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## UNIT 10 OPTIMISM AND HOPE\*

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### 10.1 LEARNING OBJECTIVES

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After studying this Unit, you would be able to:

- *Explain the meaning of optimism and describe its different types;*
- *Describe the benefits of optimism;*
- *Define hope and describe the benefits of hope; and*
- *Discuss the measurement of hope.*

### 10.2 INTRODUCTION

*Sudha is doing her graduation and wants to get into a decent job after completion of her graduation degree. What makes the case of Sudha unique is that she comes from a family where she is the first girl to study upto graduation level. In her community, girls are not allowed to study and do jobs to earn money. However, Sudha despite her hard situation since the beginning of her education, looks forward to completing her graduation and join a good job to be financially independent.*

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*To achieve her dreams, she takes determined steps and follows a charted out path to achieve what she has thought out for her life.*

The above case provides an example of optimism and hope in Sudha. Optimism and hope are two vital elements for maintaining positive mental health. Positive mental health is a key to happiness and satisfaction in life. It is state of wellness where individuals can function fully and deal effectively with the challenges of life. Hope and optimism both may seem to be very similar and overlapping constructs, based upon positive future expectancies; however, there are differences in how they have been conceptualized by theorists. In this Unit, you will learn about these two positive constructs in detail.

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## 10.3 OPTIMISM

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Optimism is a cognitive expectancy for desirable events or things to happen in future. On the other hand, pessimism denotes expectancy for undesirable outcomes to happen. Optimism is also characterized as a disposition or trait, which people are endowed with in varying degrees. It is considered to be a relatively stable and enduring trait, which guides how people perceive and address particular situations.

The early understanding and usage of the term was either neutral or negative, as evident from the works of eminent philosophers and psychologists like Descartes, Freud, Hegel, and Nietzsche (Domino & Conway, 2001). This was because of dominant negative outlook towards human nature in the field of psychology at that time. With advancements in research in psychology and dominance of humanistic school of thought towards the end of twentieth century, there was a change in perspective towards the concept of optimism.

Based on contemporary research, there are two dominant approaches and theoretical models to optimism: Dispositional Optimism Model by Scheier and Carver (1985) and Optimism as an Explanatory Style by Seligman (1990).

### 10.3.1 Dispositional Optimism

Scheier and Carver first discussed the concept of optimism in their theory of self-regulation, where it was conceptualized to be a personality dimension. Later they coined the term 'dispositional optimism'. They defined it as 'the extent to which people differ in regard to having expectancies of favorable outcomes in their future' (Carver et al., 2010). The model proposed by Scheier and Carver is considered to be the most popular model of optimism, and has relatively stronger construct validity evidence (Bryant & Cvengros, 2004).

The definition highlights optimism as a general expectancy and does not relate it to any specific context (Carver et al., 2010; Scheier & Carver, 1985). Being a personality dimension, it differentiates between optimists and pessimists, where optimist are people who have an orientation towards having positive expectations and predictions about their life in general, as compared to pessimists who have a tendency to expect negative future outcomes in life (Carver et al., 2010). They argued that optimists would have much stronger valued goals, and a higher persistence to pursue those goals in the face of difficulties using effective coping mechanisms leading to a higher likelihood of them achieving their goals (Scheier, Carver and Bridges, 2000). In contrast, pessimists being

more doubtful and hesitant, have more negative affect. Scheier and Carver believed it to be a relatively stable and fixed dimension of personality.

Many research studies supported this stability dimension of optimism, although it was lower in value than other personality traits (Carver et al., 2010). However some studies have found the optimism trait to be changeable over time to some extent. The results of Segestrom (2007) longitudinal study over ten years showed shifts in optimism of participants over the course of study. This and some other researches also (Feldman et al, 2015) point towards the changes over time in optimism, and how it can be enhanced with interventions.

### 10.3.2 Learned Optimism

The other perspective in the conceptualization and measurement of optimism is ‘Optimism as an explanatory style’ or Learned optimism model by Martin Seligman. The theory of optimism as an explanatory style derives from theory of attribution and theory of learned helplessness (Seligman, 1990). Explanatory style is defined as the manner in which an individual explains the events of his/her life, making attributions for their causes. Attributions can be made on the three dimensions: internality/externality, instability/stability and specificity/globality (Weiner, 1985). Internality/externality dimension refers to individuals’ tendency to ascribe either internal (self, dispositional) or external (people or situational) reasons while explaining their life events. Stability denotes causes that are fixed and stable over time, while unstable causes are variable and do not remain same over time and context. Globality refers to propensity to generalize the causes to all situations, or causes are specific to situations.

