seen are temporal, but the things which are not seen are eternal. (II Corinthians 4:17)

Jacobsen and Jacobsen (2004) believe that an understanding of hope, as it relates to the future, is essential in Christian scholarship. They define hope as, “the deep-seated confidence that
this is God’s world and that the future…need not be feared, for God’s Kingdom will come and God’s will be done ‘on earth as it is in heaven’”(p.5). Specifically addressing the issue of our fearful and hopeless society, they conclude that, “too often Christian scholarship fails to offer an alternative” (p.5).

Collins (2000), writing about the extreme value of the doctrine of the end times instructs, that the things that God has revealed in the Scripture regarding the future has weighty implications on how we counsel and live in this present time. He estimates that the biblical doctrine of eschatology (the study of future things) “…could be the key to development of a truly Christian psychology” (p.118). Collins concludes that, “Christians, more than any others, are believers in hope and dispensers of hope. That hope is future oriented” (p.120). Hawkins, Hindson, and Clinton (2002) add this detail:

The meaning of present events in human life is largely a matter of what comes later.

Thus, anything that “has no future” is meaningless in human order…When we are able to help clients grasp the future, they gain a platform for assurance and stability that impacts every area of their intra- and interpersonal worlds. (p.116)

Heard (1993) supports this explanation in his evaluation that once this eschatological viewpoint is understood, the client has the ability to see the present and past from the viewpoint of the future, “…as one who is healed and whole in Christ” (119). Alcorn (2003) reminds his readers that Scripture teaches the influence of eternal reality on the nature of one’s life here on earth (words and actions). Crabb (2001) believes that, “…with the hope of heaven as our bedrock, living a Christian life makes sense” (p.34). Hawkins and associates (2002) add more detail regarding the transforming effect of an understanding of God’s promised future, with an explanation of those spoken of in Hebrews chapter 11. Regarding those in the “faith hall of fame”, the authors state,
Each one was able, by faith, to reach into a yet unrealized future and live as if God’s promises were present experience. This pulling of a promised future into the present transformed the way in which these people experienced the circumstances of their lives. (p.115).

Erickson (2001) sees Christianity’s greatest contribution to solving the problems of evil is the eschatological truth that, “beyond this life is a great judgment in which justice will be administered and all evil and pain will be eliminated” (p.288). Similarly, Yancy (1990) observes that the resurrection of Christ and His victory over death brought a grand new concept to the language of suffering and pain: “temporary” (p.245). His point is that hope is accessible through realizing that the pain which we are currently experiencing will not last. He states, “The Christian’s final hope, then, is hope in a painless future, with God” (p.245). Habermas (2000), also views the resurrection of Christ as that which secures heaven for believers, therefore, allowing them the choice of rejoicing in times of pain and distress. He references I Peter 1:3-5 as support for his point of view. Finally, Collins (2001) offers this purpose for Christian counselors,

…to enable the people we help to see their problems and to live their lives in the light of what is certain about the future (emphasis added). This gives our counseling a solid foundation and provides our counselees with a firm basis on which to build their lives.

(p.229)

The above points of view agree with St. Paul’s reasoning that, “If we have hope in Christ in this life only, we are of all men most to be pitied” (I Corinthians 15:19). In view of this information, it is clear that more information about hope, as it is found in the eschatological teachings of Scripture should be researched for use by all counselors, both secular and Christian.
Meaning of Life

When Bowman (1999) observed people whose life had been interrupted as a result of terminal diagnosis, divorce, violence, or other tragedies, he found that, “Resiliency, shattered dreams, and hope intertwine in many ways. Among them is the ability to make sense of what is happening” (p.188). Whereas the primary psychological understanding views human conduct as directed toward the fulfillment of needs, the relief of tensions, and the sustaining of equilibrium, hope is correlated more with discovering the meaning of life that is far above the realm of such desires and drives (Carrigan). Frankl (1959), commenting on the mental and physical decay of concentration camp prisoners who saw no value in their future, stated, “Woe to him who saw no more sense in his life, no aim, no purpose” (85). Lester (1995) describes his observations regarding depression and despair,

I have found, generally speaking, that the sense of hopelessness is more specific in depression and more pervasive or universal in despair. Furthermore, clinical depression seems to be more specific in its attachment to here-and-now losses and disappointments; despair seems to be attached to a more universal loss of meaning and disillusionment with life (emphasis added). (p.73)

Goals

Coleridge (1912) correctly stated that, “Hope without an object cannot live” (p.447). Regarding this statement, Snyder (2000) related the “object” of hope to an anchor, and reasoned that goals provide the anchor for hope. While it is true that goals provide incentive and motivation, the researcher believes that goals are not the anchor of hope. Coleridge seemed to be saying that hope needs a solid foundation, an assurance to make one’s hope realistic. This would establish hope, itself, as the anchor for our psychological well-being. Hope gives guarantee to our actual
determination and action (Smith, 1883). Lee, Locke, and Latham (1989) correctly defined a goal as, “the object or aim of an action, which one wants to accomplish for a valued future end state” (p.299). Lee, et al. consider a goal to be the object of one’s goal-oriented behavior, not the foundation of it.

Hope is not only connected with the prospect for a constructive event but it is also powerfully reflective of one’s value system: When an individual hopes for something to occur, he or she judges that it is valuable (Sagy & Adwan, 2006). People hope for something significant to them, even when the likelihood of its happening is small (Sagy & Adwan).

**Trust**

Regarding the theological aspect, Miller (2000) defines hope as the affect associated with trust (faith). Calvin (1921 Translation) further explained that,

Hope is no other than the expectation of those things which faith has believed to be,

… truly promised by God. Thus faith believes the veracity of God, hope expects the manifestation of it in due time;…Faith is the foundation on which hope rests, hope nourishes and sustains faith. (p.532)

Erickson (1964) believed that individuals who increase the ability to trust are more likely to feel and perform hopefully. Smith (1983) also sees hope as closely related to faith. Korner (1970) reasons that, “To make despair inoperative, to prevent hopelessness and its paralyzing effects, stronger measures (faith) must be called into operation rather than mere expectations” (p.135-136). Carrigan (1976) concludes that Christian hope is not an issue of what an individual accomplishes in him or herself, but what a person in relationship with God may receive from Him, through loving and
patient trust. Lester (1995) advises that specific research is needed on hope from the perspective of faith development (p. 64).

Trust is especially a characteristic of children. Seligman (1990) observes, “No one seems to have the capacity for hope that a young child does…” (p.126). Although each year there are between 20,000 and 50,000 adult suicides in the United States, there are no suicides among children below the age of seven (Seligman). While Seligman attributes this special, resilient hope to nature through evolution, the researcher believes such child-like hope to be God’s provision for children to protect them from a prolonged state of hopelessness.

God as the Source of Hope

The story is handed down that when Martin Luther was feeling depressed, his wife inquired if he had received news that God had died. In anger Luther replied that such talk was blasphemy. His wife reasoned that, if God had not died, then Luther had no right to be depressed and hopeless (Carrigan, 1976). Carrigan explains that the basis of hope for the Christian is, “the promise of the presence of God” (p.42). Pruyser (1963) explains that, hope requires some level of surrender to the unbeatable power outside of us. Ritschel (1967) wrote that “ultimate hope” is in God’s faithfulness to His promises, and that it is the basis for individuals having “time-bound, little hopes” (p.162). God is the source of our supreme hope (McMinn, 2008). Scripture confirms that Christ Jesus is our hope (I Timothy 1:1). St. Paul stated that he and his companions had, “…fixed their hope on the living God…” (I Timothy 4:10). St. Peter’s confirmation is similar: “For He was foreknown before the foundation of the world, but has appeared in these last times for the sake of you, who through Him, are believers in God, who raised Him from the dead and gave Him glory, so that your faith and hope are in God” (I Peter 1:20-21).
Lester (1995) describes the basis for hope as, one’s trusting expectation of the future based on the understanding that God is trustworthy. He explains that our transfinite (general) hope is in our relational connection with God who is characterized by a dependable, unwavering love for us. Calvin (1921 Translation) states, “…faith believes Him to be our Father, hope expects Him always to act towards us in this character…” (p.532). It is this general, transfinite hope that provides one with the boldness to involve one’s self in finite causes, such as helping others experience a better life (Lester). He concludes that, “Ultimately the foundation of hope in the Judeo-Christian tradition is rooted in the character of God, the Creator, the Redeemer of the universe” (p.65). This perception of what God is really like gives grounds for indisputable hope (Collins, 1993). Marcel (1962) describes the foundation of our hope as, “the Thou who is the transcendent source and guarantee of absolute hope” (p.10). Jeremiah (2007) also describes hope as something one can count on—reliable, dependable, and trustworthy.

Clearly, such insight about the character of God can offer hope to those who fear the unpredictable circumstances in day-to-day life. In their theory of anxiety, Beck and Emery (1985) evaluate that uncontrollability and unpredictability about life events produces the feeling of vulnerability (having no control). Such thoughts are the major cognitive elements in producing anxiety. Similarly, Michael (2000) considers predictability and controllability as playing a major role in hope theory. When anxious people perceive their world as being unpredictable in general, they are not likely to perceive themselves as being capable of reaching desired goals in life (Michael). Hope involves a general sense that life is under control. There is significant negative correlation between hope and anxiety (Snyder, et al., 1991). Hope protects against thoughts of vulnerability, uncontrollability, and unpredictability (Snyder, 1999). While circumstances in life are unpredictable, the character, love, and promises of God are constant.
McMinn (2008) draws the discussion of hope and the character of God together when he correctly states that, “God’s purposes…arise from God’s character” (p.23). Here are several examples of God’s character that can encourage hope: (a) His mercies, compassion, and faithfulness do not fail (Lamentations 3:21-23), (b) He is the same yesterday, today and forever (Hebrews 13:8), (c) He will never leave us nor forsake us (Matt. 28:20), and (d) Through Him we are more than conquerors (Rom. 8:37). The strength of our hope is attached to such statements about God’s character as: “Let us hold fast the confidence of our hope, without wavering, for He who promised is faithful” (Hebrews 10:23).

All that we know about God as our source of hope is found in a literature review of the Scriptures. Scripture is written for the purpose of informing us that our hope must be in God. For example, St. Paul tells Timothy that Christ Jesus is our hope (I Timothy 1:1) and that he and his companions had, “… fixed their hope on the living God, who is the Savior of all men, specifically of believers” (I Timothy 4:10). St. Peter’s confirmation is similar: “For He was foreknown before the foundation of the world, but has appeared in these last times for the sake of you who through Him are believers in God, who raised Him from the dead and gave Him glory, so that your faith and hope are in God” (I Peter 1:20-21).

False Hope

DiPietro, Tesone, and Chen (2005) suggest that people create false hope for themselves by making things seem better than they are. They explain that false hope can make individuals think they are safe and secure in circumstances that should not make them feel comfort. Lester (1995) describes pastoral care intervention as helping individuals understand that their hoping process has selected insufficient content, and such false hope, not based on truth, is taking them in the direction
of despair. Additionally, Yancy (1990) reasons that, at times, human hope is too easily triggered. Because of this fact, he points to the double blind testing procedures used in testing pharmaceuticals. In such tests the administrating doctors themselves do not know which is the control and which is the real drug. The reason for double blind testing is that even the positive attitude of the doctors unintentionally conveyed hope, “…convincing patients of the probability of improvement” (p.207). Although such hope does produce some temporary positive results, a hope that has no solid base of truth can also be harmful.

Another observation about human nature is described by Plantinga (2002). He informs, “…longing is an ingredient of hope. You can hope only for something you want, and if you really want it, you will long for it” (p.8). He further explains that difficult circumstances can increase these longings. Additionally, Smedes (1998) believes that hope includes imagination, faith, and desire. He provides the following sequence, (a) the hopeful individual considers the possibility of a good set of circumstances, (b) he or she evaluates such a state of affairs to be possible, and (c) he or she desires the good circumstances. Finally, Smedes points out that this desire could increase to the intensity of a passion, causing this sequence to progress to the creating of a false hope, based on a future and a goal that are not realistic. Frankl (1984) recalls from his years in concentration camps that, “the most depressing influence of all” was that of not knowing how long one’s term of imprisonment would be (p.78). This “uncertainty of the end” would drive fellow prisoners into setting foolish expectations about the date of their liberation from the camp (p.79). Then, when the expected date of being set free did not come, the prisoner would become so tremendously disappointed that his faith in the future and his will to live would become paralyzed, resulting in severe illness (p.84).
Furthermore, hope can be constructed on the false assumption that one is in major control of his or her life. Calhoun and Tedeschi (1999) say that, “The assumption that one’s life is safe, predictable, and controllable are swiftly negated by events such as the loss of one’s house in a fire, a diagnosis of breast cancer, or a motor vehicle accident” (p.112). Crabb and Allender (1996) confirm that biblical hope is not based on the expectation that life will always go the way one desires it to go, or that one will always enjoy good health, or that psychological symptoms will vanish away.

Considering the above information, the Scriptures are confirmed in their insight and warnings about false hope. The Bible seems to indicate that hope narrowly focused on the things of this world will result in disappointment, and even ruin. St. Paul gave orders to Timothy to, “Instruct those who are rich in this present world not to be conceited or to fix their hope on the uncertainty of riches, but on God, who richly supplies us with all things to enjoy” (I Timothy 6:17). Additionally, one should not place hope in any source of power, whether money, physical strength, or position. Consider this warning by King David, “A horse is a false hope for victory; nor does it deliver anyone by its great strength. Behold the eye of the LORD is on those who fear Him, on those who hope for His loving kindness, to deliver their soul from death and to keep them alive in famine” (Psalm 33:17-19).

Also, Job, described false hopes when he spoke of one, “Whose confidence is fragile, and whose trust is in a spider’s web. He trusts in his house, but it does not stand. He holds fast to it, but it does not endure” (Job 8:14-15).

Scripture teaches that hope placed in the loving kindness and wisdom of the Lord will result in blessing, rather than disappointment. For example, “How blessed is he whose help is the God of Jacob, whose hope is in the LORD his God” (Psalm 146:5). Furthermore, the Lord’s wisdom, found in the Bible, is a lasting source of hope. We see this in Proverbs 24:14, “Know that wisdom is thus for your soul: if you find it, then there will be a future, and your hope will not be cut off.”
It is the researcher’s opinion that much of the disappointment, frustration, anger, and depression are final outcomes of constructing false hopes. The literature search provides sufficient evidence of the need for a better understanding of Scripture as the source of our hope. There is a need for investigation and testing of interventions that inspire and maintain hope (Farran, et al., 1995). Scripture is efficient in promoting hope, because it addresses every major component of the hoping process. Since hope was originally introduced to mankind through the Scriptures, rather than through mythological explanations, it makes good sense to study the effects of a Scriptural intervention on levels of hopefulness in people who believe in God.

Interventions: Clinical Sources of Hope

Since the purpose of this study is to gain a better understanding of the effect of the Scriptures as a source of an individual’s level of hopefulness, it is necessary to examine the methods, means, and strategies used thus far in increasing hope in the social science and medical field. Stotland (1969) reported attempts to instill hope in schizophrenic patients through hopeful communications from the caregivers, and through the patients’ success at individual or group tasks. However, as late as the 1990’s clinical research had revealed few strategies to enhance hope and reduce hopelessness (Miller, 1991). Snyder, et al. (1991) found that, up to that time, little research in social science had focused on discovering how hope is derived. Up until 1995, it was reported by Farran, Herth, and Popovich that clinicians are still challenged to find interventions which work with persons who are hopeless. However, nursing intervention strategies were being developed during the 1980’s to increase hope among patients who were critically ill (Miller, 1989).

Beginning in the 1980’s, it has been the goal of nurses to shed light on the patient’s resources (internal and external) which encourage hope (Farran, et al., 1995). These interventions will be
explained in relation to four attributes of hope suggested by Farran, et al. The four attributes include (a) *experiential process*, which involves the degree to which a patient’s health has altered their levels of hope, (b) *relational process*, which has to do with the role that is played by family, friends, and community in the maintenance of hope, (c) *rational thought process*, which is a focus on the establishing and refining of goals, and (d) *spiritual/transcendent process*, involving one’s religious/spiritual orientation. *Action* is a fifth attribute of hope which will be added by the researcher to the headings under which interventions will be explained.

*Experiential Process*

Serious illness and loss can severely test one’s hope (Farran, et al., 1995). The conflict between the serious illness or loss and the client’s own sense of hope requires logical examination of these factors (Farran et al.). This means that the facts regarding the tragic circumstances must be incorporated into the larger picture and meaning of life in a way in which its negative impact has limited effect (Farran et al.). In order to limit the negative effect of severe health issues, the caregiver must establish an environment that promotes the expression and exposure of fears, questions, potential, and hopes (Farran, et al.). It is also necessary to acknowledge that hopelessness is a part of life (Farran, et al.). The impact of an illness or loss must be placed in such a perspective that the individual can establish a vision of hope and rise above the circumstances (Scanlon, 1989). The proper physical care of the critically ill, along with an exhibition of confidence in the individual’s ability to overcome such difficulties are necessary steps in order to foster hope (Farran, et al., 1995). Successful treatment fights against hopelessness by inspiring the potential for help and healing (Miller, 1999).
Relational Process

The earliest relational source of hope is explained by Erikson (1982) as that which emerges during early childhood when trust or mistrust is learned through the maternal/paternal relationship (p.55). Erikson believes that it is upon this foundation that hope is built. Being connected with concerned, and thoughtful relationships has been recognized as essential to maintain and preserve hope and avert hopelessness in critically ill and terminally ill individuals (Herth, 1990; Hinds, 1988). When working with the critically ill, the first step is to establish a trusting relationship among the patient, family, and nurse (Kim, 1989). When family and friends believe in the probability of a successful outcome and communicate a willingness to share the predicament, hope is inspired (Miller, 2000). Upbeat, interpersonal relationships have been given special stress by nurses as a valuable hope-inspiring strategy (Wake & Miller, 1992). A caring atmosphere combined with a sense of continuous relationship with others has been identified over and over as promoting hope in clients and families without regard to age or health condition (Farran, et al., 1995). Therefore, initiating a continuous connectedness with other individuals in a compassionate environment is extremely important (Farran, et al.). Research conclusions propose that both hope and hopelessness are infectious, and the reaction of one person influences another (Farran, et al.). If family members are hopeful, knowledgeable, and can see the certainty of outcomes, these feelings are eagerly transmitted to the client (Farran, et al.).

