

# *Psychosynthesis Research Foundation, Inc.*

ROOM 314, 527 LEXINGTON AVENUE, NEW YORK, N. Y. 10017  
TEL: PLAZA 9-1480

March 1, 1971

Dear Colleague:

The sixth meeting of the 1970/71 series of Psychosynthesis Seminars (held on the third Friday of each month) will be on Friday, March 19th at 7:30 P.M.

Our speaker will be Dr. Nicholas T. Morano of New York City; his subject will be: "The Psychology of Hope." Following Dr. Morano's talk will be the usual group discussion.

We hope it will be possible for you to be with us at this meeting.

Cordially,

JACK COOPER, M.D.  
914-669-5105

FRANK HARONIAN, Ph.D.  
PLaza 9-1480

DATE & TIME OF MEETING: Friday, March 19, 1971 at 7:30 P.M.

PLACE: Directors' Room, Mezzanine floor, Park Sheraton Hotel, 7th Avenue & 56th Street, New York City. (Please consult notice-board in hotel lobby in case of room change.)

SPEAKER: Nicholas T. Morano, Ph.D.

SUBJECT: The Psychology of Hope

PSYCHOSYNTHESIS SEMINARS

1970-71 SERIES

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Sixth Meeting: March 19, 1971

Speaker: Nicholas T. Morano, Ph.D.  
420 East 51st Street  
New York, N.Y. 10022

Subject: The Psychology of Hope

Participants:

Arthur J. Brodbeck, Ph.D.  
Jack Cooper, M.D.  
Rena Cooper  
Jon S. Castle  
Peter Casgrain  
Laura de Freitas  
David Gaines  
Frank Haronian, Ph.D.  
Frank Hilton  
Hilda Hilton  
Alex Imich, Ph.D.

Jack Jaffe  
Irma Jaffe  
Russell Kellogg  
Joan Kellogg  
Emanuel Kotsos, M.D.  
Nicholas T. Morano, Ph.D.  
Maria Morano  
Thomas Mikula  
Bertha Rodger, M.D.  
Shirley Winston, Ph.D.  
William Wolf, M.D.

PSYCHOSYNTHESIS RESEARCH FOUNDATION  
Room 1902  
40 East 49th Street  
New York, N.Y. 10017

## THE PSYCHOLOGY OF HOPE

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DR. NICHOLAS MORANO: My interest in the area of hope was awakened and developed within the last few years. It began with a unique and profound experience, which, in retrospect, was a turning point professionally as well as personally. So, what I'd like to present tonight are the thoughts and observations that have developed from that experience, as well as to refer to relevant and supportive comments from the psychological literature.

The experiential beginning was at a professional workshop which precipitated a high, non-drug, turn-on. It lasted for several weeks and then, slowly faded.

Nine months after this, I was asked to give a talk on the psychology of hope. While I had not considered the topic previously, I responded intuitively with a "yes." And in the course of preparing this paper I became aware that I was really drawing upon the experiences and observations that issued from the turn-on experience of that workshop. In fact, in the conceptualization of the process there was a revival, a reawakening of the excitement and vitality previously enjoyed.

So, retrospectively the peak experience was a total affirmation - a self affirmation - a validation of life and living. And, from within this experience of being alive, emerged a basic hope. While the intensity and affective glow of the high moments waned, the awareness of hope remained alive within. Efforts to understand and to assimilate the meaning of that experience have continued since.

Continuing attempts at conceptual integration have alternatively coursed backward to prior aspects of my life that had preceded this experience, and forward to future goals. These attempts usually occur in changing gestalts experienced in the present.

So, in moments of experiential hope a confluence of past, present and future enters awareness. So among the changes occurring for me was a richer understanding of the concept of hope itself. From a simplistic notion that was merely futuristic, it became a more full integration of experience crossing over time barriers. Most importantly for the "now" generation it revealed itself as very much a here-and-now sense of aliveness.