Learned helplessness is a feeling resulting from inability to escape from obnoxious or painful stimuli. The model of learned helplessness attempted to explain the phenomena of depression. Abramson and colleagues (1978) realized the capability of certain attributions to explain the learned helplessness. They found that learned helplessness can be a result of attributing *internal* (‘it was due to my carelessness’), *stable* (I will be like this forever) and *global* (‘my carelessness will spoil everything I will do’) causes to negative life events. Taking it forward, Seligman coined the term ‘*Learned Optimism*’ to describe the tendency of ascribing *external* (‘I met with a car accident because of faulty traffic signal’), *unstable* (‘It does not happen all the time to me’), and *specific* (‘I didn’t notice the faulty signal, otherwise I am observant’) causes to negative life events. Optimists thus are not too disturbed by the setbacks or negative life events; they see these events as occasions for learning and hope for better outcomes in future.

Seligman (2003) pointed out that the essential difference between the optimist and the pessimistic explanatory style was the differential appraisal of the reasons for success and failure; the prevalence of good and bad events and capability to sustain hope. Explanatory style is modifiable according to Seligman, and can be transformed from pessimistic to optimistic style (Seligman, 2013).

### 10.3.3 Unrealistic Optimism

There can be a tendency of attribution which can entail holding particular perceptions and self-evaluations that are unduly positive, too exaggerated to

be called objective or fair. This perception of self or others is called unrealistic optimism; this might appear impractical but can serve the purpose of calming people when worried and doubtful in challenging situations, and can aid them in persisting towards their goals.

Unrealistic optimism can be defined as a general propensity to anticipate a higher probability of positive events to happen to self, and a greater likelihood of negative events occurring to others (Weinstein, 1980). The concept is similar to what is called 'Positive illusions' (Taylor and Brown, 1988, 1994) which is common among so called mentally healthy, happy, and well-adjusted people. Positive illusions consist of an over exaggerated assessment of one's abilities, an amplified sense of control and unrealistic optimism about future. People with unrealistic optimism are less likely to think about the possible risks or hazards involved in a problem situation, and visualize themselves in situations where they are successfully dealing with the challenge.

Other than the above mentioned concepts, literature also cites many related constructs like unrealistic pessimism (Heine, & Lehman, 1995), defensive pessimism, selective attention, self-deception, and strategic optimism (Norem, & Cantor, 1986).

#### **Self Assessment Questions 1**

1. \_\_\_\_\_ optimism considers optimism as a personality dimension.
2. Optimism as an explanatory style is also known as \_\_\_\_\_ optimism.
3. Learned optimism model is given by \_\_\_\_\_.
4. What are the three dimensions in which people usually make attributions?

### **10.4 DEVELOPMENT OF OPTIMISM**

The presence of optimism as a disposition or explanatory style is dependent on number of factors, the most important being parental socialization. Parents play a very important role in development of optimism through role modelling and reinforcement of optimistic behaviors (Abramson et al. 2000). Parental mental health is a determining factor and it has been shown that there are higher chances for optimists to belong to families in which none of the parents are suffering from depression. Optimists are more likely to come from families where parents use optimistic explanatory style and are good role models in that. Children who belong to families that have witnessed many traumas and struggles, display optimism when their families show resilience and healthy coping strategies. This is because parents in such situations encourage children to cope with stressors and challenges in a positive way and reinforce optimistic behaviors and perseverance.

On the other hand pessimists are believed to come from those households where either parents are complaining, use self-criticism or criticism of child, are depressed or use a pessimistic explanatory style. Inattention to child, child abuse and rejection are other factors which can lead to a development of pessimistic explanatory style (Carr, 2004).

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## 10.5 BENEFITS OF OPTIMISM

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Optimism has many useful consequences for people ranging from mental health, healthy psychological functioning, performance to effects of aging etc. (Rudhig, Perry, Hall, & Hladkyj, 2004). The topic of optimism has gained a lot of popularity among researchers since the last two decades because of these affirmative outcomes. Research indicates that people having positive beliefs about (i) their capabilities to achieve desired goals, (ii) a positive perception of their personal attributes and (iii) their future, perform better than those who are pessimistic or doubtful (Brown & Marshall, 2001).

