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Research Article

Hope in Times of Crisis. General Population in Spain

José Carlos Bermejo[1], Marta Villacieros[2]* and Ana Elsa Nieto[2]

[1]*Director, Centro San Camilo, Centro de Humanización de la Salud, Tres Cantos, Spain*

[2]*Dto. de Investigación, Centro San Camilo, Centro de Humanización de la Salud, Tres Cantos, Spain*

***Corresponding Author:** Marta Villacieros, Dto. de Investigación, Centro San Camilo, Centro de Humanización de la Salud, Tres Cantos, Spain.

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Abstract

Objective: Analyzing the characteristics of perceived hope (PH) in a crisis situation regarding oneself, relationships with others and transcendence.

Method: The data was collected in Spain throughout March, April and May 2020, under the state of emergency due to the global pandemic. 1048 individuals answered an online questionnaire (77% females and an average age of 51 years old). This questionnaire was designed ad hoc for the study, gathering information on five aspects: socio-demographic information, pandemic's impact, and PH regarding oneself, relationships with others and transcendence.

Results: Average PH was 8 (SD = 1.66). Statistically significant differences ($p < .001$) were found between groups with differing levels of PH in terms of age, perception of desire and illusion, personal inclusion, coping attitude, life satisfaction, security, belief in the afterlife, trust, spiritual support, comfort, and peace and serenity. The group with a PH greater than 9 had higher scores in all of these variables. In regard to the predictors of PH the following regression equation was established: PH = - .396 + .578 (Peace and Serenity) + .309 (Purpose) + .142 (Coping Attitude).

Conclusion: The attributes of hope are strongly supported by the transcendent dimension of life, without ignoring the aspects of relationship with oneself and with others. Far from being an exclusively individual dynamism, hope seems to be within the scope of human relationships.

***Keywords*:** *Characteristics of Hope; Pandemic; Transcendence; Human Relationships*

Hope in times of crisis. General population in Spain

As hope is an integral part of human experience, different perspectives have proposed a variety of definitions for this term [1]. According to Laín Entralgo [2] hope is an intrinsic disposition to life, such as thinking, self-love or the desire for one's own sake. Based on the Judeo-Christian culture, hope is defined as one of the main spiritual needs at the end of life.

Different trends have tried to describe and measure hope. The unidimensional research approach understands hope as a cognitive dimension. Multidimensional research addresses it as emotional, relational, spiritual, behavioral, social and time aspects. Greenberg's [3]

Terror Management Theory (TMT) tries to explain how the human being can overcome the psychological conflict that arises in light of the idea of one's own death. Following TMT, culture is one of the factors that influence hope in a distress situation, whereby one can become symbolically immortal. Other factor that influences hope is self-esteem, or the degree in which each person perceives themselves as living off according to their own cultural values and, therefore, protected.

However, the philosophical debate has usually been the one to address the characteristics of hope throughout history. In philosophical literature it is said that hope includes illusion, desire and longing, but also acceptance of reality; tenacity, perseverance and courage, but also patience; trust and transcendence, but also the ability to give up or surrender [1].

In our country, hope has especially been studied from the field of Palliative Care (PC) and spiritual support. A study carried out in a PC unit revealed that for 82% of patients, hope aided them in finding meaning in their life [4]. Furthermore, in order to use it in circumstances of terminal illness, a scale has been created. This scale suggests that hope is generated through the relationship with oneself, with others, and with transcendence (whether religious or other type of beliefs). This study concludes that spirituality is an element that brings hope to people. Those who believe that there is nothing beyond death have less hope than those who believe that they will meet with their loved ones again or with some form of Deity [5].

Given that crisis situations put people in the face of hope or despair, the aim of this study was to analyze the characteristics of hope in the general population during a specific moment of crisis in our country (Spain): the duration of the state of emergency and the lockdown throughout the pandemic. However, there seems to be a lack of general agreement in the scientific literature regarding the attributes and characteristics of hope [6-8].

The lack of conceptual clarity about hope is reflected in the different definitions proposed. While Snyder proposes in his cognitive theory of hope two dimensions, agency and pathways [9,10]; Dufault and Martocchio [11] propose six dimensions related to hope: affective, cognitive, behavioral, affiliative, temporal and contextual. Herth [12] proposes three dimensions: cognitive-temporal, affective-behavioral and affiliative-contextual. Finally, Ward and Wampler [13] propose four dimensions: options, actions, evidence and connection.