Skillful planning may include directing the family to decide on significant conversational topics—themes that confirm their devoted support and value of the client (Farran, et al.). Families can practice hope rituals, such as leaving positive, encouraging posted notes on the bathroom mirror (Jevne, 1991). Humor is also a valuable tool for stimulating hope. Since humor is dependent on a good deal of understanding about the patient, close family or friends will have a sense of humor that
the patient can appreciate (Jevne). Miller (1985) suggests that a major strategy, in helping clients focus on maintaining and upholding the validity of relationships, is to foster a preoccupation with loved ones. This can be accomplished by asking such questions as, “Tell me about the person who is most significant to you” (Miller, p. 24). It is helpful to focus on the loved one’s qualities and characteristics, by asking, “What is special about him or her?” (Miller, p.24). The care provider should encourage the client to recall cheerful experiences jointly shared with spouse, parent, or children (Miller). Miller refers to this fostering of a preoccupation with loved ones as “attachment ideation” (p.24). Miller (1985) also suggests that if the client (patient) is unresponsive, the nurse can promote attachment ideation by talking about the loved one, by name, to the client. For example, “Hazel’s affection for you really shines through” (p.24).

Hopeful relationships also include the caregiver (Jevne, 1991). Jevne reasons that, if the caregiver is agreeable to answer a few personal questions, it is likely that indispensable trust will be built with the patient. When a care seeker asks if you have family, they are evaluating whether the caregiver is able to comprehend their feelings (Jevne).

**Rational Thought Process**

Fromm (1968) explains that people must have sufficient reason to hope. Research studies have, without fail, acknowledged the value of cognitive strategies to the improvement of hope (Farran, et al., 1995). These authors also point out that it is in the cognitive process that hope is most discernible from hopelessness. Wright and Shontz (1968) report that, through the process of assigning logic and meaning to past events, the patient can steer clear of thinking about negative outcomes while looking for clues that confirm the feasibleness of maintaining hope.
Treatment procedures should be evaluated with regard to the degree to which they help individuals change their outlook toward the future (Melges & Bowlby, 1969). Hope is animated by believing that goals are attainable (Lynch, 1974; Stotland, 1969). Hopelessness occasionally has to do with a deficiency of information. Therefore, educating clients by reframing and supplying correct data can increase hope (Miller, 1985; Miller, 1999). The ability of an individual to rethink or redefine their goals increases their ability to stay hopeful in reaction to shifting circumstances (Farran, et al.). This can be accomplished through training the client in surveillance skills (what the client believes is a realistic ground for hope) and providing feedback, which is essential in redefining goals (Wright, 1983, as cited in Farran, et al.). Pruyser (1963) points out that hope involves surrender to reality, both present and future. Nurses must assist a client in differentiating between realistic hopes and false hopes and gently move them forward toward real hopefulness (Farran, et al.) Carrigan (1976) instructs that hope can be found in a re-assessment of one’s circumstances, however he advises that,

We must not gloss over the hard facts by encouraging unrealistic thinking but help ‘survey the turf’ of another’s life-space with the hope that together we can catch a glimpse of some new ground and new possibilities within the old realities. (p.51)

Additionally, hope can be enhanced by reconstructing past events and applying reason and logic to them (Farran, et al.). Everybody has encountered previous difficulty and won, or they plainly wouldn’t be here (Jevne, 1991).

The patient can view their illness as a situation requiring similar skills or attitudes that were used previously in their career. For example, “the principles of good money management can be applied to managing the illness” (Jevne, p.168). Hall (1989) found that by changing a client’s attitudes and his or her priorities for living, a doctor or nurse could establish a future and a positive
outlook on life. For a client, who faces a bleak or unpromising future, the caregiver should keep the focus on reasonable values in the present and “take each day as it comes” (Farran, et al., 1995, p.115). The physician can provide hope suggestions through such strategies as, setting the patient’s appointment up three months in the future. The suggestion is that the patient will still be living to keep the appointment (Jevne).

Through optimistic self-talk, enjoying up-lifting music and up-lifting books, envisioning hopeful images (sunset, the smiling face of a loved one), the care seeker can become aware of and develop the individual attributes and resources of will power, optimism, and courage, as completely as possible considering their limitations (Farran, et al.,1995; Herth 1990; Hinds, 1988; Miller, 1991). Hinds, Martin, and Vogel (1987) observe that a “cognitive distraction”, achieved through having the patient focus on neutral or positive thoughts, help promote hopefulness (p.16).

*Transcendent/Spiritual Sources of Hope*

Including the individual’s own particular spiritual perspectives in cognitive therapy can improve treatment outcomes for depression (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). Dufault and Martocchio (1985) include a lack of information and spiritual distress among the factors that deplete hope. A sense of purpose in life can be beneficial to psychotherapy and connected to outcome (Miller, 1999). Miller also acknowledges that relying on a higher power, through prayer establishes hope. Collins (1993) states that finding out what God is really like provides the basis for genuine hope. Similarly, love of God, means of forgiveness, and purpose of life are related to hopefulness (Farran, et al., 1995). Fromm (1968) maintains that from the Christian-Judeo viewpoint, faith, hope, and love provide the source of establishing hope through faith in God. Fromm also explains that hope is further developed in the progression of being loved
unconditionally, and in return, loving God and others. Miller (1999) evaluates that at times, psychologists have not given enough attention to beliefs. He suggests finding out where the client places his or her ultimate hope. Miller is referring to hope that is beyond the material world.

Working with the client’s positive elements of spirituality may increase hope (Miller, 1999). Since faith in a higher being (God) can give individuals a sense of hope, a foundation of absolute acceptance, and a source of strength, the caregiver should create an atmosphere and surroundings to allow expression of the individual’s spiritual values and practices (Farran, et al.; Touchy, 2001). The most moral way for counselors to deal with spiritual values during treatment is often to be open and clear about their own values at proper times throughout therapy—clearly acknowledging the client’s right to disagree (Miller, 1999).

Fulfilling a requested visitation from a pastor, priest, rabbi, or chaplain, or reading the Bible and praying with the client can be a source of hope (Farann, et al., 1995). Touhy (2001) states that many institutionalized geriatric patients reported the value of attending church services while in the nursing facilities. Time and opportunity must be provided for clients to think through the significance and purpose of suffering, death, and life and realize their reason and purpose for living (Farran, et al.).

Therapists should be concerned to not raise false hopes by asking the client to trust in that which is not factual or reliable, such as, to deny the diagnosis or to promise a cure (Miller, 1999). However, reliance upon God in situations where human action is not possible is the biblical perspective on overcoming hopelessness (Averill, et al. 1990).
Action

Since a failure to engage in activity can lead to hopelessness, clients should be instructed to take properly evaluated action toward their goal, and daily celebrate each increment of progress (Farran, et al., 1995). Caregivers must assist the patient in setting more manageable goals and to implement more efficient plans (Melges & Bowlby, 1969). In the same manner, a sense of one’s life being out of control can bring despair. Therefore, the caregiver must assist clients in determining the areas of their circumstances over which they can exercise control and visualize progress (Farran, et al.). Increased control and freedom to make choices elevate levels of hopefulness (Mercer & Kane, 1979). Hope is encouraged when attention is focused on a calendar of past, present, and future family life events (Farren, et al.). The client may need help in identifying present actions and their relationship to future goals (Farran, et al.).

If the caregiver can also take action and make something conspicuous happen right away, care seekers can become aware that their circumstances can be influenced (Jevne, 1991). Actions on the part of the caregiver can include contacting the physician and family to request relief of a symptom, or by arranging a few hours of child care (Jevne).

Evidence of Hope’s Being Increased

When hope is restored, the hopeless way of thinking (difficulty finding or expecting solutions), the way of feeling (discouragement), and the way of behaving (inability or inappropriate action) are no longer directing the individual’s life (Farran, et al. 1995). Cousins (1989) maintains that hope functions as a challenge, empowering the human spirit to make an improvement emotionally, cognitively, and behaviorally. He explains that these feelings, thoughts, and actions give individuals a feeling of control; reawakening the spirit, generating new energy, enhancing the quality of life,
and laying the foundation for future development. In the same way, Stotland (1969) states that, “with hope, a person acts, achieves, moves, and plans futuristically and assertively” [and] “without hope, the person is dull, listless, moribund, present oriented, and hostile” (p.108). Optimism and realism are distinctive of hopeful people, and people who tend to be described as coping well (Jevne, 1991; Miller, 1985). A similar way of determining the presence or absence of hope is to assess whether the individual is “on a journey in life”—is this person progressing into new events, new knowledge (Lester, 1995, p.70).

People with hope report a larger sense of energy, a mood that is characterized as being up, and a feeling of confidence, which motivates them to ask more questions (Jevne,1991). When hope is restored, there is a relief from stress and a sense of satisfaction (Wright & Shontz, 1968). The attitude that life is too difficult is no longer present (Miller, 2000). When hope is restored by establishing meaning and purpose of life, the state of general despair or hopelessness is no longer in control; the individual can see possibility (Fitzgerald, 1979). With hope, there is a foundation of understanding that assigns meaning to fallibility, temporality, suffering, and death (Fitzgerald). As stated before, Frann, et al.(1995) point out that it is in this cognitive process (assigning meaning to life) wherein hope is most discernible from hopelessness.

The Importance of Hope

One of an individual’s most cherished, personal, and compelling assets is hope (Miller, 2000). The question of meaning, regardless of how subdued by other means, will consistently surface, for the search for meaning is most important to human life (Fitzgerald, 1979). Korner (1970) explains, “Hope, suddenly entering the doomed and resigned, gives instant strength and activity to a wasted
mind and body. When hope enters an individual, powerful psychological changes can be observed within the shortest time period; individuals are galvanized into action” (p.136).

The life of an individual who is experiencing a state of continuous and complete hopelessness would seem to be under extreme danger (Cutcliffe, 2004). Studies of the critically ill and survivors of disaster have established the positive connection between hope and survival (Miller, 1985). Hope is a strategy for coping to those facing life-threatening illness (Herth, 1990; Hinds, 1988), provides an awareness of choice during times of affliction (Lynch, 1987), and allows a patient to evade or diminish the pressure and despair connected with the identification and treatment of cancer (Owen, 1989). When individuals who are unwell or injured experience hope, their recovery proceeds more efficiently (Farran, Herth, & Popovich, 1995).

Cousins (1989) maintains that hope may be seen as the most powerful ally that health care workers have. Inspiring hope is described as the caregiver’s foremost responsibility to the client, supplying a major contribution to treatment (Pipher, 1996). Miller and Powers (1988) see hope as a critical element for increasing the quality of life. Peterson (2000) explains hope as the “glue that holds together the rest of the human condition as well as the energy that moves us ahead” (p.xxi). It is a protective factor in resiliency (Bowman, 1999). Hope enables one to survive, engage in healthy coping, and successfully achieve psychotherapeutic healing (Miller, 1991). Hope is a way out of the darkness in which we find ourselves (Fitzgerald, 1979). Worthington, Ripley, Hook, and Miller (2007) evaluate that,

Hope is at the core of Christian experience…[and]…Hope is one of the three most emphasized aspects of Christian character,… hope is also central within marriage. When couples have good relationships, it is usually because hope helps them avoid or transcend relationship struggles and maintain a vibrant growing relationship. (p.132)
The truth is evident that, “hope, or its absence in despair, is the basic psychological dynamic with which the pastoral counselor must contend…” (Lester, 1989, p.1). For hope to flourish, one must be aware of its strengthening value when facing the inevitable trials of life. These observations reveal the importance of hope. Considering the extremely high value of hope in the lives of hurting people, further empirical study regarding the Scriptural source of hope should be used to bring biblical knowledge to this continuing study and provide a positive contribution to the mental health community (Hathaway, 2005; Hill, 2005; Jones, 2006).

Summary

This chapter has provided a history of the origin of hope and a selective summary of the literature, which has reflected on the research, observations, and understanding of hope and its importance in human existence. A conceptualization of hope was presented with a focus on the definitions of hope and how they join together in describing the process of hoping. This formulation of ideas regarding hope also included: the role of hope in social science; the cognitive/affective process in hoping; and the role of hope in psychological well being. Also detailed, were the categories of hope, which included: (a) community, (b) time, (c) future, (d) meaning of life, (e) goals, (f) trust, (g) God, our ultimate source of hope, through the Scriptures and, (h) false hope.

Then, interventions, clinical sources of hope, were presented, under the headings of: (a) experiential process, (b) relational process, (c) rational thought process, (d) transcendent/spiritual sources of hop and, (e) action. This was followed by a literature evaluation of the evidence of hope’s being increased and the importance of hope.
CHAPTER THREE: METHODOLOGY

Introduction

In this section, the researcher explains the major features of the proposed experimental research study and detail the: participants, instrumentation, data collection procedures, and procedures for data analysis. In summary the purpose of the study was to examine the effects of a bibliotherapeutic intervention, consisting of certain Scriptures, focused on God’s character, His providential care in the present, and His provision of a secure future, on increasing levels of hopefulness and spiritual maturity experienced by adult Christian men and women age 18 and older.

The two dependent measures investigated were hope and spiritual maturity. Hope was defined in chapters one and two as being convinced of a valued truth with a simultaneous emotion of anticipation. The cognitive process of hope centers on the conviction that God can be trusted to always relate to a believer according to His flawless and immutable character, and that He is actively involved with believers in the successful pursuit of their biblical goals. This conviction and expectation simultaneously stimulates the emotion appropriate to the context of the believer’s circumstance (Dufault & Martocchio, 1985; Lester, 1995; Marcel, 1962; Nowotny, 1989; Ortberg, 2008; Snyder, et al., 1991; Stotland, 1969). Spiritual maturity was defined as the degree to which a believer’s relationship with God is lived out in handling life’s difficulties and establishing wholesome relationships with others, in order to share God’s truth in ways that bring hope and a desire to glorify God (Ellison, 1983; Fabricatore & Handal, 2000; Gibson, 2004; Hawkins, 2008; Salsman & Carlson, 2005).

Although the association between Scripture and hope has been established in the literature (Alcorn, 1999; Calvin, 1921 Translation; Carrigan, 1976; Collins, 1993; Crabb, 1987; Habermas, 200; Hawkins, Hindson, & Clinton, 2002; Heard, 1993; Jacobson & Jacobson, 2004; Lester, 1995;
empirical studies regarding Scripture as a source of hope, have been almost completely uninvestigated. This research design was developed to engage that investigation guided by the assumption that the teachings of certain Scriptures were designed by the Scripture’s authors to serve as a source of hope. St. Paul supports this assumption when he states, “For whatever was written in earlier times was written for our instruction, that through perseverance and the encouragement of the Scriptures we might have hope” (Romans 15:4). If Paul’s assertion is true, then one should be able to observe increased levels of hopefulness as a result of a carefully structured bibliotherapeutic intervention, focused on texts created for the building of hope. The researcher is investigating Paul’s assertion in this research study.

Research Design

In order to examine the relationship between a didactic Bible study intervention (independent variable) and changes in a Christian’s level of hopefulness and spiritual maturity (dependent variables), a pretest-posttest eight-week control group design was used (Grimm & Yarnold, 2004; Portney & Watkins, 2000). The researcher created this experimental design by using the following procedure: The two levels of the independent variable (Bible study intervention) were created by random assignment. The participants were randomly assigned to one of the two groups. Since several of the participants’ spouses also volunteered for the study, married couples were randomly assigned to the same group. The purpose for this type of random assignment was to maintain the purpose for each group. Internal validity could be compromised, if spouses were in different groups. Group One was self-taught from the instructional Bible study booklet (treatment manual), containing eight separate Bible studies, with a focus on God’s character, His providential care in the
present, and His provision for a secure future. Each separate study was approximately 15 minutes in length. Each participant in the treatment group read the weekly Bible lesson three times (Monday, Wednesday, and Friday) during the week. The intervention continued for eight weeks. Group Two (control, waiting list) continued in their usual weekly routine, without the Bible treatment manual, for the eight week period. Both groups took the assessments, using standardized instruments, before and after the eight-week treatment period was completed.

Selection of Participants

The sample from the adult Christian population was generated through public service advertisements in the Lynchburg newspaper and Christian radio stations for Christian men and women who have an interest in increasing their levels of hopefulness (See Appendix A). This special population was necessary, since the study concerned the effect of a Bible study treatment on hope, as found in adult Christian men and women. Christian is defined as a person who is trusting Jesus Christ alone as his or her only way to be saved (Barna, 1995).

A fee was not offered for their participation. This sample of Believers, who shared this interest in hope, was also sought out through announcements made by pastors and Sunday school directors of five churches located in Virginia, North Carolina, and Georgia. Announcements of the study were also made in the Freedom Ministry of Thomas Road Baptist Church and in the seminary and counseling classes at Liberty University. The Informed Consent was explained to each individual who responded to the announcements prior to their volunteering to become a participant. This form is included in Appendix B. A copy of the Consent Form was given to the participant. Contact information was included in the Consent Form for use, in the event that further questions arose. The original Consent Forms were retained by the researcher.
Instrumentation

The Depression Anxiety Stress Scale (DASS) was developed by Lovibond and Lovibond (1995). This scale is included in Appendix C. The DASS is public domain; therefore, permission is not needed to use it in research. The scale was used in measuring the negative emotional states of depression, anxiety, and stress before the biblical didactic intervention. The short version (DASS21) was chosen for this study because of its special application for researchers who purpose to measure current state and change in state over time (Lovibond, & Lovibond, 1995).