### a) Optimism and Academic Performance

A number of studies have been conducted to understand the relationship of optimism with student's academic performance. The effect of expectancies on task performance among undergraduate students was studied by Brown and Marshall (2001) in the lab setting. They found that under difficult task condition, students having high or moderately high expectancies for task performance performed better academically in comparison to those who had low expectancies. In another study, Solberg Nes, Evans, and Segerstrom (2009) investigated the effects of optimistic orientation on the rate of college retention in undergraduate college beginners. Their findings revealed optimism was a favorable personality dimension that influenced the motivation and adjustment of students, thereby playing an important role in retention of college freshers in their first years.

### b) Optimism, Physical Health and Well-being

There is plethora of researches that support the positive contribution of optimism in enhancing the well-being and health of individuals. There is a strong evidence to support the claim that optimists are healthier than pessimists (e.g., Carver et al., 2010; Gallagher & Lopez, 2009; Rasmussen, Scheier, & Greenhouse, 2009). The likelihood of a strong link between optimism and health is plausible and can be explained by the self-regulation model, which proposes optimists are likely to be more focused towards self and goals, which lead to goal attainment for optimists and avoidance of goals for pessimists. Another reason for higher well-being in optimists is their attribute of constructive thinking. Optimism as a trait is associated with positive expectancies and constructive thinking in life (Lobel, DeVincent, Kaminer, & Meyer, 2000).

Optimism is believed to result in better physical health, by lowering experienced stress. Optimists tend to have higher self-efficacy or perception of control over situations and more positive thought processes because of which they perceive situations to be manageable and consequently experience lower level of stress (Carver & Scheier, 2014). Studies also point towards the role of optimism in promoting health protecting behaviors and refraining from health compromising behaviors resulting in a healthy lifestyle (Carver & Scheier, 2014). This healthy lifestyle boosts their immune system and prevents them from developing illness. Even on developing illness, they tend to comply more with medical advice for a faster recovery (Carr, 2004). On the contrary pessimism was linked to negative health effects (Carver et al., 2010). Pessimism was also found to be correlated positively with involvement in health compromising behaviors like substance abuse, suicide (Carver et al., 2010).

### c) Optimism and Psychological Well-being

Optimism also contributes to enhanced psychological well-being. Research shows that people with dispositional optimism are more likely to use reappraisal, problem focused coping and adaptive emotion focused coping at the time of stressful situations. Pessimists, on the other hand have a higher tendency to use avoidant coping strategies like escape avoidance or denial in the face of a challenge (Carver et al, 2010).

Looking at the positive outcomes of optimism in different spheres of person's life, it is crucial that optimism be developed from childhood. Programs have been developed by researchers (Seligman, 1998) to assist individuals of different age groups to alter their explanatory style from pessimism to optimism. Participants, in these programs, get trained to recognize and analyse the situations which are mood altering, and thereby change their negative beliefs by positive reappraisal so that it leads to optimistic explanatory style. Thus knowledge of one's ability to change and transform one's thought processes towards optimistic thinking can be really empowering and advantageous in the direction of positive mental health and well-being.

It is important to understand that optimism may not always result in positive outcomes. There may be certain risks associated with over optimism. Such people may fail to assess and judge personal risks, e.g., being unwilling to go for medical screening thinking that diseases like cancer is less likely to affect them. This is unrealistic optimism.

#### Self Assessment Questions 2

1. Constructive thinking is one of the reasons for higher well-being in optimists. **True or False.**
2. Reappraisal is more likely to be used by the pessimists than the optimists. **True or False.**
3. Overly positive and optimistic people are always able to recognize and judge the potential risk. **True or False.**

## 10.6 HOPE

Hope is an interdisciplinary concept studied in different disciplines like Anthropology, Sociology, Psychology, Philosophy, Nursing/Medicine and Theology. In philosophy, it is studied as a spiritual virtue; in nursing literature, hope is associated with survival and coping. Psychology conceptualizes hope as goal achievement. Hope, according to Staats (1989), is "the interaction between wishes and expectations." Stotland (1969) investigated the function of expectancies and cognitive schemas in the development of hope, which he defined as a set of important goals with a high perceived possibility of realization. According to Gottschalk (1974), hope is having positive expectations about particular favorable consequences, and it motivates a person to overcome psychological challenges.