This lack of common agreement among the literature has resulted in varying instruments to measure hope. The various instruments have a different internal structure, depending on the theory that they are based on [14]. Given the variability found in the literature, and overlapping with some of the dimensions proposed by other authors, grouped statements were designed for this study in regards to the relationship with oneself (cognitive-temporal dimension by Herth [12]), with others (affiliative dimension by Dufault and Martocchio [11], affiliative-contextual dimension by Herth [12] or connection dimension by Ward and Wampler [13]) and with transcendence (affiliative-contextual dimension by Herth [12]). The impact of these statements on perceived hope (PH) was analyzed taking into account the perceived severity of the situation (PS).

Methods

Population and sample: General population in Spain. The questionnaire was uploaded on Google Drive and sent by email to the entire database of a social health center in the Community of Madrid. It was answered online, receiving all the answers over 6 weeks during the state of emergency in Spain, specific period of crisis [15].

Instruments: The questionnaire, designed *ad hoc* for this study, was divided in five blocks. The first two blocks were aimed to describe the sample and its specific situation during the crisis. The first block (items 1 to 3) included socio-demographic questions (age, gender and marital status). The second block (items 4 to 13) included questions about the individuals' experience during the state of emergency: mobility options, satisfaction with support network, economic situation, risk of infection due to employment (in a scale from 0 to 10), employment during the crisis (active, unemployed, teleworking), own's risk of infection profile and infection by Coronavirus, risk of infection of relatives/loved ones, religious beliefs (religious and practice), spiritual experience (beliefs and practice).

The third, fourth and fifth blocks included items regarding PH concerning relationship with oneself, with others and with transcendent experiences that produce hope. The answer options were established in a scale from 0 to 10 in a bipolar manner (e.g. desperation/hope; insecurity/security).

Third block: Relationship with oneself (items 1 to 8). Includes awareness of individual healthy attitude, acceptance of reality, availability of personal coping resources, desire and illusion, personal inclusion, ability to overcome disappointment, frustration o suffering, and coping attitude.

Fourth block: Relationship with others (items 9 to 13). Includes experience of proximity, dignity, satisfaction, security and affection.

Fifth block: Relationship with transcendence (items 14 to 23). Includes beliefs in the afterlife, trust in humankind, faith in God/Universe/Life, loyalty to beliefs, spiritual support, purpose, comfort, worth of communal events and of religious rituals, and peace and serenity.

Finally, an assessment of the level of PH (item 24) was requested, as well as an assessment of PS of the situation (item 25). Both were answered in a scale from 0 to 10.

Data analysis

Descriptive analysis was used for all variables. The possible prediction of PH by the study variables was explored using step-by-step backwards elimination multiple linear regression analysis. Using the method of least significant difference (confidence interval 95%) through mean diagrams it was analyzed which variables were statistically significant. Prior to the multiple linear regression analysis, the hypothesis of linearity, homocedasticity, non co-linearity and independence were tested, being confirmed the assumption of normality a posteriori by analyzing the residuals (QQ Plot). SPSS version 25.0 was used for all the analysis. The analysis results were also verified using R Program 3.5.3.

Result

1048 people answered the questionnaire between the 26th of March and the 2nd of May 2020. The average age of the participants was 51 years old (minimum 19 years old and maximum 90 years old). 77% of the participants were female. Over half of the participants (54%) were married or partnered. 55,2% of participants were practicing catholics, and 61% of participants were practicing spiritual believers (Table 1).

Variable	Category	n	%
1. I am	Female	807	77.0
	Male	241	23.0
3. My marital status is:	Married or Partnered	569	54.3
	Single	281	26.8
	Separated or Divorced	106	10.1
	Widowed	42	4.0
	Other	50	4.8
7. Regarding my religious beliefs	I do not believe in any religion	144	13.7
	I am a non-practicing catholic	224	21.4
	I am practicing catholic	577	55.1
	I believe in another religion, but I am non-practicing believer	8	0.8
	I believe in another religion and I am a practicing believer	13	1.2
	Other	82	7.8
8. Regarding my spiritual experience	I do not experience any kind of spirituality	81	7.7
	I have spiritual beliefs	290	27.7
	I have spiritual beliefs and I practice them	639	61.0
	Others	38	3.6