The development of DASS-21 was accomplished with non-clinical samples; therefore, it was suitable for screening normal individuals (Lovibond, & Lovibond, 1995). This self-report instrument can be administered and scored by non-psychologists. Each of the DASS-21 scales includes seven items per scale. Participants were instructed to use four-point severity/frequency scales to rate the extent to which they have experienced each state for the relevant items. The scale scores obtained from the DASS-21 must be multiplied by two, in order to be compared to the DASS normative data. Scores of the three sections of the DASS-21 were added to get a composite measure of the negative effect. Rahimi, Ahmadi, and Gholyaf (2008) explain, “The maximum possible score is 126 (max score for seven items=21, doubled=42, times three=126). The normal DASS score=0-9, mild DASS score=10-12, moderate DASS score=13-20, severe DASS score=21-27, or extremely severe DASS score=28-42” (p.40).

Published studies indicate that the DASS-21 has the same factor structure and gives similar results to the full DASS (Lovibond, & Lovibond). Because it takes only half the time to administer, the DASS-21 is often the best choice for a research study such as this. With regard to missing scores, the validity of the DASS-21 is not compromised, if there is only one missing item per seven-item scale (Livibond, & Livibond).
Using large clinical samples (N = 437 and N = 241), Brown, Chorpita, Korotitsch, and Barlow (1997) conducted two studies to evaluate the psychometric properties of the DASS. Study One provided strong support for the internal reliability or consistency (i.e. Cronbach’s alpha) of each scale of the DASS ($\alpha = 0.96, 0.89, \text{and} 0.93$ for depression, anxiety, and stress respectively). A favorable degree of temporal stability was also evidenced in this study. Also, results produced by exploratory factor analysis (of the 42 DASS items) revealed a factor structure very similar to the previous nonclinical sample of Lovibond and Lovibond (1995). Study Two revealed an extremely stable factor structure for the DASS, upholding the results of Study One (Brown, et al.). These findings were confirmed by Anthony, Bieling, Cox, Enns, and Swinson (1998), and Ng, Trauer, Dodd, Callaly, Campbell, and Berk, (2007).

The DASS-21 was completed by the participants before they filled out the Participant’s Information Form (see Appendix D). This sequence was advised by Garzon (2008, personal interview) to prevent participant fatigue before taking the DASS-21. This procedure was explained to each pastor, teacher, and professor who volunteered to assist with this study.

The Nowotny Hope Scale (NHS) was developed by Mary Nowotny (1989). This scale is included in Appendix E. Permission to utilize the NHS for this research study was granted to the researcher on September 19, 2008 from Dr. Jacque Neatherlin, Baylor University Louise Herrington School of Nursing for the use of the NHS. This scale can be seen in Appendix Five. The NHS is a 29-item, four-point Likert scale designed to measure the multidimensional aspects of hope in adults, when they are focused on a stressful stimulus (Nowotny, 1989). Cut-off scores are as follows: (a) Hopeful 95-116, (b) Moderately Hopeful 73-94, (c) Low Hope 51-72, and (d) Hopelessness 29-50.

The six subscales for the NHS are based on the six attributes of hope that Nowotny identified through a review of the literature on hope. These include: (a) confidence in outcome, (b) relates to
others, (c) future is possible, (d) spiritual beliefs, (e) active involvement, and (f) inner readiness (Farran, 1995). Nowotny (1989) initially tested this scale with healthy adults and adults with cancer. The reliability and consistency of the items in this instrument (Cronbach alphas) are reported as strong. Concurrent validity is moderate. This is on par with Beck’s Hopelessness Scale and the Herth Hope Scale (Farran, 1995).

The Spiritual Maturity Index (SMI), developed by Craig Ellison (1983) is a 30-item self-report assessment with a six-point Likert scale (1 = Strongly Agree to 6 = Strongly Disagree). The scale was constructed to assess the extent to which individuals have developed in their Christian life (Froehlich, Failkowski, Scheers, Wilcos, & Lawrence, (2006). This scale is included in Appendix F. Permission was obtained by the researcher to use the SMI from the author on August 9, 2008.

Froehlich and associates (2006) report high face validity for the SMI. Bassett et al. (1991) show an internal reliability for the SMI to be $a = .92$, with a concurrent and convergent validity showing significant correlations ($p < .05$) which range from $r = .74$ to $r = .82$. This measure was specifically designed to assess an individual’s religious maturity, as identified from an evangelical Christian theological point of view. Ellison understands spiritual maturity as a continuous developmental process. Much like psychological maturity, Ellison views the spiritually mature individual as being good at establishing relationships, as well as having a well-developed perception of reality and creativity in day-to-day behavior. Paloutzian and Ellison, 1982 report the reliability data obtained Cronbach’s alphas of .87 and .92 (as cited in Basset, et al., 1991).

The treatment manual (see Appendix G), consisting of eight Bible studies, was developed by the researcher for a specific focus on God’s character, His providential care in the present and His secure plan for the future. These Scriptures were selected on the basis of their application for addressing beliefs and assumptions which may interfere with the individual’s confidence in
handling present situations or looking to the future with confidence in God’s sovereignty. The use of the Bible study treatment as a devotional booklet is referred to by the researcher as a “treatment-package strategy” (Kazdin, 2003, p.203).

Research Procedures

Data Collection

Permission to conduct a pretest-posttest control group study was obtained from the Liberty University Institutional Review Board (Appendix H). Initial meetings were set up with the pastors, Sunday school directors and, professors, who have partnered with the researcher to present this study opportunity to their congregation or classes. The purpose of these meetings was to thoroughly explain the contents and procedure of the treatment package to be presented to each volunteer participant. A cover letter was included with each package for further explanation of the in-home study procedure. This package includes a Consent Form (two copies), Individual Information Sheet, the assessment forms (two copies of each), three self-addressed, stamped envelopes, and the Training Manual (Bible-study intervention). Each package was assigned a numerical code (designed by the researcher) to identify participants and indicate the group (intervention or control) to which the participant was randomly assigned. A list of participant’s names and codes was stored separately. The collected data was typed into a data file, where individuals were identified by the assigned code, therefore the identity of individuals was not compromised in the results of the study.

It was explained to the volunteer instructors that the Consent Form, the DASS-21, and the Participant Information sheet were to be given only to those congregation members who were interested in the study of hope. Further instruction in this meeting included an explanation of the
random assignment process. The instruction session was also used to explain and answer questions about the Consent Form (Appendix Two). This form included (a) a clear explanation of the background of this study, (b) the procedures, (c) the risks and benefits of the study, (d) confidentiality, (e) the voluntary nature of the study, and (f) contact information. Two copies of the Consent Form were included in each package—one copy to be signed and immediately returned to the researcher in a self-addressed stamped envelope (included in the package) and a second copy to be retained by the participant.

Step two was the distribution of the DASS-21 assessment (Appendix Three) and the Participant Information form (Appendix Four) to the participants. It was explained that the DASS-21 should be taken first. The instructions for taking this assessment were clearly stated at the top of the assessment form. When the DASS-21 was completed, then the subjects were instructed to fill out the Participant Information form. These two forms, the DASS-21 and the Participant Information form were then mailed in a self-addressed, stamped envelope to the researcher.

Participants were randomly assigned to one of the two groups for this study. Group one was self-taught from a Bible study training manual, containing eight separate Bible studies, designed to address doubts and concerns regarding day-to-day life here on earth, as well as questions about the future. Each separate study was approximately 15 minutes in length. The Bible study intervention was a take-home booklet. Each participant was instructed to read the weekly Bible lesson three times (Monday, Wednesday, and Friday) during the week. The intervention continued for eight weeks.

Group Two (control, waiting list) did not take the Bible study intervention, but rather, they continued in their usual weekly routine for the eight week period. At the end of the eight-week study, both groups took the post assessments, using the second copy of the standardized
instruments. Using the self-addressed, stamped envelopes, the assessments were returned to the researcher where the data from the measures was placed into an SPSS data file.

Data Processing and Analysis

This study employed an experimental research design, to explore the cause-and-effect relationship of a bibliotherapeutic treatment by observing the resulting change in the participants’ levels of hopefulness and levels of spiritual maturity. Two assessment tools were used to measure the effect of this intervention. The Nowotny Hope Scale (NHS) was used to assess the participants’ levels of hopefulness, and the Spiritual Maturity Index (SMI) was used to assess the participants’ levels of spiritual maturity.

The relationship (correlation) between hopefulness and spiritual maturity was evaluated by the Pearson Product-Moment Correlation. Change in levels of hopefulness and spiritual maturity from pre-treatment to post-treatment was calculated by using the Analysis of Covariance (ANCOVA). The bibliotherapeutic intervention was the independent variable with two levels (treatment group & waiting-list control group).

The pretest scores on depression and spiritual maturity and hopefulness were used as covariates, since each of these variables shared a significant correlation with hopefulness. A covariate was defined as a variable that has a close correlation with the dependent variable (George & Mallery, 2006). Before the analysis, it was necessary to eliminate the influences of these significantly correlated variables to allow the effect of the Bible study intervention to be clearly seen (Portney & Watkins, 2000). The Chi-Square Test of Independence was used to analyze the strength of the bibliotherapy treatment manual by determining the percent of individuals in each of the two groups who had a meaningful improvement of .50 standard deviation in posttest scores.
Also, a Participant’s Information Form was used to obtain demographic information, such as gender, marital status, age, level of education, type of employment, denominational affiliation, and the age at which the participants put their trust in Jesus Christ for salvation. Based on a portion of this information, an Independent t-test was used to determine if gender or age had a significant correlation with levels of hopefulness and spiritual maturity at pre and post treatment.

**Research Questions and Research Hypothesis**

Research question number one: “Is there a relationship between levels of hopefulness and levels of spiritual maturity in the sample?” This question addressed the assessment of the entire sample of 60 participants at pre and post treatment. The researcher hypothesized a positive correlation between levels of hopefulness and levels of spiritual maturity in the sample. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of spiritual maturity in the sample.

Research question number two: “Is there a correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment?” This second question also addressed the complete sample (N=60) at pretreatment. The researcher hypothesized a negative correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment.

Research question number three: “Is there a correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment?” This second question also addressed the complete sample (N=60) at pretreatment. The researcher hypothesized a negative correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the
sample at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment.

Research question number four: “Does exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates?.” This third question addressed the treatment group (N=31) at pre and post treatment. The researcher hypothesized exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates. Stated as a Null Hypothesis: exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will not increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates.

Research question number five: “Does exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future increase levels of spiritual maturity in the sample, after controlling for pretest hopefulness and other relevant covariates?.” This third question addressed the treatment group (N=31) at pre and post treatment. The researcher hypothesized exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of spiritual maturity in the sample, after controlling for pretest hopefulness and other relevant covariates. Stated as a Null Hypothesis: exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s
character, His providential care in the present, and His secure plan for the future will not increase levels of spiritual maturity in the sample, after controlling for pretest hopefulness and other relevant covariates.

Research question number six: “What percent of participants in the treatment group, as compared to the control group, made a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment?” The researcher hypothesized a significant percent of participants in the treatment group, as compared with the control group, will make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment. Stated as a Null Hypothesis: There will not be a significant percent of participants in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment.

Research question number seven: “What percent of participants in the treatment group, as compared to the control group, made a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment?” The researcher hypothesized a significant percent of participants in the treatment group, as compared with the control group, will make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment. Stated as a Null Hypothesis: There will not be a significant percent of participants in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment.

Research question number eight: “Is gender significantly related to levels of hopefulness and spiritual maturity at both pre and posttest intervals?” This was considered to be a control question to make sure that there were no significant differences between these variables. This control addressed the entire sample of 60 participants at pre and post treatment. The researcher
hypothesized gender to not be significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis is stated the same: Gender is not significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals.

Research question number nine: “Is age significantly related to levels of hopefulness and spiritual maturity at both pre and posttest intervals?” This was also considered to be a control question to make sure that there were no significant differences between these variables. This control addressed the entire sample of 60 participants at both pre and post treatment. The researcher hypothesized age to not be significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis is stated the same: Age is not significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals.

Summary

In summary, the methods for this experimental pretest-posttest, eight-week control group study, included the process of recruiting and randomly assigning a beginning sample of 92 participants from the adult Christian community (age 18 and older). Also detailed, were the self-report measures, to be given at pretreatment and post-treatment, and an explanation of the bibliotherapeutic manual. The instrumentation, data collection, and methods of data analysis were explained in detail. The focus of analysis was the correlation of the participants’ levels of hopefulness with their levels of Christian maturity. Further analysis addressed the negative correlation between depression, anxiety, and stress with hopefulness and spiritual maturity at pretreatment. A third objective of analysis was on the effects of a bibliotherapeutic intervention on levels of hopefulness and spiritual maturity for the sample at posttreatment. Also determined was
whether a significant number of individual participant’s levels of hopefulness and levels of spiritual maturity improved at post treatment. The final subject of analysis was to see if there was a significant correlation between gender or age and levels of hopefulness and levels of spiritual maturity at pre and post treatment.
CHAPTER FOUR: RESULTS

The purpose of this dissertation was to find out whether or not Scripture, of a particular nature, is a primary source of hope for adult Christian men and women. An eight-week Bible study intervention, with a focus on God’s character, His providential care in the present, and His secure plan for our future, was created and used as a treatment to determine the effect of Scriptural insight on the levels of hopefulness in a population of adult Christian men and women, age 18 and older. The participants shared a common interest in hope and the desire to improve or strengthen hope in their daily life.

**Plan of Analysis**

This chapter presents descriptive statistics of the participants in this study. T-tests were used to examine whether the groups were different on relevant variables (pretest levels of depression, anxiety, stress, hopefulness, and spiritual maturity). No differences were found. Chi-Squares were used to examine differences between groups at pretest of gender, ethnicity, denomination, education level, age, and occupation. No differences were found.

The Pearson Product-Moment Correlation Coefficient was used to evaluate the relationship of pretest variables to the posttest scores of hopefulness and spiritual maturity. Pretest variables with significant correlations with posttest hopefulness and posttest maturity were used as covariates. The data was then submitted to a One-Way Analysis of Covariance (ANCOVA) to test for the effectiveness of the Bible study intervention on the participants’ levels of both hopefulness and spiritual maturity. Finally, meaningful change from pretest to posttest was evaluated using a Chi-Square Test of Independence where individuals were coded for making at least a half standard deviation of change from pretest to posttest.
Descriptive Statistics

As this study began, 92 individuals volunteered to participate in the dissertation project. Of this number, 13 did not respond at all, i.e. they never sent in the pre-test. As the eight-week study drew to a close, eight of the remaining 79 did not answer the questions on the back of the Nowotny Hope Scale and the Spiritual Maturity Index. There were 11 participants who inadvertently failed to return one or more of the posttest measures. Table 1 shows the summary of the attrition of the population sample.

Table 1
Attrition Summary of the Population Sample

<table>
<thead>
<tr>
<th>Attritional Description</th>
<th>Number of Participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial volunteers</td>
<td>92</td>
<td>100%</td>
</tr>
<tr>
<td>Failed to Send in Pretest</td>
<td>13</td>
<td>14%</td>
</tr>
<tr>
<td>Overlooked Back of Posttest</td>
<td>8</td>
<td>9%</td>
</tr>
<tr>
<td>Failed to Return One or More</td>
<td>11</td>
<td>12%</td>
</tr>
<tr>
<td>of the Posttest Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Number of Participants</td>
<td>60</td>
<td>65%</td>
</tr>
</tbody>
</table>

The final sample of 60 participants was comprised of 58% females (N=35) and 42% males (N=25). Of this number 92% were married. The participants included 93% Caucasian, 5% Asian, and 2% Hispanic. Baptists dominated the sample with 63%, then Non-denominational 34%, Pentecostal 3%. The education level was made up of 10% high school, 32% some college, 42% college degree, 12% Masters degree, and 5% Ph.D./J.D. The age of the sample group ranged from 18 to 76 with a mean of 46 and sd. 12. Of this number, 15% were in some form of full-time ministry, while 85% were in other occupations. There were no differences between the groups on
gender, marital status, ethnicity, denomination, education, age, or occupation at pretest.

Demographic characteristics are presented in Table 2.

**Table 2**

**Demographic Frequencies of the Final Sample**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>35</td>
<td>57.4</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>25</td>
<td>41.0</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>56</td>
<td>91.8</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Asian</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>56</td>
<td>91.8</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Denomination</td>
<td>Baptist</td>
<td>38</td>
<td>62.3</td>
</tr>
<tr>
<td></td>
<td>Non-Denominational</td>
<td>20</td>
<td>32.8</td>
</tr>
<tr>
<td></td>
<td>Pentecostal</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>Some College</td>
<td>19</td>
<td>31.1</td>
</tr>
<tr>
<td></td>
<td>College Degree</td>
<td>25</td>
<td>42.0</td>
</tr>
<tr>
<td></td>
<td>Masters</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>Doctors</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Age</td>
<td>Age 25-35</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td></td>
<td>Age 36-45</td>
<td>17</td>
<td>27.9</td>
</tr>
<tr>
<td></td>
<td>Age 46-55</td>
<td>19</td>
<td>31.1</td>
</tr>
<tr>
<td></td>
<td>Age 56-65</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td>Age 66-75</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Age Saved</td>
<td>Age 3-10</td>
<td>22</td>
<td>36.1</td>
</tr>
<tr>
<td></td>
<td>Age 11-20</td>
<td>20</td>
<td>32.8</td>
</tr>
<tr>
<td></td>
<td>Age 21-30</td>
<td>14</td>
<td>32.0</td>
</tr>
<tr>
<td></td>
<td>Age 31-37</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Occupation</td>
<td>Ministry</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td></td>
<td>Other Career</td>
<td>51</td>
<td>83.6</td>
</tr>
</tbody>
</table>
Answers to Research Questions

In this section, the results of the data analysis is presented. The researcher ran a t-test to make sure that the Bible study treatment group and the control group were equal on the relevant variables at pretest. There were no differences on depression, anxiety, stress, hopefulness, and spiritual maturity, at pretest.