A number of conceptual frameworks have been proposed by theorists like Nikolaichuk (1999), Scioli et al (1997), and Snyder (1994). Within a multidimensional framework, Nikolaichuk et. al. (1999) suggest a hope model

that highlights three dimensions of hope: personal spirit (an individual dimension), risk (a contextual dimension), and authentic caring (a relational dimension). According to Scioli (1997), individuals realize hope through four dimensions: mastery (goals), survival (coping), attachment (trust) and spirituality (faith). Several other perspectives to hope such as, “hopeful thinking or cognition” (Snyder, 2000), “positive emotional experience” (Fredrickson, 2009), as a “character strength” (Peterson and Seligman, 2004) and also a “transcendental phenomenon” (Emmons, 2005, Vaillant, 2008) have been proposed.

From a Positive psychology perspective, hope involves positive feelings like optimism, but it is also a cognitive- motivational state that comprises of individual’s beliefs about the self and one’s actions that shapes attainment of desirable results. Developed by Professor Charles Richard Snyder (1994), the concept of hope is conceptualized to consist of three components: (i) goals, (ii) thoughts about means or pathways to achieve specific goals, and (iii) thoughts about the agency or abilities to attain those goals. Hope is believed to be the sum of ‘pathways’ and ‘agency’ components. In other words, hope is the combination of perceived *abilities* to choose routes towards desirable goals and the perceived *motivation* to make use of those routes. It indicates the person’s belief that s/he will be able to find the path towards the desired goals and utilize these pathways for attainment of goals. As evident from the definition, Snyder emphasized hope to be a cognitive-motivational phenomena, and emotions to be a byproduct of these thoughts. Hope theory predicts that unhindered goal pursuit should result in positive emotions, but goal impediments may result in negative emotions.

Snyder (2000) believed hope to be a multi-dimensional concept which can act both like a stable personality trait and contextual state. As a trait, people can have individual differences in the extent to which they possess the trait. People high on hope are thought to use different means to reach their goals, they have more clarity about the alternate routes and are more likely to have a strong belief about accomplishing their goals, as compared to people who are low on hope (Bailis and Chipperfield, 2012).

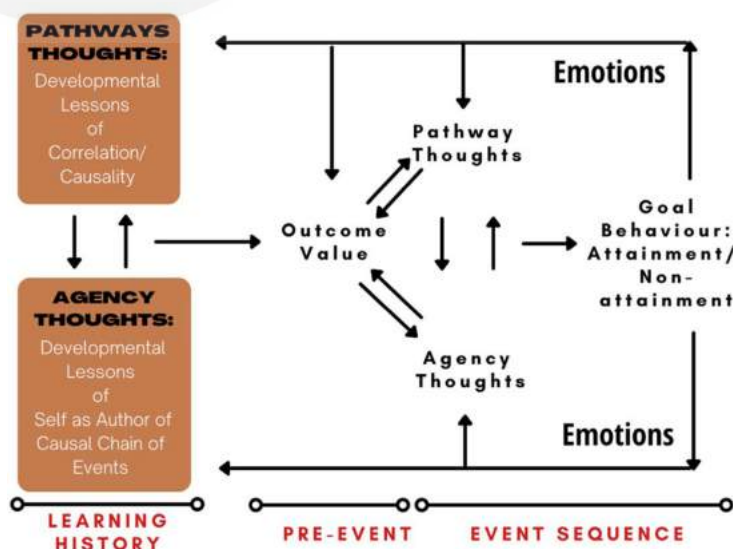


Fig. 10.1: Snyders’s Model of Hope

Source: Adapted from Snyder (2000)

According to Snyder's model as depicted in Fig 10.1, hope will be high when it involves goals that are valued and there is average or above average probability of realizing the goals in the face of obstacles that are difficult but not overwhelming. Hope loses its relevance where one is sure of reaching the goals; and hopelessness results when it is believed that goals are not achievable. Hopeful thoughts lead to positive emotions and hopelessness results in negative emotions. Snyder pointed out that at any point in time and situation, hope is determined by the interplay of three factors:

- The extent to which any goal is valued
- The pathways/means and expectancies about the effectiveness of these pathways in attainment of desirable goals, and
- One's agency or energy, abilities and self-efficacy in using these pathways to goals

The above mentioned factors do not operate in a vacuum, the thoughts about pathways and agency are dependent on past experiences. The developmental learnings related to correlation and causality in pathways thinking and agency thoughts derived from one's experiences in the past guides one's expectancies in the present.