To me, hope is not merely a futuristic concept within which all satisfaction is deferred; rather, it is an experience that is intimately and inseparably linked with the concrete "here and now" feeling of being alive. In this sense, it's the vital energy that drives and motivates individuals toward varying levels of achievement and personal growth. More importantly, I see hope as basically authoring the pull toward self-actualizing and toward becoming more fully human. Supporting formulations are also found throughout the literature.

Erich Fromm talks about hope as a state of being, a state of viable readiness for that which is yet to be born, a psychic concomitant of life and growth. Menninger has characterized hope as an aspect of the life instinct, as a creative drive which wars against self-destructive urges. He tends to identify hoping, wishing, purposing, intending, attempting and doing.

Thomas French's formulation of hope as an activating force of the ego's integrative function is essential to understanding the fundamental psychological value of the concept.

Further emphasis is derived from E. Erikson whose general statement points up the developmental necessity of hope: "Man is born only with the capacity to learn to hope and his milieu must offer him a convincing world view and within it specific hopes." Specifically, basic hope grows out of the mother-infant relationship and is connected to the learning of basic trust. So basic hope is the earliest of the inherent strengths developed by the ego. Other strengths include will, purpose and competence which typify effective ego development in early childhood. All ground the child for effective subsequent development, i.e., of ego strength and of basic hope.

If this early infant relationship is successful, i.e., if the infant experiences the maternal figure as trustworthy, the rudiments of basic hope will be afforded. Two elements are vital here. First, the perceptual knowledge of the enduring nature of the world of things, and second, a sense of trust in the warmth and humanness of person.

At each stage, depending upon the success of the person in negotiating the demands of that stage, this basic hope will have variations and further developments either strengthened or thwarted.

Still, according to Erikson, hope is the belief in the attainability of fervent wishes, despite the negative, destructive urges that occur from the beginning of birth. Thus is reflected the beginning of a dynamic tension between the life-giving growth processes and the destructive, frustrating, thwarting processes.

Once established as a basic quality of experience, hope remains independent of the attainability and verifiability of subsequent hopes. Here, I would like to make a distinction between the basic hoping process and the objects of hope, which are the goals or desired ends. The basic hope is fundamental and non-specific. It embraces specific wishes, desires, goals, but basic hope does not entirely rest upon their specific attainment. There is a range of variation allowable for specific achievements undergirded by basic hope. But, there are necessary verifications to inspire new hopefulness. As the infant widens his horizon of active experience through his trials and errors and successes, new validations of himself and of his activity occur. This model of expanding horizons is apt for the adult as well. In his continual thrust and movement toward growth, ever expanding horizons of experience are occurring. This process over the long run proceeds both inwardly and outwardly in the fully maturing person. The turn-on experience, for me, may be seen as a profound verification of the basic sense of being alive, thereby inspiring renewed hopefulness.

As the individual develops and attains a growing sense of confidence, basic hope is reinforced, he achieves a greater capacity for the renunciation of, for transferring from, unattainable goals to better prospects.

Thus, the quality of viability and flexibility of goal is an outgrowth of basic hope. He learns to dream what is imaginable and to train his expectations on those which promise to prove possible. So, intertwined with the progressive validation of basic hope is a concomitant improvement in the effectiveness of goal setting and attainment. Such is realistic hope which contrasts with

earlier modes of hoping, i.e., magic hope. Schactel has distinguished between these two modes. The latter is utterly passive, waiting, inactive. Vague goals contrast with the realistic goals of the more effective kind of hoping.

Here we see the progressive development of ego strength as it parallels changes in the mode of the hoping process. The growing capacity for renunciation, enhanced flexibility, and more effective reality testing, i.e., separating what is possible and real from that which is unreal and not possible - all characterize realistic hope.

Maslow's motivational theory is quite helpful here since it spans the entire life cycle. As the person progresses along the path toward self-realization, he moves from the deficiency motivation of childhood and early years toward growth motivation. The former involves the attainment of basic need gratification, while the latter extends to higher levels of creative integration and personal growth. The basic experience of hope and its continuing development underlie this process.