Research Questions and Research Hypothesis

Research question number one: “Is there a relationship between levels of hopefulness and levels of spiritual maturity in the sample?” This question addressed the assessment of the entire sample of 60 participants at pre and post treatment. The researcher hypothesized a positive correlation between levels of hopefulness and levels of spiritual maturity in the sample. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of spiritual maturity in the sample (N=60).

The Null Hypothesis was rejected when the Pearson correlation revealed a strong positive correlation between levels of hopefulness and levels of spiritual maturity at both pre treatment ($r (58) = .383, p. < 0.01$) and at post treatment ($r (58) = .587, p. < 0.01$). Spiritual maturity is likely to be associated with higher levels of hopefulness. Table 3 shows the mean and standard deviation for pre and post hopefulness and pre and post spiritual maturity. Table 4 presents the correlations between hopefulness and spiritual maturity at pre and post treatment.

In addition, the findings revealed a significant positive correlation between pretest spiritual maturity and posttest hopefulness ($r (58) = .453, p. < 0.01$). Because of this relationship, the researcher used pretest spiritual maturity as a covariate in the one-way ANCOVA.
Table 3
Mean and Standard Deviation for Hopefulness and Spiritual Maturity

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>6.90</td>
<td>7.097</td>
</tr>
<tr>
<td>PreHope</td>
<td>84.18</td>
<td>11.620</td>
</tr>
<tr>
<td>PreMaturity</td>
<td>41.25</td>
<td>19.469</td>
</tr>
<tr>
<td>PostHope</td>
<td>91.42</td>
<td>11.386</td>
</tr>
<tr>
<td>PostMaturity</td>
<td>50.47</td>
<td>22.890</td>
</tr>
</tbody>
</table>

Table 4
Correlations of Pre and Post Hopefulness with Pre and Post Spiritual Maturity

<table>
<thead>
<tr>
<th>Measure</th>
<th>PreHop</th>
<th>PreMaturity</th>
<th>PostHop</th>
<th>PostMaturity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest for Hopefulness</td>
<td>1</td>
<td>.383**</td>
<td>.547**</td>
<td>.267*</td>
</tr>
<tr>
<td>Pretest for Spiritual Maturity</td>
<td>.383**</td>
<td>1</td>
<td>.453**</td>
<td>.752**</td>
</tr>
<tr>
<td>Posttest for Hopefulness</td>
<td>.547**</td>
<td>.453**</td>
<td>1</td>
<td>.587**</td>
</tr>
<tr>
<td>Posttest for Spiritual Maturity</td>
<td>.267*</td>
<td>.752**</td>
<td>.587**</td>
<td>1</td>
</tr>
</tbody>
</table>

**Correlation is significant at the level of p < .01
*Correlation is significant at the level of p < .05

Research question number two: “Is there a correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment?” This second question also addressed the complete sample (N=60) at pretreatment. The researcher hypothesized a negative correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample
at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of hopefulness and levels of depression, anxiety, and stress in the sample at pretreatment.

The Null hypothesis was partially rejected when the Pearson correlation revealed a strong negative correlation between levels of hopefulness and levels of depression at pretreatment ($r (58) = -.498, p. < 0.01$). Higher levels of hopefulness are associated with lower levels of depression. The findings also revealed a significant negative correlation between anxiety and hopefulness ($r (58) = -.270, p. < .0.05$). Stress was not correlated with hopefulness. Table 5 presents the correlations between hopefulness and spiritual maturity with depression, anxiety, and stress at pretreatment.

Research question number three: “Is there a correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment?” This third question also addressed the complete sample (N=60) at pretreatment. The researcher hypothesized a negative correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment. Stated as a Null Hypothesis: There is no correlation between levels of spiritual maturity and levels of depression, anxiety, and stress in the sample at pretreatment.

The Null hypothesis was partially rejected when the Pearson correlation revealed a significant negative correlation between levels of spiritual maturity and depression ($r (58) = -.291, p. < 0.05$). Higher levels of spiritual maturity are associated with lower levels of depression. In addition, the Null Hypothesis was partially upheld when the findings revealed that neither anxiety nor stress was correlated with spiritual maturity. Table 5 presents the correlations between hopefulness and spiritual maturity with depression, anxiety, and stress at pretreatment.

Research question number four: “Does exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future increase levels of hopefulness in the sample, after controlling for pretest
hopefulness and other relevant covariates?.” This question addressed the treatment group (N=31) at pre and post treatment.

Table 5
Correlations Between Hopefulness and Spiritual Maturity with Depression, Anxiety, and Stress at Pretreatment

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreMaturity</td>
<td>-.291*</td>
<td>-.069</td>
<td>-.178</td>
</tr>
<tr>
<td>PreHope</td>
<td>-.498**</td>
<td>-.270*</td>
<td>-.146</td>
</tr>
</tbody>
</table>

** Correlation is significant at the p < .01
* Correlation is significant at the p < .05

The researcher hypothesized exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates. Stated as a Null Hypothesis: exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will not increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates.

A one-way ANCOVA was calculated to examine the effect of the Bible study treatment (independent variable) on posttest levels of hopefulness (dependent variable), covarying out the effect of the pretests scores on hope, depression, and spiritual maturity. The Null Hypothesis was rejected after the ANCOVA indicated that, after partialling out the effects of the covariates on the dependent variable, the difference in levels of hopefulness between the two groups was statistically significant, F(58) = 12.81, p. < .001, partial $\eta^2 = .189$. The partial eta-square ($\eta^2$) indicates that, of the change in hope scores from pre to posttest, about 19% of the effect was accounted for by the
Bible study treatment manual. Table 6 indicates the effect of the pretest variables of depression, spiritual maturity, and hopefulness on the posttest hope scores.

Table 6
Analysis of Covariance of the Bible Study Treatment on Posttest Hope Scores, Controlling for Relevant Covariates

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1</td>
<td>6.90</td>
<td>7.097</td>
<td>2.437</td>
<td>.124</td>
<td>.042</td>
</tr>
<tr>
<td>PreMaturity</td>
<td>1</td>
<td>41.25</td>
<td>19.469</td>
<td>7.807</td>
<td>.007</td>
<td>.124</td>
</tr>
<tr>
<td>PreHope</td>
<td>1</td>
<td>84.18</td>
<td>11.620</td>
<td>11.240</td>
<td>.001</td>
<td>.170</td>
</tr>
<tr>
<td>Group</td>
<td>1</td>
<td>94.39</td>
<td>10.850</td>
<td>12.813**</td>
<td>.001**</td>
<td>.189**</td>
</tr>
</tbody>
</table>

** Significant at the $p < .01$

The mean differences between pre and posttreatment for the intervention group as compared to the control group are displayed in Table 7.

Table 7
Mean Scores for Pre and Posttest Hopefulness in the Treatment Group and Control Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Posttest Scores</th>
<th>Mean</th>
<th>N</th>
<th>Std Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PostHope</td>
<td></td>
<td>94.39</td>
<td>11.26</td>
<td>10.850</td>
</tr>
<tr>
<td>PreHope</td>
<td></td>
<td>83.13</td>
<td></td>
<td>11.781</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PostHope</td>
<td></td>
<td>88.24</td>
<td>2.93</td>
<td>11.262</td>
</tr>
<tr>
<td>PreHope</td>
<td></td>
<td>85.31</td>
<td></td>
<td>11.545</td>
</tr>
</tbody>
</table>
Research question number five: “Does exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future increase levels of spiritual maturity in the sample, after controlling for pretest spiritual maturity and other relevant covariates?” This question addressed the treatment group (N=31) at pre and post treatment. The researcher hypothesized exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will increase levels of spiritual maturity in the sample, after controlling for pretest spiritual maturity and other relevant covariates. Stated as a Null Hypothesis: exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future will not increase levels of spiritual maturity in the sample, after controlling for pretest spiritual maturity and other relevant covariates.

A one-way ANCOVA was calculated to examine the effect of the Bible study treatment (independent variable) on posttest levels of spiritual maturity (dependent variable), covarying out the effect of the pretests scores on hope, depression, and spiritual maturity. The Null Hypothesis was rejected after the ANCOVA indicated that, after eliminating the effects of the covariates on the dependent variable, the difference in levels of spiritual maturity between the two groups was significant, F(58) = 4.97, p. < .030, partial $\eta^2 = .083$. The partial eta-square ($\eta^2$) indicates that, of the change in spiritual maturity scores from pre to posttest, about 8% of the effect was accounted for by the Bible study treatment manual. Table 8 indicates the effect of the pretest variables of depression, spiritual maturity, and hopefulness on the posttest spiritual maturity scores.
Research question number six: “What percent of participants in the treatment group, as compared to the control group, made a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment?” A “meaningful change” is defined as an improvement of .50 Std. from the pretest scores. The researcher hypothesized a higher percentage of individuals from the treatment group will make a meaningful improvement in levels of hopefulness from pre to posttest. Stated as a Null Hypothesis: There will not be a higher percentage of individuals in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment.

The Chi-Square Test of Independence revealed that 20 participants (64.5%) of those in the treatment group experienced a meaningful change (.50 standard deviation) in their levels of hopefulness, compared to 27.6% (8 persons) in the control group, therefore the Null Hypothesis was rejected. These results indicated that the Bible study intervention manual accounted for a meaningful change in levels of hopefulness at post-treatment. Table 9 displays the half standard deviation change by individuals in the control group and treatment group at posttreatment.
Research question number seven: “What percent of participants in the treatment group, as compared to the control group, made a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment?” The researcher hypothesized a higher percentage of individuals from the treatment group will make meaningful changes in spiritual maturity from pre to posttest. Stated as a Null Hypothesis: There will not be a higher percentage of individuals in the treatment group, as compared with the control group, who make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment.

The Chi-Square Test of Independence revealed that 18 participants (58.1%) of those in the treatment group experienced a meaningful change (.50 standard deviation) in their levels of spiritual maturity, compared to 30.8% (8 persons) in the control group, therefore the Null Hypothesis was rejected. These results indicated that the Bible study intervention manual accounted for a meaningful change in levels of spiritual maturity at post-treatment. Table 10 displays the half standard deviation change by individuals in the control group and treatment group at post-treatment.

Research question number eight: “Is gender significantly related to levels of hopefulness and spiritual maturity at both pre and posttest intervals?” This was considered to be a control question to make sure that there were no significant differences between these variables.
Table 10
Crosstabulation of Half Std Individual’s Change in Levels of Spiritual Maturity

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
<th>No Change</th>
<th>Change</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td></td>
<td>13</td>
<td>18 *</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>% within Group</td>
<td>41.9%</td>
<td>58.1% *</td>
<td>100.0%</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>21</td>
<td>8</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>% with Group</td>
<td>61.8%</td>
<td>30.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Meaningful Change

This control question addressed the entire sample of 60 participants at pre and post treatment. The researcher hypothesized gender to not be significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis is stated the same: Gender is not significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis was upheld when the t-test revealed no signification relationship between gender and levels of hopefulness or spiritual maturity.

Research question number nine: “Is age significantly related to levels of hopefulness and spiritual maturity at both pre and posttest intervals?” This was also considered to be a control question to make sure that there were no significant differences between these variables. This control addressed the entire sample of 60 participants at both pre and post treatment. The researcher hypothesized age to not be significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis is stated the same: Age is not significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The Null Hypothesis was upheld when the t-test revealed no signification relationship between age and levels of hopefulness or spiritual maturity.
Summary

This chapter reported the results of the statistical analysis addressing the Hypotheses and Null Hypotheses. Descriptive statistics were presented for the research sample. T-tests revealed no differences in the two groups at pretreatment. The relationship of pretest variables to posttest scores of hopefulness and spiritual maturity were evaluated with the Pearson Product-Moment Correlation Coefficient. Pretest variables of depression, hopefulness, and spiritual maturity were significantly correlated with posttest hopefulness and posttest spiritual maturity. These variables were used as covariates. Research questions and research hypotheses were explained in the Answers to Research Questions section.
CHAPTER FIVE: SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

This chapter includes a summary of the eight-week control group study. Conclusions regarding the results of the study include: assumptions, strengths and, limitations. Discussion of the results of the study included recommendations for future research.

Summary

Problem

The significance of this study was rooted in a survey of the literature that illustrated the importance of hope in psychotherapeutic as well as physical recovery. The contributions of theologians, philosophers, psychologists, psychiatrists, and healthcare professionals revealed the problem of a shortage of hope in our culture, with the resulting consequences of hopelessness, depression, despair, and suicide. The shortage and its consequences were then shown to demonstrate the problem and the significance of pursuing research studies focused on the outcome of increasing hopefulness in adult Christian men and women.

Methodology

A randomly assigned pretest, posttest research study was developed to engage that investigation guided by the assumption that the teachings of Scripture are a source of hope. Specifically, the biblical content of the treatment was focused on God’s character, His providential care in the present, and His promise of a secure future. A second area of investigation for the study was the relationship between hopefulness and spiritual maturity. Analysis also addressed the correlation between depression, anxiety, and stress and levels of hopefulness and spiritual maturity.
A sample of 60 participants, comprised of 58% females (N=35) and 42% males (N=25) was selected to represent an adult Christian population of church attendees. These participants were randomly assigned to two groups which were found to be equal at the start of the eight-week study. Group One was self-taught from an instructional Bible study manual, containing eight separate Bible studies (one per week for eight weeks). Group Two (control, waiting list) continued in their usual weekly routine. Both groups were assessed, using standardized instruments, before and after the eight-week treatment period. The measures used for assessment were: The Depression, Anxiety, Stress Scale (DASS-21); The Nowotny Hope Scale (NHS); and the Spiritual Maturity Index (SMI).

Conclusions

The results of this study were consistent with the literature review which established an association between Scripture and hopefulness. This study demonstrated an empirical confirmation of Romans 15:4, which explains, “For everything that was written in the past was written for our instruction, so that through perseverance and the encouragement of the Scriptures we might have hope.” The results of this study also confirmed the assumption that a positive correlation exists between levels of hopefulness and the levels of spiritual maturity experienced by adult Christian men and women. In addition, this study supported the accuracy of the Scriptures in making a positive connection between hopefulness and spiritual maturity.

Assumptions

Since the three assessment instruments (Depression, Anxiety, and Stress Scale-21; Nowotny Hope Scale; and Spiritual Maturity Index) were self-administered, we believe it is reasonable to
assume that the participants gave open and honest evaluation of their levels of depression, anxiety, stress, hopefulness, and spiritual maturity. This assumption seemed reasonable, because the three measures were taken in the privacy of the participant’s home, and the results were kept confidential. Additionally, the participants were encouraged to be open and honest in their self-evaluation.

*Strengths*

The first strength of this study was its use of a true experimental design, i.e. a pretest-posttest randomized control group design. Bias was eliminated from the groups by assigning individuals and couples at random. Since this study included a number of couples, and since the Bible study intervention was a personal devotional didactic study, it was necessary to randomly assign both spouses to the same group. Some couples were randomly assigned to the control group while other couples were randomly assigned to the treatment group. The two groups were treated the same in every manner, except for the Bible study intervention, therefore the change that occurred between pretreatment and posttreatment could be reasonably attributed to the Bible study intervention.

A second strength of this study was the moderately large population sample of 60 participants. The sample was a balanced representation of 58% female and 42% male volunteers. The education level of the sample covered a wide representation of 10% high school, 32% some college, 42% college degree, 12% Masters degree, and 5% Ph.D./J.D. The age of the sample group ranged from 25 to 76. Of this number, 15% were in some form of full-time ministry, while 85% were in another career. This unbiased sample represented a wide range of the adult Christian population.

A third strength was the avoidance of a testing threat by using the pretest variables of depression, spiritual maturity, and hopefulness as covariates in the analysis using the ANCOVA. This eliminated the effects of those variables on the posttest performance of all participants.
Using the Levene’s test for equality of variances, we were able to demonstrate that the variances of both groups were the same regarding depression, anxiety, stress, spiritual maturity, and hopefulness at the beginning of the study. The researcher believes that the establishment of equivalency for both groups at the beginning of the study represents a fourth strength.

A fifth strength is that the intervention was administered in the participants’ natural setting, rather than a non-natural laboratory setting. The Bible study treatment was used as the Bible was intended to be used, i.e. each participant read his or her own devotional material at their own home or office. Therefore, the results of the study can be generalized to the adult Christian community in day-to-day circumstances.

Limitations

One limitation of the study was that the sample population was not a diverse group with regard to ethnicity, since 93% were Caucasian, 5% Asian, and 2% Hispanic. This sample was also not an equally balanced representation of all denominations. Baptists made up 63%, with Non-denominational consisting of 34%, and a Pentecostal representation of 3%. Finally, the sample was not diverse regarding marital status. Married participants made up 93.3% of the sample.

A second limitation was that the DASS-21 was used only as a pretest to assess whether both groups in the study were the same at pretreatment. It would have been a more productive choice to have given the DASS-21 for both pre and post assessments in order to get a sense of how the Bible study treatment impacted the variables of depression, anxiety, and stress, as experienced by adult Christian men and women at post treatment.