In addition to goals, pathways thinking and agency thinking, Snyder also talked about the **barriers** to goal achievement. Goal attainment is not always a smooth process and involves number of blockages. When faced with obstacles to goals, most people can think of at least one alternative route, but there are some who can think of multiple routes to the desired goals. This ability to find multiple pathways is more characteristic of high hope people (Snyder, 1994a, 1994b).

### **False Hope**

True hope is thought to have a basis in reality, on the other hand, false hope is believed to result from recognizable distortions of reality. Many scholars and psychologists have raised concerns about the potential dangers of "false" hope (Snyder, Rand, King, Feldman, & Woodward, 2002).

According to literature, false hope tend to occur for three reasons: when expectancies are based on illusions instead of reality (e.g., Beavers & Kaslow, 1981); when unreasonable goals are chased (Rule, 1982, as cited by Snyder et al., 2002); and when inadequate approach and procedures are followed to attain the desirable goals (Kwon, 2000, 2002). However, Snyder argued that false hope was not necessarily a result of distortions in reality. He believed that high hope individuals can make use of positive illusions that can shape their perception of reality, but they do not inevitably involve in counterproductive illusions resulting in major reality distortions (Snyder, 1998)

Another important topic investigated by researchers is the phenomenon of **Collective Hope** (Snyder & Feldman, 2000). Collective Hope indicates the extent of goal-directed thinking of a group of people or communities. Collective hope becomes functional when a large number of people pursue a goal that cannot be achieved by any single individual. The operation of collective hope is visible in community efforts towards common goals like environment protection, health promotion, and government plans.



## 10.7 DEVELOPMENT OF HOPE

Although hope is conceptualized both as a trait and state, it has not been found to have any hereditary component (Snyder, 1994b). It is believed to be a cognitive set about goal-directed thinking that is completely learnt and shaped by the socialization process. The elements of hope - the pathway and agency thinking are coached by parents or caregivers and are visible by the tender age of two in children, although these thoughts are acquired much before that. Agency thoughts in babies is their recognition of their self to be a causal factor in many cause and effects events in their surroundings. Healthy attachment to caregivers which is based on trust is important for development of hope in children (Snyder, 1994b). Threatening environment and traumatic experiences during childhood like loss of parents have been associated with decrease in hope (Rodriguez-Hanley & Snyder, 2000).

### Self Assessment Questions 3

1. Differentiate between hope and optimism.
2. According to Snyder (1994), hope consists of \_\_\_\_\_ and \_\_\_\_\_ components.
3. What is 'false hope'?

## 10.8 BENEFITS OF HOPE

Hope has been found to have beneficial results in the area of academics, sports, physical health, adjustment, and psychotherapy.

### a) Academic Performance

A number of research investigations involving various student populations have revealed a link between hope and academic performance. Snyder et al. (1991) identified the characteristics of high-hope students as self-assured, inspired, enthusiastic, and driven by their intended goals. Higher Hope Scale scores at the start of college have been shown to predict better overall grade point averages and whether students will continue school (Snyder, Shorey, et al., 2002). Furthermore, among college students, higher levels of hope were linked to higher academic life satisfaction and higher use of problem-solving skills and coping mechanisms (Chang, 1998). The studies are reflective of hope being a potential human strength aiding in improving achievement.

### b) Health and Well being

As a personal attribute, hope has been linked to a number of positive health benefits (Snyder, 2002). Snyder (2002) linked high levels of hope to higher participation in preventative actions that help people avoid developing physical and mental illnesses. For example, people scoring high on hope showed a greater involvement with cancer prevention initiatives (Irving, Snyder and Crowson, 1998) and higher motivation to do physical work out (Harney, 1990 in Snyder, 2002).