Paralleling this process are the variations in the mode of hope concomitant with developing ego. Basic need gratifications provide the rudiments of hope, a primitive magical stage. Growth motivation tends to be accompanied by more realistic modes of hope. And at higher levels of integration and awareness, a quality of creative hope emerges. This is an existential mode of hope in which the goals do not issue from deficiency motivation. The goal is more general and embraces a wish for continuing growth and self-renewal. In other words, ultimately the object of hope is living and becoming more fully human. And in certain individuals, other levels of personhood - transpersonal, spiritual - tend to be experienced.

So, the underlying theme of the process of growth is awakening to living, to life, staying alive, becoming more fully alive. This process is discontinuous because of the various neurotic blocks and other emotional disturbances. Fears and anxieties as well as isolation often intrude upon the three modes of existential being - that is, in the I-Am, I-Thou or I-It relationships. Thus, an intrapsychic isolation may preclude a sense of I-Amness. Also, such a cut-off may be present in an interpersonal way, or in the individual's relationships with the world of objects.

Once again, there is a dynamic tension between the life and growth giving processes and the toxic, death-dealing processes. At any given moment in the growth process, there exists residual unresolved conflict and the need to confront, to work through the unfinished business. As the specific issue is confronted and is progressively worked through, a new gestalt is formed. Hope is intimately tied to the emergence of the new gestalt. So, throughout the process there are beginnings and endings of change. Within each beginning and ending, the experience of hope is an essential ingredient.

The emphasis here has been upon the more conscious aspects of hope, experienced as unique and special moments, such as the birth of children, spontaneous insights and discoveries, and many other instances of positive feelings of aliveness.

Thus, hope and the process of change are intimately enmeshed. While speaking about the highlights, it should be noted that there are wide variations

and individual differences in the intensity, the duration, and the style of these moments of hope. The moments of positive change are concomitant with moments of hope: (1) Inspirational experiences of any or all kinds, (2) new and fresh discoveries, (3) sudden and immediate intimacy with someone you've just met, (4) religious experience - each of these are examples of the many sources of feelings of hope.

Also characteristic of experiential hope is a feeling of consciousness expansion. All aspects of functioning are changed. Conceptually, you see things differently, more clearly, more vividly. There is a release of fresh and novel thoughts, new relationships are perceived, feelings are more available.

Besides in response to positive experiences, hope may emerge following negative experiences, i.e., crises, losses, tragedies, deaths, disasters. It is a paradoxical fact that negative feelings - mourning, anger, fear, etc. - need to be confronted, encountered, and embraced before they reverse themselves. Then, an unburdening, a sense of freedom, and a feeling of hope tend to emerge.

There is a time lag between the encountering of negative feelings and the emergence of hope. The extent of this lag is entirely an individual matter and is unpredictable. The period may be short or, as is common in therapy, a far more extensive lag in time may occur.

I'd like to turn now to the essential components within the person during the hoping process. While in reality a dynamic process, it may be helpful to view what is going on as though it were a single frame in a movie. These ingredients would tend to be present in most modes of hoping. They would include the desiring (wishing) process, the goal desired, the feeling of confidence (trust) in its attainability, and finally, a general attitude about the future separate from one's confidence in the attainability of the goal.

The general attitude or posture with which one faces the future may be described as positive, open, and viable. As mentioned before, Fromm refers to this readiness as flexibility. And with a predominance of verification or affirmation through experience, the individual's posture is more hopeful and also tends to become less fixed and rigid. And following further Erikson's formulation, general trust and freedom eventuate. Others, such as Stotland, have emphasized the applicability of the notion of expectation to the experience of hope. Thus, this general attitude would also be one of positive expectation.