A third limitation is found in that the mean score on the Nowotny Hope Scale (NHS) for both groups was in the upper limits of the cut-off scores at pretreatment. This is known as a “ceiling
effect” (Kazdin, 2003). This ceiling effect made analysis more complicated since it reduced the amount of variation between the pretests and the posttests scores (Vogt, 2005). The pretest hope scores for this study indicated a moderate ceiling effect, i.e. a mean score of 83.13 out of a possible 116. The high scores on hopefulness at pretreatment were due to the sample’s being consistent church attendees, with an interest in improving their degree of hopefulness. Many had placed their faith in Christ at a very early age. Greater improvement would be more likely in a study working with a clinical sample.

A fourth limitation is related to the composition of the sample itself. The sample for this study specifically targeted the adult Christian community of church attendees, who had an interest in improving their level of hopefulness. This boundary was set with the goal of generalizing the results to that specific population. For this reason, the results of this study cannot be generalized to a more clinical population.

The decision was made to focus on the Christian population because biblical hope (hope in Christ) is only available to Christians. Ephesians 2:12 describes unbelievers as, “…having no hope and without God in the world.” Similarly, I Thessalonians 4:13 also describes the experience of grief as being different from unbelievers, “…that have no hope.”

Discussion

The researcher’s first hypothesis examined the question of whether or not there was a relationship between levels of hopefulness and levels of spiritual maturity in the sample (N=60). The findings revealed that there is a positive correlation between levels of hopefulness and spiritual maturity in adult Christian men and women at pretreatment ($r (58) = .383, p. < 0.01$) and at post treatment ($r (58) = .587, p. < 0.01$). With the understanding that “spiritual maturity” is the degree to
which a believer’s relationship with God is *lived out* in handling life’s difficulties, establishing wholesome relationships and sharing God’s truth, it is evident that the literature confirms the positive relationship that exists between hope and spiritual maturity. For example: Farran and associates (1995) found that, when hope is restored, the hopeless way of thinking, feeling, and behaving no longer direct the individual’s life. Cousins (1989) discovered that hope functions as a challenge, reawakening the spirit, generating new energy, enhancing the quality of life, and laying the foundation for future development. Korner (1970) explained, “When hope enters an individual, powerful psychological changes can be observed within the shortest time period; individuals are galvanized into action” (p.136).

The knowledge of this correlation between hope and spiritual maturity is important, because one of the great needs in the church is spiritual maturity. Barna (2001) reported that, “six out of ten believers have no sense of what they want to achieve or become, and roughly two out of ten have only the vaguest idea of what they might like to achieve…” (p.36).

The importance of this finding is also revealed in Erickson’s (1964) observation that, “…if a child does not develop hope, he or she will be emotionally stunted, deprived of the basis for healthy development, and will function at a lower level of maturation” (p.116). The same relationship seems to be true of hope and spiritual maturity. Hope promotes a focus on and a maturity in faith and love. For example: Colossians 1:4-5 explains, “…since we heard of your faith in Christ Jesus and the love you have for all the saints; *because of the hope* (emphasis added) laid up for you in Heaven, of which you previously heard in the word of truth, the gospel” (Colossians 1:4-5). Therefore, it seems very important that church leadership are encouraged to pay particular attention to people who seem to be less hopeful and, in keeping with the spirit of Hebrews 10:25, develop methods for encouraging and assisting such persons with the recovery of hope. Persons caring for the spiritual
formation of church attendees must discern ways of enhancing hopefulness, because Scripture advises us congregants to move from childishness to spiritual maturity.

The researcher’s second hypothesis examined the issue of whether or not there is a relationship between hopefulness (not just with spiritual maturity) but with emotional issues like depression, anxiety, and stress in the sample at pretreatment. The study revealed a strong negative correlation between levels of hopefulness and levels of depression at pretreatment ($r (58) = -.498$, $p. < 0.01$). Higher levels of hopefulness are associated with lower levels of depression. The findings also revealed a significant negative correlation between anxiety and hopefulness ($r (58) = -.270$, $p. < .05$).

This strong negative relationship indicated that the more hopeful individuals were, the less apt they were to feel depressed and anxious. Therefore, hopefulness is a significant element in psychological well-being. An implication for pastors and counselors trying to build hope in peoples’ lives is that, the higher the levels of hopefulness are, the less likely those individuals are to be worn down by depression and anxiety. For example, Hebrews 10:24-25 describe this concept as it explains, “and let us consider how to stimulate one another to love and good deeds, not forsaking our own assembling together, as is the habit of some, but encouraging one another; and all the more, as you see the day drawing near” (NASV). It is important for seminary students, pastors, and counselors to understand the importance of the church in providing an environment of life-on-life where people are held accountable for their emotions, thoughts, and actions. In that context, verses like Hebrews 10:24-25 suggest patterns of action around the Scriptures and around fellowship that are designed to encourage and to provoke unto love and good works. Pastors and counselors need to make certain that persons dealing with decreasing levels of hopefulness are held within a community of faith in a church that meets the criterion that are described in Hebrews 10:24-25.
This finding was extremely important in view of Kollar’s (1997) report that 95% of the admissions to psychiatric centers and individual therapy sessions are for troubles connected to depression and anxiety (p.9). The negative correlation of hope with anxiety is consistent with the findings of Snyder and associates (1991).

However, the study did not find the same correlation with stress. The relationship between hopefulness and being stressed is not as strong as the relationship between hopefulness and the mitigation of depression or anxiety. That is interesting. The researcher’s thoughts are that, for the spiritually mature Christian, the stress of difficult circumstances, which severely test an individual’s hope, are incorporated into the larger picture and meaning of life described in Scripture. Crabb and Allender (1996) confirm that biblical hope is not based on the expectation that life will always go the way one desires it to go, or that one will always enjoy good health, or that psychological symptoms will vanish away.

The area of depression, anxiety, and stress is a place in this study that the researcher wishes he had looked into in more detail. Certainly it would be a good subject on which to do more research. This will be addressed further in the recommendations section of this chapter.

The researcher’s third hypothesis examined the question of whether a negative correlation exists between levels of spiritual maturity in the research sample with depression, anxiety, and stress at pretreatment. The study revealed a significant negative correlation between levels of spiritual maturity and depression ($r(58) = -0.291$, p. < 0.05). Neither anxiety nor stress was correlated with spiritual maturity.

This finding is important because the literature reveals that a sense of purpose in life can be beneficial to psychotherapy and connected to outcome (Miller, 1999). It is the researcher’s assumption that a spiritually mature Christian must have a grasp on information about the meaning
and purpose of life, as described in the Bible. The spiritually mature believer’s worldview is built upon biblical truth. Spiritually mature individuals have been re-educated by reframing and supplying correct data from the Scriptures. Therefore, they have the insight which enables them to overcome depression. Their confidence that God is in control provides stability, when others would normally be depressed by the unpredictable circumstances in day-to-day life.

Literature also indicates that, by including an individual’s own particular spiritual perspectives in cognitive therapy, treatment outcomes for depression can be improved (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). Dufault and Martocchio (1985) include a lack of information and spiritual distress among the factors that deplete hope. Pastors, professional counselors, and lay caregivers should therefore focus on helping clients/fellow believers to rethink and redefine their views regarding the purpose and meaning of life. This process will undoubtedly move persons in the direction of spiritual maturity and strengthen their ability to overcome depression.

The researcher’s fourth hypothesis examined the question of whether the exposure to a treatment manual consisting of an eight-week Bible study, which focused on God’s character, His providential care in the present, and His secure plan for the future, would increase levels of hopefulness in the sample, after controlling for pretest hopefulness and other relevant covariates. The study revealed that the Bible study intervention was effective at (p. < .01). Of the change in hope scores, 18.9% of the effect was accounted for by the Bible study treatment manual.

Increased hope is available. The results of this study indicates that, by learning from the Bible certain things about God’s character, present care, and secure future, one’s hopefulness can be increased. The literature confirms that people must have sufficient reason to hope (Fromm, 1968). Specifically, finding out what God is really like provides the basis for genuine hope (Collins, 1993). The Bible study treatment’s effectiveness to generate a positive change in an individual’s condition
offers implications for understanding and improving current treatment for depression and anxiety through the restoration of hope. The findings of this study should also focusing the attention of pastoral counselors, as well as the pulpit ministry, on specific teaching about God’s character, His providential care in the present, and His promise of a secure future, with the purpose of increasing levels of hopefulness and spiritual maturity in clients and members of the church community.

Since specific Scriptures were written for the purpose of informing believers that one’s hope must be in God, these three basic areas of information about God were selected from Scripture to provide a sufficient reason to look to Him as our source of hope. All three areas of the bibliotherapeutic treatment were found in the literature and confirmed by Scripture. For example: (a) Regarding God’s character, McMinn (2008) says, “God’s purposes…arise from God’s character” (p. 23). Jeremiah 9:24 confirms, “I am the LORD who exercises lovingkindness, justice, and righteousness on earth, for I delight in these things…”; (b) Regarding God’s present care, Carrigan (1976) evaluates that the basis of hope for the Christian is, “the promise of the presence of God” (p.42). Scripture confirms that He, “… will never leave you nor forsake you” (Hebrews 13:5 and,(c) Regarding God’s plan for our future, the underlying assumption of the Beck Hopelessness Scale (BHS) is that hopelessness can be identified as, “… a system of cognitive schemas whose common denominator is negative expectations about the future (emphasis added)” (Beck, et al., 1974). This emphasis on the future is reflected in the words of Jesus, “Do not let your heart be troubled…I go to prepare a place for you…I will come again and receive you to Myself, that where I am you may be also” (John 14:1-6).

Since Scripture is so efficient in promoting hope and comforting troubled hearts, and since it is available in such an accessible source, it makes good sense to use those Scriptures in the counseling process. Miller (1999) evaluates that at times, psychologists have not given enough attention to
beliefs. He suggests finding out where the client places his or her ultimate hope. Miller is referring to hope that is beyond the material world.

The researcher’s fifth hypothesis examined the question of whether the exposure to a treatment manual, consisting of an eight-week Bible study, focused on God’s character, His providential care in the present, and His secure plan for the future would increase levels of *spiritual maturity* in the sample, after controlling for pretest hopefulness and other relevant covariates. The study revealed that the Bible study intervention was effective at (p. < .05). Of the change in spiritual maturity scores, 8% of the effect was accounted for by the Bible study treatment manual.

Although the bibliotherapeutic intervention was significantly effective in increasing levels of spiritual maturity, its effect on levels of hopefulness was greater. This seems to be attributed to the instantaneous effect that Scripture has as a source for hope, while spiritual maturity involves a longer process of experience in the practice of living out one’s relationship with Jesus Christ. It seems reasonable to the researcher that a six-month follow-up interview could reveal even greater levels of spiritual maturity, as a result of the eight-week Bible study intervention. As hopefulness is increased, spiritual maturity will increase to some extent as a result. The literature records that transfinite hope (hope in God) provides one with the boldness to involve oneself in finite causes, such as helping others experience a better life (Lester, 1995). This line of thought is confirmed by St. Paul, as he records that he, “…having a hope in God…that there shall certainly be a resurrection….In view of this (emphasis added), I also do my best to maintain always a blameless conscious both before God and before men” (Acts 24:15-16).

The Bible study intervention was revealed to be effective in increasing levels of spiritual maturity, therefore some form of a bibliotherapeutic treatment should be applied to the counseling process. A biblical self-help approach could contribute to an intervention for patients with
depression or anxiety. Self-help books have been proven helpful for non-clinically depressed individuals (Burns, 1990; Morgan & Jorm, 2008; Papworth, 2006). The most moral way for counselors to deal with spiritual values during treatment is often to be open and clear about their own values at proper times throughout therapy—clearly acknowledging the client’s right to disagree (Miller, 1999).

The researcher’s sixth hypothesis examined whether a significant percent of participants in the treatment group, as compared with the control group, would make a meaningful improvement of .50 standard deviation in levels of hopefulness at post treatment. The study revealed that 20 participants (64.5%) of those in the treatment group experienced a meaningful change (.50 standard deviation) in their levels of hopefulness.

The Chi-Square Test of Independence used to test the magnitude of the Bible study treatment is usually reported in terms of “clinical significance”. However, the population sample used for this study was not a clinical sample; therefore, the results are reported as “meaningful change”. Also, since the researcher was working with a group of Christian men and women, who were involved in a local church, their levels of hopefulness were already moderately high; therefore, the degree of change was placed at .50 standard deviation, rather than a full standard deviation. The results indicating that the Bible study intervention accounted for an increase in levels of hopefulness of 20 participants at post-treatment is meaningful. This is important because, when working with clients in the effort to strengthen their hopefulness, one can be confident that the chances are more than 60% that a client will become meaningfully more hopeful if he or she receives the bibliotherapeutic treatment. Special care must be taken to ensure that preaching ministries, group Bible studies and, Sunday school focus a significant portion of their instruction on these three areas of Scripture regarding God’s character, His present care and, His secure plan for the future, because it has been
demonstrated through the research here that meaningful change can occur in the lives of people in the direction of greater hopefulness and higher levels of spiritual maturity, when they are led in focused Bible study in these areas.

It is also important to understand that the pastoral counselor is responsible to use Scripture as the source of his or her personal level of hopefulness. Scripture uses a command when stating, “Therefore, prepare your minds for action, keep sober in spirit, fix your hope completely on the grace to be brought to you at the revelation of Jesus Christ” (I Peter 1:13).

The researcher’s seventh hypothesis examined whether a significant percent of participants in the treatment group, as compared with the control group, would make a meaningful improvement of .50 standard deviation in levels of spiritual maturity at post treatment. The study revealed that 18 participants (58.1%) of those in the treatment group experienced a meaningful change (.50 standard deviation) in their levels of spiritual maturity.

The magnitude of the Bible study treatment (as in the researcher’s sixth hypothesis) is important, since through the use of the Bible study intervention a client’s chances of achieving a meaningful increase in levels of spiritual maturity are better than 50%. Spiritual maturity equips the individual with a better understanding of the purpose and meaning of life, therefore enabling him or her to handle difficult circumstances more skillfully. A primary purpose of biblical counseling is to bring the client into a better relationship with Jesus Christ (McMinn, 1996). Christian counselors, as well as Christian clients are admonished in Scripture to, “…grow in the grace and knowledge of our Lord and Savior Jesus Christ…” (II Peter 3:18).

The researcher’s eighth hypothesis examined the question of whether or not gender was significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The study revealed no significant group difference for gender in levels of hopefulness or
levels of spiritual maturity at pre and post treatment. This result was consistent with the findings of Snyder and associates (1991), and Touhy (2001).

The finding that women in this sample were not significantly more hopeful or spiritually mature than men became an issue of interest, in light of the fact that the church community has a general assumption that women, over all, are more spiritual and more hopeful than men. This assumption is primarily based on the observation that women are more actively involved in church than men. Since women are more active in church than men, and they are not more hopeful or spiritually mature, one could consider this to be a factor in why adult Christian women experience depression. A great deal of activity without higher levels of hopefulness and spiritual maturity could be a reason behind emotional problems. It is possible that some Christian women could be active, hoping that their activity will produce a result that it does not produce. For example, women, who have been praying for a specific outcome of their faithful labor (maybe for the salvation of their lost husbands), experienced a negative impact on their level of hopefulness when they failed to achieve what they had expected within a certain period of time.

This non-significant relationship between gender and hopefulness could be partly a function of this specific sample, meaning that, those people who agreed to participate in this study are already less depressed and anxious; therefore, males and females are more alike just because they are all agreeing to be a part of this experimental study. To participate in a study such as this usually means that the individual already has a certain level of hopefulness. On the other hand, the people who are struggling with more clinical levels of depression or anxiety, may not sign up for a study such as this. So, there could be a big difference in the sample used in this study and a sample of individuals who are simply seeking some kind of help and get plugged into this kind of research study. Therefore, the results of this study regarding the relationship of gender and hopefulness could not
be generalized to everybody in the church. A future study could focus on researching how gender might be a factor in individuals who have been referred to pastoral counselors for treatment. Individuals who are referred to pastoral counselors, as opposed to more healthy individuals who have been recruited for a study, such as this, are obviously experiencing lower levels of hopefulness, and because of that they are depressed or anxious.

The researcher’s ninth hypothesis examined the question of whether or not age is significantly correlated with levels of hopefulness or spiritual maturity at both pre and posttest intervals. The study revealed no significant group difference for age in levels of hopefulness and levels of spiritual maturity at pre and post treatment. In a way, this is surprising, and it raises a concern for the writer, because one would have thought that, the longer you walk with the Lord the more spiritually mature you are going to be. But this sample did not show that. The researcher believes this is because a scale which is capable of measuring true biblical hope and a scale to measure true spiritual maturity have not yet been developed. Almost every scale deals more with confidence about handling life’s situations without the mention of Christ. Young people tend to have a false confidence—one not related to biblical hope but to personal ability. However, here is another problem. We are living in a very complicated world, and I think that a lot of older people are hurting. They are not as confident, because so many things, upon which they rely, are in jeopardy, such as social security, healthcare and, investments. Even though these older folks are Christians and they go to church, they are not exempt from feeling the pressure of these circumstances. Is it possible that many older Christians are consistently worrying about financial security, without giving serious thought to God’s promise that if believers “…seek His Kingdom and His righteousness, all these things will be added to them” (Matthew 6:33). Therefore, I am concerned that age was not significantly related to spiritual maturity.
Pastors and counselors should inform clients and church community that impossible circumstances we face are designed to drive us to Christ in order that we might set our hope upon Him. This is supported by St. Paul’s account of his own loss of hope in man’s ability to overcome devastating earthly conditions:

For we do not want you to be unaware, brethren, of our affliction which came to us in Asia, that we were burdened excessively, beyond our strength so that we despaired even of life. Indeed, we had the sentence of death within ourselves in order that we should not trust in ourselves, (emphasis added) but in God who raises the dead; who delivered us from so great a peril of death, and will deliver us; He on whom we have set our hope. And He will yet deliver us. (Colossians 1:8-10)

Recommendations

The writer’s first recommendation is to encourage those in pastoral counseling and clinical practice to engage in further research examining the value of specific biblical and theological information for creating higher levels of spiritual maturity and hopefulness in Christians. The researcher suggests that such a study include a measure to distinguish between and examine improvement in state hope and trait hope in the participants.