The correlation between hope and psychological functioning has also been revealed in numerous research studies. Higher levels of hope were associated

with improved mental health in high school students (Marques, Pais-Ribeiro, & Lopez, 2011), reduced levels of depression in undergraduates (Snyder et al., 1991), and better life satisfaction scores in law school students (Rand et al., 2011). High hope in cancer patients was also associated with reduced psychological distress in them (Berendes et al., 2010). Elliott, Witty, Herrick, and Hoffman (1991) carried out a study on 57 persons with major physical disabilities and found that hope had a favorable impact on depressive symptoms and dealing with physical handicap. People with higher levels of hope had lower degree of depression and had stronger social relationships in comparison to individuals with lower levels of hope.

Michael (2000) studied the effects of hope on anxiety reactions. His study discovered that hope can be used as a resource to keep anxiety from overpowering and incapacitating the patient. As a result, hope seemed to have a moderating influence on anxiety; hopeful individuals have the ability to overcome the ramifications of anxiety by consciously focusing on achieving their goals. Energy produced by anxiety can also be channeled into goal-oriented action. Hope is thus considered to be a valuable human strength with the potential to result in beneficial outcomes with regard to health and well-being (Seligman and Csikszentmihalyi, 2000).

### **c) Coping and Adjustment**

A large number of studies have investigated the effects of hope on dealing with stress. Snyder (2000) showed a positive effect of dispositional hope on ability to cope with problems. Based on research findings, Snyder and Pulvers (2001) stated that individuals low in hope are more likely to have a tragic view of future, as compared to high hopers who tend to use healthy and productive coping strategies on a regular basis. It is intriguing to know if there is a difference between high hopers and low hopers in terms of types of coping strategies used by them. This question has been dealt by one of the studies by Sle Zackova & Piskova (2017). The study was carried on 196 adults in the age range of 19-33 years old. They found that people scoring high on hope used coping strategies like problem-solving, positive cognitive restructuring and support from family, friends. These people exhibited a higher level of happiness and positive perceptions of health. Individuals with low hope scores, on the other hand, displayed coping strategies like wishful thinking, self-criticism and social withdrawal.

In the domain of personal and social adjustment, higher Hope scale scores have been linked to numerous indices of increased happiness satisfaction, positive emotions, quality of social relationships, and so on (Snyder, Harris, et al., 1991). Furthermore, hope has been proposed as a common component underpinning the positive effects of psychological therapeutic treatment. (Snyder, Ilardi, Cheavens, et al., 2000).

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## **10.9 LET US SUM UP**

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In this Unit, you learned about two important constructs in positive psychology, that is, optimism and hope. Development of optimism and hope was described and their benefits were also elaborated. Both have been found to be strongly related to happiness, physical wellness, academic performance and psychological

well-being for people of all ages. It is important to develop these from early childhood. They can play a significant role in the present unprecedented times, and improve our well-being.

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## 10.10 KEY WORDS

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**Optimism** is a cognitive expectancy for desirable events or things to happen in future.

**Explanatory style** is defined as the manner in which an individual explains the events of his/her life, making attributions for their causes.

**Learned Optimism** refers to the tendency of ascribing *external, unstable* and *specific* causes to negative life events.

**Unrealistic Optimism** refers to the tendency of attribution which entails holding particular perceptions and self-evaluations that are unduly positive, too exaggerated to be called objective or fair.

**Hope** refers to having positive expectations about particular favorable consequences, and it motivates a person to overcome psychological challenges (Gottschalk, 1974).

**Collective Hope** indicates the extent of goal-directed thinking of a group of people or communities.

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## 10.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

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### Answers to Self Assessment Questions 1

1. Dispositional
2. Learned
3. Martin Seligman
4. Internality/externality, instability/stability and specificity/globality

### Answers to Self Assessment Questions 2

1. True
2. False
3. False

### Answers to Self Assessment Questions 3

1. Hope involves positive feelings like optimism, but it is also a cognitive-motivational state that comprises of individual's beliefs about the self and one's actions that shapes attainment of desirable results.
2. pathways and agency
3. False hope results from recognizable distortions of reality.

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## 10.12 UNIT END QUESTIONS

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1. Discuss the two dominant perspectives in optimism.
2. Discuss Snyder's Model of Hope citing relevant examples.
3. Elaborate on the various benefits of hope.

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## **10.14 SUGGESTED READINGS**

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