10. Employment during crisis (choose the one that fits you best)	I am employed	333	31.8
	I am employed but teleworking	302	28.8
	I am employed currently working a different job	23	2.2
	I am not actively working (but I am employed)	80	7.6
	I am unemployed due to the current situation (ERTE, ERE)	29	2.8
	I have been unemployed since before the state of emergency (unemployed, retired…)	169	16.1
	Other	108	10.3
11. Individual RISK profile regarding COVID-19;	I am not at risk	432	41.2
	I have moderate risk	408	38.9
	I have a high risk	206	19.7
12. Current infection by COVID - 19;	I don't have any symptoms or the ones I have (or had) are mild	968	92.4
	I have severe symptoms, but I am not hospitalized	10	1.0
	I have severe symptoms and I am at the hospital	1	0.1
	I have had severe symptoms, but I am no longer in danger	10	1.0
	I have been in the hospital, but I am no longer in danger	5	0.5
	Other situation	50	4.8
13. Current infection by COVID - 19 of relatives or loved ones (choose the one that affects you most);	I don't have any ill relatives, or they have mild symptoms	706	67.4
	I have at least one ill relative with severe symptoms, but they have not been hospitalized	81	7.7
	I have at least one ill relative with severe symptoms and they are at the hospital	51	4.9
	I have had at least one ill relative with severe symptoms, but they are no longer in danger	41	3.9
	I have had at least one ill relative at the hospital, but they are no longer in danger	28	2.7
	At least one of my relatives has died because of COVID-19	137	13.1

Table 1: *Socio-demographic characteristics and impact of COVID-19 on the sample. Categorical variables distribution.*

The perceived level of lockdown is of 6/10. Satisfaction with the support network is of 8/10. The economic situation is of 7/10. Lastly, the perceived risk of infection due to employment is of 5/10 (Table 2).

61% of participants were actively employed, 29% of them teleworking. 20% of the participants had a high-risk profile, and 39% a moderate-risk profile. 93% of participants did not have any symptoms or they were mild. 68% of participants did not have relatives that had been infected or they had been mildly affected by Coronavirus.

Regarding the answers to all items, table 3 shows the results. The average PH was of 8.01 out of 10.

Variable	M	DT	MIN	MAX
2. I am (years old)	51.45	12.409	19	90
4. Perceived level of lockdown	6.09	2.922	0	10
5. Currently, my satisfaction with my support network is	8.35	1.963	0	10
6. Currently, my economic situation is (substandard - comfortable)	7.15	1.869	0	10
9.Due to employment during this crisis my risk of infection is	4.90	3.817	0	10

Table 2: *Socio-demographic characteristics of the sample. Quantitative variables descriptive statistics.*

Relationship with oneself	M	DT	MIN	MAX
1. Healthy attitude	7.79	1.604	0	10
2. Acceptance of the situation	7.92	1.778	0	10
3. Coping resources	8.07	1.492	0	10
4. Effort to keep going	8.53	1.449	0	10
5. Desire and illusion	8.15	1.723	0	10
6. Personal inclusion	7.73	1.806	0	10
7. Self-support	7.44	1.774	0	10
8. Coping attitude	7.77	1.628	0	10
Relationship with others				
9. Closeness with others	8.03	1.766	0	10
10. Dignity of the human being	8.76	1.654	0	10
11. Satisfaction with life	7.92	1.728	0	10
12. Security	6.98	1.892	0	10
13. Affection	8.51	1.483	0	10
Relationship with transcendence				
14. Belief in the afterlife	7.98	2.698	0	10
15. Trust	8.15	1.723	0	10
16. Faith in God, the Universe or Life	8.07	2.559	0	10
17. Loyalty to beliefs	8.61	1.650	0	10
18. Spiritual support	8.09	2.077	0	10
19. Purpose	9.03	1.317	0	10
20. Comfort	7.90	1.808	0	10
21. Worth of comunal events	8.40	1.901	0	10
22. Worth of religious events	8.29	2.003	0	10
23. Peace and Serenity	7.81	1.643	0	10
24. Perceived Hope	8.01	1.663	0	10
25. Perceived Severity	8.97	1.284	0	10

Table 3: *Item answers descriptive statistics.*

To compare group means (using independent samples Student's T test), two groups were created according to their level of PH. The resulting groups were: very high PH (> 9) with 422 participants, and medium or low (< 9) with 149 participants.

Statistically significant differences ($p < .001$) were found between groups with differing levels of PH in terms of age, perception of desire and illusion, personal inclusion, coping attitude, life satisfaction, security, belief in the afterlife, trust, spiritual support, comfort, and peace and serenity. The group with a PH greater than 9 had higher scores in all of these variables (Table 4).