A second recommendation addresses the need to replicate the present study using different instruments to assess hopefulness and spiritual maturity. Such a replication would be dependent on the development of new instrumentation that might more closely assess hopefulness and spiritual maturity, as they are defined for this study.

The third recommendation addresses the concern that future studies should examine the question of whether an adult population of Christian men and women vary significantly from the non-
Christian population, as assessed by the DASS-21 on the variables of depression, anxiety, stress, and hopefulness. Additionally, the researcher did not conduct a posttest evaluation with the DASS-21. Such an evaluation might have produced helpful information regarding the effect of the Bible study intervention on the treatment of depression, anxiety, and stress.

As a fourth recommendation, further analysis should be done by comparing this bibliotherapeutic intervention to a Bible study in general. Rather than including commentary, as the researcher included in the intervention for this study, the participants could be instructed to read specific sections of Scripture, or sections of their own choice, without additional commentary. A different delivery format could be supplied for the Bible study treatment. For example, the Bible study treatment could be taught in a group with a leader-led discussion or a one-time lecture or possibly a four-hour workshop. Although Scripture is the source of hope, Pruyser (1963) observed that, “Hoping is basically a shared experience, generated in relationships” (p.92). Carrigan (1976) understood hope as being nurtured in the context of the Christian community.

The researcher’s fifth recommendation relates to the finding that neither anxiety nor stress was correlated with spiritual maturity in the non-clinical population studied in this research. It would appear that stress in the life of a spiritually mature Christian with high levels of hopefulness is not necessarily a bad thing. Such a study is needed, since our culture tends to believe that anxiety and stress are diametrically opposed to spiritual maturity. The fact that these variables are not related means that an individual can be suffering and under stress and still have hope. From a Christian worldview suffering and stress is not necessarily a bad thing, however in a secular hedonistic culture life is only meaningful with regard to the pleasure one gets out of it. In that worldview there is no room for suffering and stress.
A sixth recommendation is for future researchers to focus on hope and spiritual maturity as they are related to marriage satisfaction. For example: the biblical guidelines concerning marriage require a husband to love his wife unconditionally and also require a wife to respect her husband (Ephesians 5:33). Since these scriptural instructions require a level of spiritual maturity and hopefulness on the part of the husband and wife, it seems reasonable that these variables would be positively correlated with marriage satisfaction. If this is true, then spiritual maturity and hopefulness could be implemented in a practical way in the marriage relationship. Worthington, Ripley, Hook, and Miller (2007) evaluate that,

Hope is at the core of Christian experience…[and]…Hope is one of the three most emphasized aspects of Christian character,… hope is also central within marriage. When couples have good relationships, it is usually because hope helps them avoid or transcend relationship struggles and maintain a vibrant growing relationship. (p.132)

Summary

This chapter presented a summary of research into the effectiveness of an eight-week Bible study intervention on levels of hopefulness and spiritual maturity in adult Christian men and women. The study used a randomly assigned pretest-posttest eight-week control group design. The results revealed a positive correlation between hopefulness and spiritual maturity at (p. < 01). Analysis of Covariance (ANCOVA) confirmed the expected results that the Bible study intervention was effective at (p. < .01). The results suggested productive directions for further research. These were explored in the recommendation section.
REFERENCES


April 10, 2008, EbacoHost.


Hall, B. A. (1989). The struggle of the diagnosed terminally ill person to maintain hope. *Nursing*


Kelly, G. A. (1955). *The psychology of personal constructs Volume 2: Clinical diagnosis and
psychotherapy. New York: W. W. Norton & Company, Inc.


APPENDIX A: ADVERTISEMENT TO RECRUIT PARTICIPANTS

Participants Are Needed for a Study About Hope

A study, which focuses on how to increase hope in our daily Christian life, will begin the first week of October. This will be a “take home” study that consists of eight short biblical insights that are designed to eliminate feelings of hopelessness and build a stronger foundation for hope. Participants in this study must be Christian men and women age 18 and above. If you have an interest in increasing your levels of hopefulness as you face the daily circumstances in your life and would like to be a participant in this study, contact Max Mills at mgmills@liberty.edu. Further information about this study is available.
APPENDIX B: CONSENT FORM

_Biblical Intervention Study_

Max G. Mills  
Liberty University  
Department of Counseling and Family Studies

You are invited to be in a research study of the effect of a Bible study intervention on an individual’s levels of hopefulness. You were selected as a possible participant because this study involves Christian men and women (those who are trusting Jesus Christ as their only way to be saved) who are 18 years of age and older. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Max G. Mills, Center for Counseling and Family Studies at Liberty University. Mr. Mills is a Ph.D. candidate, who is writing a dissertation that requires a study of this nature.

**Background Information**  
*The purpose of this study is to answer the following questions:*  
What is the effect of a Bible study intervention on the levels of hopefulness in Christian men and women?  
Can one devise a means or method that can be used to increase hope?

**Procedures:**  
*If you agree to be in this study, we would ask you to do the following things:*  
First, complete the attached Consent Form, the Depression Anxiety Stress Scale (DASS-21), and the Participant Information form, and return all three forms to the researcher, using the self-addressed, stamped envelope. Upon receiving the three initial forms, the participants will be randomly assigned to one of the following two groups:

**Group One**—Each participant in Group One will receive a Bible Lesson intervention in printed form (booklet), which can be completed in their own home, office, etc. during the time span of _eight weeks_. The Intervention Booklet, contains eight short Bible lessons. The study will begin with each participant taking the Nowotny Hope Scale (Nowotny, 1989), and the Spiritual Maturity Index (Ellison, 1983) on the first day of the first week. Then, for eight consecutive weeks, the participant will read a separate Bible lesson (fifteen minutes) focusing on the issue of hope. At the end of the eighth week, each participant will take the Nowotny Hope Scale, and the Spiritual Maturity Index a second time.

**Group Two (Waiting List)**—Will not receive the Bible study intervention, but rather, will proceed through a normal week with (nothing added or deleted). This group will also take the Nowotny Hope Scale, and the Spiritual Maturity Index, as was required for Group One. At the end of the eighth week, the participants in this group will be given the booklet containing the Bible Lessons on hope. At that point, individuals in Group Two can choose to become involved in the study as participants in the Bible Lesson intervention.

**Risks and Benefits of being in the Study**

The _risks_ in this study are no more than the participant would encounter in everyday life.  
The _benefits_ to participation are: The possibility of increased levels of Christian maturity and hopefulness.
Confidentiality:
The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records.

The questionnaires will be identified only by number in order to protect the privacy and confidentiality of the participant. This anonymous data will be stored in a computer file with access only through a password. All hard copies of forms will be stored in a locked file. After the dissertation project is complete, the data will be deleted and shredded.

Voluntary Nature of the Study:
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the Liberty University or with Thomas Road Baptist Church. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:
The researcher conducting this study is Max Mills. You may ask any questions you have now. If you have questions later, you are encouraged to contact Max Mills at the Department of Counseling and Family Studies, Liberty University. (434)-592-3913, mgmills@liberty.edu. The faculty sponsor for this study is Dr. Ron Hawkins. You may contact Dr. Hawkins at the Department of Counseling and Family Studies, Liberty University. (434)-592-4030, rhhawkin@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Suite 2400, Lynchburg, VA 24502 or email at fgarzon@liberty.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:
I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature:____________________________________________ Date: __________________

Signature of Investigator:_______________________________Date: __________________
**APPENDIX C: DEPRESSION, ANXIETY, STRESS SCALE-21**

**DASS21**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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</table>

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

0  Did not apply to me at all
1  Applied to me to some degree, or some of the time
2  Applied to me to a considerable degree, or a good part of the time
3  Applied to me very much, or most of the time

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I found it hard to wind down</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>I couldn't seem to experience any positive feeling at all</td>
<td>0</td>
<td>1</td>
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<tr>
<td>4</td>
<td>I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)</td>
<td>0</td>
<td>1</td>
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<tr>
<td>5</td>
<td>I found it difficult to work up the initiative to do things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>I tended to over-react to situations</td>
<td>0</td>
<td>1</td>
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<tr>
<td>7</td>
<td>I experienced trembling (e.g., in the hands)</td>
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<tr>
<td>8</td>
<td>I felt that I was using a lot of nervous energy</td>
<td>0</td>
<td>1</td>
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<tr>
<td>9</td>
<td>I was worried about situations in which I might panic and make a fool of myself</td>
<td>0</td>
<td>1</td>
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<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>I found myself getting agitated</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
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<tr>
<td>13</td>
<td>I felt down-hearted and blue</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>I was intolerant of anything that kept me from getting on with what I was doing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>I felt I was close to panic</td>
<td>0</td>
<td>1</td>
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<tr>
<td>16</td>
<td>I was unable to become enthusiastic about anything</td>
<td>0</td>
<td>1</td>
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<tr>
<td>17</td>
<td>I felt I wasn’t worth much as a person</td>
<td>0</td>
<td>1</td>
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<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>I felt that life was meaningless</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX D: PARTICIPANT INFORMATION FORM

1. Name ___________________________ Address _______________________________

   City, State, zip code __________________________ Phone __________________

   E-mail address ___________________________

2. Your age: ____ Sex: ____ male  ____ female

3. Completed formal education:
   ____ Less than High School  ____ Some College  ____ Masters Degree
   ____ High School  ____ College Degree  ____ Ph.D./MD

4. Occupation ______________________________________________________________

5. Marital Status:
   ____ Married  ____ Divorced  ____ Separated  ____ Widowed  ____ Single

6. Ethnicity:
   ____ African American  ____ Caucasian  ____ Jewish
   ____ Arab  ____ Hispanic  ____ Multiracial
   ____ Asian American  ____ India origin  ____ Native American

10. Are you a Christian (trusting Jesus Christ as your only way to be saved)?  ____ yes  ____ No

11. At what age did you put your trust in Christ as your Savior?  ___________________

12. Do you believe that the Bible is truly God’s authoritative, inerrant Word?  ____ yes  ____ No

13. What is your religious denomination?
   ____ Episcopal  ____ Lutheran  ____ Methodist  ____ Presbyterian
   ____ Other mainline Protestant  ____ Baptist  ____ Other Evangelical Protestant
   ____ Pentecostal  ____ Charismatic  ____ Non-denominational  ____ Catholic
   ____ Other ___________________________________________________________

14. Are you actively using any substance?  ____ Yes  ____ No

15. Do you feel that you are addicted to any?  ____ Yes  ____ No.

16. Have you had any thought of ending your life?  ____ Yes  ____ No.
APPENDIX E: NOWOTNY HOPE SCALE

The purpose of this questionnaire is to study your feelings after a stressful event. Please think of a significant event or situation where you felt stressed or pressured because of the necessary changes in your life. Imagine the event occurring right now. Place a check mark under the response that best reflects your feelings. There are no right or wrong answers.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In the future I plan to accomplish many things.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>I can take whatever happens and make the best of it.</td>
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<tr>
<td>3.</td>
<td>I have difficulty in setting goals.</td>
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<td>4.</td>
<td>My family (or significant other) is always available to help me when I need help.</td>
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<tr>
<td>5.</td>
<td>I feel confident about the outcome of this event/situation.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>I know I can make changes in my life.</td>
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<tr>
<td>7.</td>
<td>I think I can learn (or have learned) to adapt to whatever limitations I have (or might have).</td>
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<td></td>
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<tr>
<td>8.</td>
<td>I am ready to meet each new challenge.</td>
<td></td>
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<tr>
<td>9.</td>
<td>I feel the decisions I make get me what I expect.</td>
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<tr>
<td>10.</td>
<td>My religious beliefs help me most when I feel discouraged.</td>
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<td>11.</td>
<td>I feel confident in those who want to help me.</td>
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<tr>
<td>12.</td>
<td>Sometimes I feel that I am all alone.</td>
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<td>13.</td>
<td>I see a light at the end of the tunnel.</td>
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<td>14.</td>
<td>I share important decision making with my family (or significant other).</td>
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<td>15.</td>
<td>I use prayer to give me strength.</td>
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<tr>
<td>16.</td>
<td>I like to sit and wait for things to happen.</td>
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<tr>
<td>17.</td>
<td>I like to make my own decisions.</td>
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<td>18.</td>
<td>I want to maintain control over my life and my body.</td>
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<td>19.</td>
<td>I expect to be successful in those tasks that concern me the most.</td>
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<td>20.</td>
<td>I use scripture to give my strength.</td>
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<td>21.</td>
<td>When faced with a challenge, I am ready to take action.</td>
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<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
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<tr>
<td>22. I have confidence in my own ability.</td>
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<tr>
<td>23. I know I can go to my family or friends for help.</td>
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<tr>
<td>24. I look forward to the future.</td>
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<tr>
<td>25. I like to do things rather than sit and wait. for things to happen.</td>
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<tr>
<td>26. I lack confidence in my ability.</td>
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<tr>
<td>27. I have important goals I want to achieve. within the next 10 to 15 years.</td>
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<td>28. I have a positive outlook.</td>
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APPENDIX F: SPIRITUAL MATURITY INDEX

Instructions: Please circle the choice that best indicates the extent of your agreement or disagreement with each of the following statements. Please note that there is no “right” response; your response should honestly describe your personal experience. Do not choose an answer that would make you look “spiritual” if it is not true of yourself. All responses will be confidential; please do not put your name on the questionnaire.

SA = strongly agree   D = disagree
MA = moderately agree  MD = moderately disagree
A = agree           SD = strongly disagree

1. My faith doesn’t primarily depend on the formal church for its vitality.
2. The way I do things from day to day is often affected by my relationship with God.
3. I seldom find myself thinking about God and spiritual matters during each day.
4. Even if the people around me opposed my Christian convictions, I would still hold fast to them.
5. The encouragement and example of other Christians is essential for me to keep on living for Jesus.
6. I feel like I need to be open to consider new insights and truths about my faith.
7. I am convinced that the way I believe spiritually is the right way.
8. People that don’t believe the way that I do about spiritual truths are hard-hearted.
9. I feel that a Christian needs to take care of his or her own needs first in order to help others.
10. My faith doesn’t seem to give me a definite purpose in my daily life.
11. I find that following Christ’s example of sacrificial love is one of my most important goals.
12. My identity (who I am) is determined more by my personal or professional situation than by my relationship with God.
13. Walking closely with God is the greatest joy in my life.
14. I feel that identifying and using my spiritual gifts is not really important.
15. I don’t seem to be able to live in such a way that my life is characterized by the fruits of the Spirit.
16. When my life is done, I feel like only those things that I’ve done, as part of following Christ will matter.
17. I believe that God has used the most “negative” or difficult times in my life to draw me closer to Him.
18. I feel like God has let me down in some of the things that have happened to me.
19. I have chosen to forego various gains when they have detracted from my spiritual witness or violated spiritual principles.
20. Giving myself to God regardless of what happens to me is my highest calling in my life.
21. I don’t regularly study the Bible in depth on my own.
22. I actively look for opportunities to share my faith with non-Christians.
23. My relationships with others are guided by my desire to express the love of Christ.
24. I don’t regularly have times of deep communion with God in personal (private) prayer.
25. More than anything else in life I want to know God intimately and to serve Him.
26. Worship and fellowship with other believers is a significant part of my Christian life.
27. It seems like I am experiencing more of God’s presence in my daily life than I have previously.
28. I feel like I am becoming more Christ-like.
29. I seem to have less consistent victories over temptation than I used to.
30. On the whole, my relationship with God is alive and growing.

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Hope Construction

For everything that was written in the past was written for our instruction, so that through perseverance and the encouragement of the Scriptures we might have hope (Romans 15:4).

Since we heard of your faith in Christ Jesus and the love which you have for all the saints; because of the hope laid up for you in heaven, of which you previously heard in the Word of truth, the gospel (Colossians 1:4-5).

Max G. Mills

Dissertation Study

2807 Old Forest Road
Lynchburg, VA 24501
Phone: 434-841-3582
mgmills@liberty.edu

The work of a sculptor and a small group of hard-working miners carved a mountain, and produced one of the wonders of the modern world. Like this great work of art, through real life experience and instruction from the Bible we can be transformed into hope-filled people—another wonder of the world in which we live. *

Hope Construction

A Biblical Intervention Study
Max G. Mills
Liberty University
Department of Counseling and Family Studies

Instructions

Thank you for being a participant in this research study of the biblical source of hope and the relationship between hope and spiritual maturity. This is a dissertation study that involves adult Christian men and women (individuals who are trusting Jesus Christ as their only way to be saved), who are 18 years of age and older.

The study begins with each participant taking the Depression Anxiety Stress Scale, the Nowotny Hope Scale, and the Spiritual Maturity Index on the first day of Week One. The instructions are simple, and it will only take about 15 minutes to complete them. Both assessments should then be sent to us, using the self-addressed, stamped envelope.

Then, one Bible lesson, from the Bible study booklet Hope Construction should be read on three different days of each week. For example: The Bible lesson for Week One should be read on Monday, Wednesday and Friday of that week. The study booklet contains eight (8) short Bible lessons, which are prepared for each of the eight weeks. This is a take-home study booklet to be completed in your own home, office, etc..

At the end of the eight weeks, each participant will take the two measures (the Nowotny Hope Scale, and the Spiritual Maturity Index) a second time. As before, the measurements should be sent to us, using the second self-addressed, stamped envelope.

The Bible study booklet Hope Construction is yours to keep.
Thanks again for your help.
God’s blessings.

Max

To “Hope” is to be absolutely certain that the promises God has made in His Word are true. It is the confident expectation that the only true and living God will relate to us according to His flawless character.

“Let us hold fast the confession of our HOPE without wavering, for He who promised is faithful.” (Hebrews 10:23)
Truth: It is true that God is really there for me, and I can have confidence about this present life.

- The near future is not as dangerous as I thought.
- I can get through these present difficult circumstances.

New Testament

In the New Testament it is made clear that being a servant of God brings promises of His special help, and answered prayer.

**John 12:26** If anyone serves Me, he must follow Me; and where I am, there My servant will be also; if anyone serves Me, the Father will honor him.

**1 Peter 5:6-7** Therefore humble yourselves under the mighty hand of God, that He may exalt you at the proper time, casting all your anxiety on Him, because He cares for you.

**1 John 3:22** And whatever we ask we receive of Him, because we keep His commandments and do the things that are pleasing in His sight.

Old Testament

These Old Testament Scriptures are talking about God saving His servants from enemies and other threats in day-to-day living.

**Psalm 18:1-2** “…I will call upon the LORD, who is worthy to be praised, so shall I be saved from my enemies.”

**Daniel 3:17** “…our God, whom we serve is able to deliver (save) us from the furnace of blazing fire…”

**Daniel 3:26** “…Shadrach, Meshach and Abednego, come out you servants of the Most High God…”

**Daniel 6:16** “…your God, whom you continually serve will Himself deliver (save) you.”

**Daniel 6:20-23** “…Daniel, servant of the living God, has your God, whom you constantly serve been able to deliver (save) you from the lions?”
Most of the time the Bible uses the word “save” it is referring to God’s saving us from present earthly circumstances. (We know this from the context.) Paul speaks of this kind of salvation:

**Philippians 1:1** “Paul and Timothy, *bond-servants* of Jesus Christ...”

**Philippians 1:7** Paul speaks of his “imprisonment” and describes himself as being God’s faithful servant in telling the gospel.

**Philippians 1:19** Paul states that his obedience and their prayers would bring about his “salvation” from his present circumstances (compare v. 12).

**Philippians 1:27-28** Through the Philippians’ obedience to Christ, Paul encourages them that they will be “saved” from their present “conflict” (v. 30).

**Philippians 2:5-7** These verses contain the description of the greatest *Servant* in the universe—Jesus Christ. The Philippians are to have the same mind of a servant that Jesus has (v. 5).

**Philippians 2:7-12** The Philippians are to “work out their own salvation” (from their present earthly circumstances) through imitating the servant attitude of Jesus Christ.

---

**Principle**

*God rescues His faithful servants through their earthly circumstances.*

- This is a truth from the Bible that effects my life story.
- Now I can write that chapter about God’s saving me from the circumstance that I am facing.
- I see the benefit of being a faithful servant.

“For we do not want you to be unaware, brethren, of our affliction which came to us in Asia, that we were burdened excessively, beyond our strength, so that we despaired even of life; indeed, we had the sentence of death within ourselves so that we would not trust in ourselves, but in God who raises the dead; who delivered us from so great a peril of death, and will deliver us, He on whom we have set our hope. And He will yet deliver us” (II Corinthians 1:8-10).
Truth: Because of God’s promise, I can have confidence about my future.
- I can actually add years to my life.
- The years ahead are not so uncertain.

**New Testament**

- There is a promise in the New Testament about adding years to the length of our life.
  - **Ephesians 6:1-3** Children, obey your parents in the Lord, for this is right. Honor your father and mother...that it may be well with you and that you may live long on the earth.
  - **James 1:21-22** Therefore putting aside all filthiness and all that remains of wickedness, in humility receive the word implanted, which is able to save your souls. (The phrase: “save your souls” actually means “save your life”. This is the same phrase that Jesus used in Mark 3:4 “Is it lawful on the Sabbath...to save life or to kill?”) The phrase is also the same as James 5:20. Here the verse is speaking of talking with a Christian brother (v.19) about the error of his ways and “save a soul from death...” This is referring to physical death. (We see this principle also in I Corinthians 11:30. In that verse, “sleep” referred to physical death.)

**Old Testament**

- The Old Testament taught the very same thing.
  - **Exodus 20:12** Honor your father and your mother that your days may be prolonged in the land which the LORD your God gives you.
  - **Proverbs 10:27** The fear of the LORD prolongs life, but the years of the wicked shall be shortened.
  - **Proverbs 11:19** He who is steadfast in righteousness will attain to life, and he who pursues evil will bring about his own death.
  - **Ecclesiastes 7:17** Do not be excessively wicked, and do not be a fool. Why should you die before your time?.
  - **Ecclesiastes 8:13** But it will not be well for the evil man, and he will not lengthen his days like a shadow, because he does not fear God.
Example

- This Old Testament Principle is further explained by James in the New Testament:
  
  - **James 1:13-15** James is teaching about the death-dealing consequences of a sinful life. Notice that James is writing to believers (see v.2, 16).
  
  - In v.15 James explains to his fellow Christians that a life of sinful disobedience “brings forth death” (He is talking about physical death—the same principle that we have just read about in the Old Testament.)
  
  - Physical death is also in view in **James 5:20**, as mentioned above. In view of this principle, James encourages his brothers to “be doers of the word” (v.22), and further warns in **2:14** that faith alone can not save a Christian from experiencing an untimely physical death, if that person is living in sin.
  
  - **The Bible teaches that a believer can actually add years to his or her life by living in obedience to Christ.**

---

Principle

God lengthens the life of an obedient believer.

- The story of my life can actually take on a new look—it can be longer and of a better quality.
- I can add chapters to my story.
- Perhaps they will be my most productive.

“We give thanks to God always for all of you, making mention of you in our prayers; constantly bearing in mind your work of faith and labor of love and steadfastness of hope in our Lord Jesus Christ in the presence of our God and Father” (I Thessalonians 1:2-3).
Truth: I can have a real choice about how I am going to live.
• Because I can have power to choose over evil, my life will be more meaningful.
• My future will not merely be a repeat of the past.

When we trusted Christ, something about us was changed. Paul explains this in Romans 6, 7, and 8.

Romans Chapter 6 begins this great truth:
• The key is to understand that our “old man” and our “old nature” are not the same thing. Our “old man” is our old unsaved self. While, our “old nature” is a bad attitude toward God.
• When we put our trust in Christ, our old man no longer exists. We become a new man. But we, as a new man, still have an old sin nature.
• Paul says in Romans 6:6 “…our old self (man) was crucified with Him, that our body of sin might be done away with, that we should no longer be slaves to sin.”
• Our “body of sin” refers to the individual who is controlled by their old sin nature.
• In v.6 the term “done away with” means to be “put out of business” or “rendered ineffective”. It does not mean that we no longer have an old sin nature.
• Romans 6:7 “he who has died is freed from sin”. The term “freed” is a legal term, meaning that we are no longer a slave to sin, but rather we have a choice about how we live.
• As you will see in Chapter 7, our choice is a weak one as long as we rely upon our own ability to keep the law.

Chapter 7 describes our conflict with the old nature:

<table>
<thead>
<tr>
<th>“Old Man” (Unsaved)</th>
<th>“New Man” (Saved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has only an Old Nature</td>
<td>• Still has the Old Nature</td>
</tr>
<tr>
<td></td>
<td>• New Nature</td>
</tr>
<tr>
<td></td>
<td>• Holy Spirit</td>
</tr>
</tbody>
</table>

• When we became a Christian through faith in Christ, the Holy Spirit came to live within us, and He brought with Him our new nature—but we still have the old nature that once held us captive to sin.
• Although a believer has been “legally freed” (v.7), if we rely only upon our self and our own strength, the Christian life will be a failure, because there is no strength in the law.
• Romans 7:15 “For that which I am doing, I do not understand; for I am not practicing what I would like to do, but I am doing the very thing I hate.”
• Paul became so defeated by the old sin nature that he cried out for help: Romans 7:24 “Wretched man that I am! Who will set me free from the body of this death?”
• Romans Chapter 8 gives the key for our freedom from the control of the old nature.
• Romans 8 reveals the key to a victorious Christian life. Notice the first words of Romans 8:1 “There is therefore…”
• These first words tie the message of Romans 8 to Paul’s cry for help in Romans 7.
• Romans 8:1 “There is therefore now no condemnation for those who are in Christ Jesus…”
• This means that we are not condemned to lead a life that is controlled by our old sin nature. The key that sets us free is found in v.2
• Romans 8:2 “For the law of the Spirit of life in Christ Jesus has set you free from the law of sin and of death.”
• The term “free” in this verse is not a legal term—it really means to be free.
• Through prayer, the Holy Spirit will strengthen us to choose to do what is right.
• Like the law of aerodynamics overcomes the law of gravity, the law of the Spirit of life in Christ Jesus overcomes the law of sin and death. (Compare Eph. 3:16) “that He would grant you, according to the riches of His glory, to be strengthened with power through His Spirit in the inner man,”

Principle
Our choice to live victoriously is backed by the power of the Holy Sprit.

• Through prayer my choice now has real power.
• I have hope of being victorious in the face of difficult trials.
• My life story can be that of a hero—one who wins over sin and wrong.
• My story can include chapters about victory.

“In the same way God, desiring even more to show to the heirs of the promise the unchangeableness of His purpose, interposed with an oath, so that by two unchangeable things in which it is impossible for God to lie, we who have taken refuge would have strong encouragement to take hold of the hope set before us. This hope we have as an anchor of the soul, a hope both sure and steadfast and one which enters within the veil” (Hebrews 6:17-19).
I have been given explicit guidelines to follow in prayer and a promise of peace.

Truth: I can have peace in the city and country in which I live.
- Because of this unique promise of God, my life here in my hometown is more secure.
- I have been given explicit guidelines to follow in prayer and a promise of peace for my obedience.
- I have been given explicit guidelines to follow in prayer and a promise of peace for my obedience.

The Letter From Jeremiah:
- Jeremiah 29:1-7 Tells an incredible story of a letter that was sent by Jeremiah to the Israelites who had been carried away captive from Jerusalem to Babylon. Daniel was one of the “princes” mentioned in v.2 (compare this verse to Daniel 1:4-6.)
- Here’s the special promise among the instructions given in the letter to Daniel and the other captives:
  - Jeremiah 29:7, 11  “And seek the peace of the city where I have sent you into exile, and pray to the LORD on its behalf; for in its peace you will have peace...[and]...For I know the plans I have for you, declares the LORD, plans for peace and not for calamity to give you a future and a hope.”

The Prayer of Daniel:
- Jeremiah’s letter provided God’s guidelines for Daniel as he prayed three times a day—even when he was ordered not to pray.
  - Daniel 6:10 “Now when Daniel knew that the document was signed, he entered his house...and he continued kneeling on his knees three times a day, praying and giving thanks before his God, as he had been doing previously.”
- I believe that Daniel was praying to the LORD on behalf of the city of Babylon—that God would grant peace to the city and also to him. Through this great promise from God given to Daniel in Jeremiah’s letter, Daniel was given peace, even in a den of lions.
- Also in Jeremiah’s letter, the LORD promised to bring the people of Israel back to their own country. Then God explained:
  - Jeremiah 29:11: “For I know the plans I have for you’, declares the LORD, ‘plans for welfare and not for calamity to give you a future and a hope.’”
The Same Promise for Us:
- And now, the LORD in fulfillment of His plans expressed in Jeremiah 29:11, issues the same guidelines for you and me that He gave to Daniel. Look at this wonderful promise given by Paul to Timothy.
- 1 Timothy 2:1-2 “First of all, then, I urge that entreaties and prayers, petitions and thanksgivings, be made on behalf of all men, for kings and all who are in authority, in order that we may lead a tranquil and quiet life in all godliness and dignity.
- This great promise can be related to John 10:10 “...I have come that they may have life, and that they may have it more abundantly.”

Principle
When you pray for your country and govt. officials, God will grant peace to you.

- Knowing God’s promise of peace, I have hope for today, and a peace that I can pass on to my children in teaching them this truth about prayer.
- This will influence my prayer life, right down to the very names on my prayer list.
- What I do with my privilege to pray has present and future consequences.

“Now may the Lord of peace Himself continually grant you peace in every circumstance. The Lord be with you all!” (II Thessalonians 3:16).
“For everything that was written in the past was written for our instruction, so that through perseverance and the encouragement of the Scriptures we might have hope” (Romans 15:4).
• Truth: I have a glorious future that is planned and promised for me.
• Nothing that we have done for the LORD will be overlooked or unrewarded.
• The song “It Will Be Worth It All” seems more valid to me now.

### Rewards & Inheritance:

- **Colossians 3:23-24** “Whatever you do, do your work heartily, as for the Lord rather than for men; knowing that from the Lord you will receive the reward of your inheritance…”
- **Revelation 22:12** “Behold I am coming quickly, and My reward is with Me to render to every man according to what he has done.”
- The major theme of the Sermon on the Mount is rewards.
- **Matthew 5:5** “Blessed are the gentle, for they shall inherit the earth.”
- We enter the Kingdom by faith in Christ, however there is an additional inheritance for those believers who are obedient.

Example: Abraham’s obedience brought great reward.

- **Genesis 22:16, 17** “…because you have done this thing… in deed I will greatly bless you.”
- **Genesis 22:18** “…because you have obeyed My voice.”
- **Genesis 26:5** “…because Abraham obeyed Me and kept my charge, My commandments, My statutes, and My laws.”

Example: Caleb’s obedience brought great reward.

- **Numbers 14:24** “But My servant Caleb, because he …has followed Me fully, him will I bring into the land whereunto he went; and his seed shall possess it.”
- **Numbers 32:11,12** “Surely, none of the men that came up out of Egypt, from twenty years old and upward, shall see the land…because they have not wholly followed me.”
- **Joshua 14:9,14** “…surely the land whereon thy feet have trodden shall be thine inheritance, and thy children’s forever, because thou has wholly followed the LORD my God.” Hebron, therefore became the inheritance of Caleb the son of Jephunneh, the Kenzite unto this day, because that he wholly followed the LORD God of Israel.”
A Promise to Us:
• Our obedience will also be rewarded just as the obedience of Abraham.
• Revelation 2:26 “And he who overcomes and he who keeps My deeds until the end, to him I will give authority over the nations.”
• Revelation 3:21 “He who overcomes I will grant to him to sit down with Me on My throne, as I also overcame and sit down on My Father’s throne.”
• One becomes an “overcomer” when he or she puts their trust in Christ for their eternal life. However, an overcomer overcomes through obedience to Christ. It is the overcoming that produces the reward.

Principle:
God’s reward system is based on our faithfulness.

Knowing God’s reward system, my future does not seem meaningless. I have hope.
I can feel good about my future, because the Scriptures give meaning to life.
I know there is a real purpose for my life.

“If we have hoped in Christ in this life only, we are of all men most to be pitied” (I Corinthians 15:19).
“It was revealed to them that they were not serving themselves, but you, in these things which now have been announced to you through those who preached the gospel to you by the Holy Spirit sent from heaven--things into which angels long to look. Therefore, prepare your minds for action, keep sober in spirit, fix your hope completely on the grace to be brought to you at the revelation of Jesus Christ” (I Peter 1:12-13).
Truth: A person can feel helpless when they think they are abandoned by God.
• The Christian life is a co-operation between me and the Holy Spirit.
• I am actually not hopeless when, circumstances are beyond my own ability to handle them.

Old Testament
The king of Aram had sent a great army to capture Elisha (the man of God) in the city of Dothan.
II Kings 6:15 “Now when the attendant of the man of God had risen early and gone out, behold an army with horses and chariots was circling the city. And his servant said to him, ‘Alas, my master! What shall we do?’”
• (v.16) “So he answered, ‘Do not fear, for those who are with us are more than those who are with them.’”
• (v.17) “Then Elisha prayed and said, ‘O LORD, I pray, open his eyes that he might see.’ And the LORD opened the servant’s eyes, and he saw; and behold, the mountain was full of horses and chariots of fire all around Elisha.”

The servant’s fears were calmed, when he realized the awesome help that was there for him.

New Testament
Similarly, Paul prayed for us in the New Testament church to have our eyes opened to the great help that God provides:
• Ephesians 1:18-19 “I pray that the eyes of your heart may be enlightened, so that you may know what is the hope of his calling, what are the riches of the glory of his inheritance in the saints, and what is the surpassing greatness of his power toward us who believe. These are in accordance with the working of the strength of his might.”
• Paul explains in Romans 8:16-18 that the Christian life is a co-operation between us and the Holy Spirit:
  • He witnesses together with us (v.16).
  • Jesus perseveres together with us (v.17).
  • We will be glorified together with Jesus (v.17).
  • We can reign together with Christ, and be glorified together with Him (v.17)
  • The Holy Spirit us helps us in our prayers (v.26).
• Examples
  · On their way to another town, some what like Dothan, in the Old Testament, two disciples of Jesus were feeling hopeless, because they thought they had been abandoned by God:
  · Luke 24:17 “…and they stood still, looking sad.”
  · Luke 24:21 “…but we were hoping that it was He who was going to redeem Israel.”
  · Later, in v.31 Jesus opened their eyes so they could recognize that it was He who had been with them on their journey.
  · The great truth of Matt.28:20, that Jesus is with us always, even to the end of the age, is much more powerful than to be able to see multitudes of angels with chariots of fire!
  · God is with us.

Principle
The Christian Life is a Co-operation

• God is a co-worker with me, therefore my present tasks do not seem impossible. I no longer have to feel hopeless. I have hope.
• My relationship with God is meaningful. I am His friend.

“Blessed be the God and Father of our Lord Jesus Christ, who according to His great mercy has caused us to be born again to a living HOPE through the resurrection of Jesus Christ from the dead;” (I Peter 1: 3).

“For He was foreknown before the foundation of the world, but has appeared in these last times for the sake of you who, through Him are believers in God, who raised Him from the dead and gave Him glory, so that your faith and Hope are in God” (I Peter 1:20-21).
Week Seven

Truth: Because God is faithful, I can trust His word.
• God is faithful to me, therefore I can be hopeful about His promises.
• The future is much brighter, knowing that God’s character can be trusted, and His word is dependable.