Variables	Perceived Hope	Mean	DT
2. Age	< 6	45.62	12.051
	> 9	54.10	12.419
5. Perception of desire and illusion	< 6	6.30	2.035
	> 9	9.08	1.114
6. Perception of personal inclusion	< 6	5.72	2.030
	> 9	8.70	1.235
8. Perception of coping attitude	< 6	5.80	2.027
	> 9	8.69	1.059
11. Satisfaction with life	< 6	6.06	2.349
	> 9	8.76	1.256
12. Security	< 6	4.92	2.081
	> 9	8.04	1.372
14. Belief in the afterlife	< 6	6.29	2.962
	> 9	9.00	2.101
18. Spiritual support	< 6	6.05	2.585
	> 9	9.02	1.518
20. Comfort	< 6	5.79	2.113
	> 9	8.87	1.250
23. Peace and serenity	< 6	5.42	1.709
	> 9	8.92	0.963

Table 4: *Mean comparison between PH groups (high Ph and medium or low PH). Independent samples Student's T test.*

Furthermore, some differences were found depending on the socio-demographic profile. People who were not considered at risk ($n = 432$) obtained an average PH significantly ($p < .001$) lower ($M = 7.8$, $SD = 1.6$) than people with a moderate and high-risk profiles ($n = 614$, $M = 8.2$, $SD = 1.6$). Likewise, people who were practicing spiritual believers obtained an average PH significantly ($p < .001$) higher ($n = 639$, $M = 8.3$, $SD = 1.46$) than the rest ($n = 409$, $M = 7.4$, $SD = 1.8$).

No differences were found in PH in terms of gender, nor the cohabitation arrangement or the impact of COVID-19 itself. However, the 706 people who reported COVID-19 infection in their loved ones obtained a significantly higher PH average ($p < .05$) than the 338 unaffected (8.1 vs. 7.9, respectively). Lastly, the Pearson's correlation found between PH and PS was $r_{xy} = .11$ ($p < .05$).

Predictors of perceived hope (PH). Multiple linear regression

After including all the study variables into the model (including age, gender, work activity, risk of infection during pandemic, and so on), those variables which regression coefficients were not significant, or which squared semipartial correlation coefficients denotes little to no adjustment to the equation, were eliminated stepwise. This resulted in a three-variable model, which predictive variables were as follows: Peace and Serenity ($t = 24.24$, $p < .001$), Purpose ($t = 11.45$, $p < .001$), and Coping Attitude ($t = 5.66$, $p < .001$).

The R-squared statistic indicates that the model explains 83.8% of the variability of PH, adjusted R-squared (more suitable for comparing models with different numbers of independent variables) is 70.2% with an explanation of ($F (3) = 821.71$, $p < .001$). Finally, the following multiple linear regression non-standardized model was extracted: PH = - .396 + .578 (Peace and Serenity) + .309 (Purpose) + .142 (Coping attitude).

The analysis of these variables revealed that they are in accordance with normal distribution.

Discussion and Conclusion

The aim of this study was to analyze the characteristics of hope in Spanish general population during the state of emergency. The results show that the experiences that develop hope in human beings stem from the relationship with oneself, with others and with transcendence. In fact, the most impactful variables on PH in the current crisis situation was peace and serenity and having a purpose (something to look up to or to fight for), both related to the relationship with transcendence.

In line with the affiliative-contextual dimension by Herth [12] and with this study's results (multiple linear regression and mean comparison), the transcendence factor seems to be a powerful promotor of hope. However, the influence of the participants specific profiles cannot be ignored. The sample was largely composed by practicing catholic and spiritual females, married or partnered. This undoubtedly generates a bias towards spiritual and transcendent experiences.

Furthermore, most prevalent experiences (with scores higher than 8.5 out of 10) in this sample (which not only has a high PH but also a high PS, both with a score above 8) were related to three dimensions: purpose in life, dignity of the human being, loyalty to beliefs and effort to keep going.

Eventhough the participants were overall satisfied with their support network, they were afflicted by the global pandemic. The level of perceived lockdown in the sample was moderate, as well as the risk of infection. In addition, a considerable amount of people (20%) were considered to have a high-risk profile. Although the majority remained employed, a large proportion was teleworking and others were currently working a different job. Additionally, they expressed a medium risk of infection due to employment.

One thing is certain, you cannot live without hope. It may be defined from different perspectives [1] but it has always been considered as an intrinsic disposition to life [2]. It is, indeed, an integral part of human experience.

The results of this study, in accordance with historical philosophical debate, the characteristics of hope are strongly related to the transcendent aspects of life, without ignoring the relationship with oneself and with others. Far from being an exclusively individual dynamism, hope seems to be within the scope of human relationships, embedded in the communal dimension that enables mutual support, care and the pursuit of common good.

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