Old Testament
God keeps His promises. For example, here are some statements about His faithfulness to Israel:
• Deuteronomy 7:7-9 “…the LORD…kept the oath He swore to your forefathers… He is the faithful God.”
• Joshua 21:25 “Not one of all the LORD’s good promises to the house of Israel failed; every one was fulfilled.
• I Kings 8:56 “…Not one word has failed of all His good promises He gave…”

God has never broken a single promise. He is always dependable:
• Psalm 36:5 “Your love, O LORD, reaches to the heavens, your faithfulness to the skies.”

The same God who was faithful to Israel is faithful to us also:
• Psalm 48:14 “This God is our God forever and ever. He will guide us until death.”
• Titus 1:2 “in the hope of eternal life which God, who cannot lie, promised…”

New Testament
• God is faithful to Believers:
  • I Corinthians 1:9 “God, who has called you into fellowship with His Son Jesus Christ our Lord, is faithful.”
  • I Corinthians 10:13 “…And God is faithful…He will always provide a way out…”
  • I John 1:9 “If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness.”
  • II Peter 3:9 “The Lord is not slow in keeping His promise…”
  • I Thessalonians 5:24 “The One who calls you is faithful and He will do it.”
  • Romans 4:21 “…being fully persuaded that God had power to do what He had promised.”
  • Hebrews 13:5 “…Never will I leave you; never will I forsake you”.
  • John 14:2 “In My Father’s house there are many dwelling places, if it were not so, I would have told you; for I go to prepare a place for you.”
God’s character is that He always does what He says He is going to do:
· Philippians 4:19 “And my God will meet all your needs according to His glorious riches in Christ Jesus.
· Hebrews 10:23 “Let us hold unswervingly to the hope we profess, for He who promised is faithful.
· What effect should God’s faithfulness have on our hopefulness?
· Psalm 89:1 “I will sing of the LORD’s great love forever; with my mouth I will make Your faithfulness known through all generations.”
· Our faith in God is strongly supported by the truth of the Scriptures.

Principle
Our God is trustworthy. That is His character.

· God will be faithful to me when no one else will. I have hope.
· God is my ultimate source of hope. The Scriptures make this very clear.
· I have a good feeling about the direction of my life.

“And again Isaiah says, ‘There shall come the root of Jesse, and He who arises to rule over the Gentiles. In Him shall the Gentiles hope” (Romans 15:12).

“Paul, an apostle of Christ Jesus according to the commandment of God our Savior, and of Christ Jesus, who is our hope” (I Timothy 1:1).
Truth: Because God is able, I can have confidence that nothing I face is too difficult for Him to accomplish.

- God’s power makes it logical for me to rely on Him.
- Since God can do anything, the future is clearly in His control.

God is able to do anything He chooses to do!
- Luke 1:37 “For nothing will be impossible with God.”
- II Timothy 1:2 “God is able to guard that which I’ve entrusted to Him until that day.”
- Jesus is able to do anything:
  - Hebrews 7:25 “He is able also to save forever those who draw near to God through Him, since He always lives to make intercession for them.”
  - II Corinthians 9:8 “He is able to make all grace abound to you, that having all sufficiency in everything, you may have an abundance for every good deed.”
  - Jude 24 “Now to Him who is able to keep you from stumbling and to make you stand in the presence of His glory blameless with great joy.”
  - Revelation 19:6 “Hallelujah! For the Lord our God, the Almighty, reigns.”
  - Isaiah 46:10 “My purpose will be established, and I will accomplish all My good pleasure.”
  - Ephesians 3:20 “Now unto Him who is able to do exceeding abundantly beyond all that we ask or think, according to the power that works within us.”
  - Isaiah 40:28 “Do you not know? Have you not heard? The LORD is the everlasting God, the Creator of the ends of the earth. He will not grow tired or weary, and His understanding no one can fathom”

God knows everything about you:

Psalm 139:1-4 “O LORD, you have searched me and You know me. You know when I sit and when I rise. You perceive my thoughts from afar. You discern my going out and my lying down. You are familiar with all my ways. Before a word is on my tongue, You know it completely, O LORD.”
And God loves us so much that:
- “He wanted to know first-hand our pain of loneliness.
- He wanted to experience what it felt like to be tempted.
- He wanted to know by experience what it is to live in a world oppressed by sin.
- He wanted to know what it would be like to have no friends.
- To experience a terminal diagnosis and face death.
- To experience the changes in life from childhood to adulthood.
- To be hungry and thirsty and poor.
- So God became a man in the person of Jesus Christ, so He could feel what you feel and hurt where you hurt.
- So, when you carry your problems, and burdens, and struggles, and fears to God, He knows exactly what you’re talking about.”*

And He is able to help.
* Tony Evans

Principle:
God cares, and He is able to help.

- Now that I know that God is able to do something about my circumstances. I have hope.
- The very fact that He cares makes life worthwhile.
- The only true and living God knows what I am going through. His friendship is real. When I go to Him in prayer, I have peace and confidence.

“Let us hold fast the confession of our hope without wavering, for He who promised is faithful; and let us consider how to stimulate one another to love and good works” (Hebrews 10:23-24).

“Now may our Lord Jesus Christ Himself and God our Father, who has loved us and given us eternal comfort and good hope by grace, comfort and strengthen your hearts in every good work and word” (II Thessalonians 2:16-17).

“...may the God of hope fill you with all joy and peace in believing that you may abound in hope by the power of the Holy Spirit.” (Romans 15:13)
APPENDIX H: IRB APPROVAL
APPLICATION TO USE HUMAN RESEARCH SUBJECTS
LIBERTY UNIVERSITY
Committee On The Use of Human Research Subjects

1. Project Title: Increasing Hope and Maturity Through Biblical Themes

2. Full Review ☐ Expedited Review X

3. Funding Source (State N/A if not applicable): NA

4. Principal Investigator:
   Name and Title ___Max G. Mills—student
   address ____ 2807 Old Forest Rd., Lynchburg, VA 24501
   Phone, E-mail, correspondence__ (434)-841-3582 (434)592-3913 mgmills@liberty.edu

5. Faculty Sponsor (if student is PI), also list co-investigators below Faculty Sponsor, and key personnel:
   Vice Provost of Distance Learning & Graduate Programs Department of Counseling & Family Studies
   Name and Title__ Dr. Ron Hawkins (434)-592-4030 rehawkin@liberty.edu
   Key Personnel: Dr. Gary Sibcy—Associate Professor Department of Counseling & Family Studies
   (434)-592-3877 gsibcy@liberty.edu
   Dr. Victor Hinson—Director Clinical Counseling Programs, Associate Professor Department of Counseling & Family Studies
   (434)-592-4046 vdhinson@liberty.edu

6. Non-key personnel:
   Name and Title Dept, Phone, E-mail address

7. Consultants:
   Name and Title Dept., Phone, E-mail address

8. The principal investigator agrees to carry out the proposed project as stated in the application and to promptly report to the Human Subjects Committee any proposed changes and/or unanticipated problems involving risks to subjects or others participating in approved project in accordance with the Liberty Way and the Confidentiality Statement. The principal investigator has access to copies of 45 CFR 46 and the Belmont Report. The principal investigator agrees to inform the Human Subjects Committee and complete all necessary reports should the principal investigator
terminate University association. Additionally s/he agrees to maintain records and keep informed consent documents for three years after completion of the project even if the principal investigator terminates association with the University.

_________________________________________
Principal Investigator Signature         Date

_________________________________________
Faculty Sponsor (If applicable)          Date

Submit the original request to: Human Subjects Office, Liberty University, 1971 University Blvd., IRB Chair, Suite 2400 CN, Lynchburg, VA 24502

APPLICATION TO USE HUMAN RESEARCH SUBJECTS

10. This project will be conducted at the following location(s): (please indicate city & state)
   X Liberty University Campus
   X Other (Specify): Thomas Road Baptist Church

11. This project will involve the following subject types: (check-mark types to be studied)
   X Normal Volunteers (Age 18-65)   □ Subjects Incapable Of Giving Consent
   □ In Patients                       □ Prisoners Or Institutionalized Individuals
   □ Out Patients                      □ Minors (Under Age 18)
   □ Patient Controls                  X Over Age 65
   □ Fetuses                           □ University Students (PSYC Dept. subject pool ___)
   □ Cognitively Disabled               □ Other Potentially Elevated Risk Populations____
   □ Physically Disabled               □
   □ Pregnant Women                    □

12. Estimated number of subjects to be enrolled in this protocol: 100

13. Does this project call for: (check-mark all that apply to this study)
   □ Use of Voice, Video, Digital, or Image Recordings?
   □ Subject Compensation? Patients $_____ Volunteers $_____
   □ Participant Payment Disclosure Form
   X Advertising For Subjects?
   □ More Than Minimal Psychological Stress?
   □ More Than Minimal Risk?
   □ Alcohol Consumption?
   X Confidential Material (questionnaires, photos, etc.)?
   □ Waiver of Informed Consent?
   □ Extra Costs To The Subjects (tests, hospitalization, etc.)?
   □ VO2 Max Exercise?
   □ The Exclusion of Pregnant Women?
   □ The Use of Blood? Total Amount of Blood ____
   □ Over Time Period (days) ____
   □ The Use of DNA or Biohazardous materials?
The Use of Human Tissue or Cell Lines? □
The Use of Other Fluids that Could Mask the Presence of Blood (Including Urine and Feces)? □
The Use of Protected Health Information (Obtained from Healthcare Practitioners or Institutions)? □

14. This project involves the use of an **Investigational New Drug (IND)** or an **Approved Drug For An Unapproved Use**.
□ YES   X NO
Drug name, IND number and company:

15. This project involves the use of an **Investigational Medical Device** or an **Approved Medical Device For An Unapproved Use**.
□ YES   X NO
Device name, IDE number and company:

16. The project involves the use of **Radiation or Radioisotopes**:
□ YES   X NO

17. Does investigator or key personnel have a potential conflict of interest in this study?
□ YES   X NO

EXPEDITED/FULL REVIEW APPLICATION NARRATIVE

A. **PROPOSED RESEARCH RATIONALE** (Why are you doing this study? [Excluding degree requirement])
   The purpose of this study is to add a substantive theological perspective to the psychological investigation of the source of hope. The intention is to show that high levels of hopefulness in the subjects (population sample) are positively correlated with high levels of spiritual maturity.

B. **SPECIFIC PROCEDURES TO BE FOLLOWED**

   - In a step-by-step manner, using simple, nonscientific language describe what your subjects will be required to do. (Note: Sections C and D deal with type of subjects and their recruitment. That information does not need to be included here.)

The first step for each participant is to complete the attached Consent Form, the Depression Anxiety Stress Scale (DASS), and the Participant Information form, and return all three forms to the researcher, using the self-addressed, stamped envelope. Upon receiving the three initial forms, the participants will be randomly assigned to one of the following two groups:

**Group One**—Each participant in Group One will receive a Bible Lesson intervention in printed form (booklet), which can be completed in their own home, office, etc. during the time span of eight weeks. The Intervention Booklet, contains eight short Bible lessons. The study will begin with each participant taking the Nowotny Hope Scale (Nowotny, 1989), and the Spiritual Maturity Index (Ellison, 1983) on the first day of the first week. Then, for eight consecutive weeks, the participant will read a separate Bible lesson (fifteen minutes) focusing on the issue of hope. At the end of the eighth week, each participant will take the Nowotny Hope Scale, and the Spiritual Maturity Index a second time.
Group Two (Waiting List)—Will not receive the Bible study intervention, but rather, will proceed through a normal week with (nothing added or deleted). This group will also take the Nowotny Hope Scale, and the Spiritual Maturity Index, as was required for Group One. At the end of the eighth week, the participants in this group will be given the booklet containing the Bible Lessons on hope. At that point, individuals in Group Two can choose to become involved in the study as participants in the Bible Lesson intervention.

C. SUBJECTS
Who do you want to include in your study? Please describe in nonscientific language:

- The inclusion criteria for the subject populations including gender, age ranges, ethnic background, health status and any other applicable information. Provide a rationale for targeting those populations.
- The exclusion criteria for subjects.
- Explain the rationale for the involvement of any special populations (Examples: children, specific focus on ethnic populations, mentally retarded, lower socio-economic status, prisoners)
- Provide the maximum number of subjects you seek approval to enroll from all of the subject populations you intend to use and justify the sample size. You will not be approved to enroll a number greater than this. If at a later time it becomes apparent you need to increase your sample size, you will need to submit a Revision Request.

- **For NIH, federal, or state funded protocols only**: If you do not include women, minorities and children in your subject pool, you must include a justification for their exclusion. The justification must meet the exclusionary criteria established by the NIH.

This study will include adult Christian men and women, age 18 and above. A Christian is defined as one who is trusting Jesus Christ alone as their only way to be saved (Barna, 1995). This special population is necessary, since the study involves the effects of a Bible study intervention on levels of hopefulness in adult Christian man and women. The subjects will include both men and women, of any ethnic population. The number of subjects will be 100.

D. RECRUITMENT OF SUBJECTS AND OBTAINING INFORMED CONSENT
- Describe your recruitment process in a straightforward, step-by-step manner. The IRB needs to know all the steps you will take to recruit subjects in order to ensure subjects are properly informed and are participating in a voluntary manner. An incomplete description will cause a delay in the approval of your protocol application.

The sample from this population will be generated through public service advertisements in the Lynchburg newspaper and Christian radio stations for Christian men and women, who have an interest in increasing their levels of hopefulness. This sample of Believers, who share an interest in increasing hopefulness, will also be sought out through personal announcements in the Sunday school classes of five churches located in Virginia, North Carolina, and Georgia. Announcements of the study will also be made in the Freedom
Ministry of Thomas Road Baptist Church and in the seminary and counseling classes at Liberty University.

E. PROCEDURES FOR PAYMENT OF SUBJECTS
● Describe any compensation that subjects will receive. Please note that Liberty University Business Office policies might affect how you can compensate subjects. Please contact your department’s business office to ensure your compensation procedures are allowable by these policies.

There is no compensation for the subjects who volunteer for the study.

F. CONFIDENTIALITY
● Describe what steps you will take to maintain the confidentiality of subjects.
● Describe how research records, data, specimens, etc. will be stored and for how long.
● Describe if the research records, data, specimens, etc. will be destroyed at a certain time. Additionally, address if they may be used for future research purposes.

Confidentiality (informed consent document) will be thoroughly explained to the subjects at the presentation and at the time of the pretest. The Depression Anxiety Stress Scale, the Nowotny Hope Scale, and the Spiritual Maturity Index will be identified by a number that is kept confidential. All research records will be stored in a computer file with a required password. Hard copies of research records will be kept in a locked file and destroyed when the dissertation is complete.

G. POTENTIAL RISKS TO SUBJECTS
● There are always risks associated with research. If the research is minimal risk, which is no greater than every day activities, then please describe this fact.
● Describe the risks to participants and steps that will be taken to minimize those risks. Risks can be physical, psychological, economic, social, legal, etc.
● Where appropriate, describe alternative procedures or treatments that might be advantageous to the participants.
● Describe provisions for ensuring necessary medical or professional intervention in the event of adverse effects to participants or additional resources for participants.

Since the intervention used in this study is didactic, there are no physical, psychological, economic, social, or legal risks.

H. BENEFITS TO BE GAINED BY THE INDIVIDUAL AND/OR SOCIETY
● Describe the possible direct benefits to the subjects. If there are no direct benefits, please state this fact.
● Describe the possible benefits to society. In other words, how will doing this project be a positive contribution and for whom?
The study will provide encouragement, hope, and spiritual maturity for the subjects, while providing helpful information about the source of hope. This information can be used by Christian counselors, pastors, and teachers in bringing biblical hope and maturity to hurting clients, and church members.

I. INVESTIGATOR’S EVALUATION OF THE RISK-BENEFIT RATIO
Here you explain why you believe the study is still worth doing even with any identified risks.
There are no identified risks.

J. WRITTEN INFORMED CONSENT FORM (Please attach to the Application Narrative. See Informed Consent IRB materials for assistance in developing an appropriate form. See K below if considering waiving signed consent or informed consent)

K. WAIVER OF INFORMED CONSENT OR SIGNED CONSENT
Waiver of consent is sometimes used in research involving a deception element. Waiver of signed consent is sometimes used in anonymous surveys or research involving secondary data. See Waiver of Informed Consent information on the IRB website. If requesting either a waiver of consent or a waiver of signed consent, please address the following:
1. For a Waiver of Signed Consent, address the following:
   a. Does the research pose greater than minimal risk to subjects (greater than everyday activities)?
   b. Does a breach of confidentiality constitute the principal risk to subjects?
   c. Would the signed consent form be the only record linking the subject and the research?
   d. Does the research include any activities that would require signed consent in a non-research context?
   e. Will you provide the subjects with a written statement about the research (an information sheet that contains all the elements of the consent form but without the signature lines)?

2. For a Waiver of Consent Request, address the following:
   a. Does the research pose greater than minimal risk to subjects (greater than everyday activities)?
   b. Will the waiver adversely affect subjects’ rights and welfare? Please justify?
   c. Why would the research be impracticable without the waiver?
   d. How will subject debriefing occur (i.e., how will pertinent information about the real purposes of the study be reported to subjects, if appropriate, at a later date?)

L. SUPPORTING DOCUMENTS (to be attached to the Application Narrative)
M. COPIES:
For investigators requesting Expedited Review or Full Review, email the application along with all supporting materials to the IRB Chair (Dr. Fernando Garzon, fgarzon@liberty.edu). Submit one hard copy with all supporting documents as well to Dr. Fernando Garzon, Liberty University, IRB Review, 1971 University Blvd., Lynchburg, VA 24502.