Additional components of hope are desiring, or wishing, and the goal, or object desired. Lynch has stressed the strong bond between wishing and hoping. Although related, a goal is separate from one's desire for it. Erikson's comments about basic hope's independence of the verifiability or attainment of specific hopes (goals) is pertinent. For, in the moment of expanding awareness that is concomitant with hope, new possibilities are experienced. The range of felt alternatives is enhanced so that alternative goals and/or alternative ways of achieving goals are among the felt changes.

Finally, the feeling of confidence or assurance in the attainability of the desired goal is an ingredient of moments of hope. The expectation of the achievement of a goal is not one of certitude. It is not rigid or absolute, and hence, is flexible. French showed that within the expectancy was the perception of probable success in acquiring a goal. The confidence the individual feels in

his capacity to realize a goal depends upon his memory of past successes in similar situations. This again relates to Erikson's notion of verification in the individual.

The development of hope as it underlies growth parallels the four stages of psychosynthesis. According to Assagioli the stages of psychosynthesis include the knowledge of one's own personality, the control of the elements of the personality, the realization of one's true self or the discovery of a unifying center; and, finally, the reconstruction of the personality around that new center.

The first two stages embrace early development of personality and psychotherapy. For me, the turn-on experience was consistent with the third stage, viz., the discovery of a unifying center. The discovery of the personal self is the coming to the unifying center, isn't that so?

HARONIAN: And even beyond that. Your description of your experience suggests that you had not only a sense of your personal self but also, intimations of the transpersonal self as well.

MORANO: Right, but I'll refer to that later. What had been peripheral in my life prior to that point became central and meaningful. It was like being turned inside out, entering a new dimension, a creative dimension. There was a flow and expansion of energy, ideas, and perceptions. There were vibrations that were felt and perceived.

In this experience, I felt the beginning or recovery of a fundamental feeling of "I am"-ness which verifies a basic hope. And, in addition, this experience seemed to awaken an authentic kind of hope.

Furthermore, the growth motivation phase of personal development, involving realistic and creative modes of hoping, coincides with the fourth stage of psychosynthesis. In this reconstruction of the personality around a new center commences. This compares with Maslow's self-actualizing levels of development.

This whole continuum of growth can be seen as different stages in ego-development and integration. The mode of hoping that the person is capable of experiencing changes. The development progresses from infantile hope to realistic hope, and, at higher stages, to creative hope. The latter touches upon aspects of spiritual, transpersonal experiences. Creative hope has implications for cosmic levels of experience.

Gabriel Marcel's notion of hope as a non-egoistic experience reflects permeable ego boundaries. Here the identification is beyond ego. My workshop experience involved a tremendous feeling of community. It was a workshop with a group of professionals with whom I had not only a sense of "I-Am" but "I-Am-With."

The transpersonal self and the higher unconscious have been described in psychosynthesis and by Jung. I feel that they may be the source of creative hope. They pull and draw the person toward the higher levels of being and awareness, perhaps into the more cosmic, mystic experiences. As a matter of fact, William James's faith state tends to overlap with the qualities of peak experiences. Within both there is a fundamental existential hope. Comparable is Erikson's postulate that the ontogenetic basis of faith is hope. Without this basic hope,

its rudiments and its developmental stages the possibility of faith will be undermined.

The conceptual integration that followed my turn-on experience has had retroactive effects. Prior experiences, fleeting, fragmentary, and peripheral, have become meaningfully assimilated within the present. In the past, most of my sources of hope were inspirational: literature, reading, music (both in terms of listening and performing), heroic activities, and accomplishments of history. Religious and heroic aspects were combined in the figure of Christ and the saints so that each was a source of inspiration. And the phenomenon, the feeling, had been a vague stirring, a tug, pulling me upward towards something that made living worthwhile. But after the validating experience, these prior intimations became intrinsic parts of myself.

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## DISCUSSION

WOLF: You spoke particularly of peak experiences rather than of hope as a stage of expectation, and you emphasized those. I was wondering whether peak experiences require, as I think you indicated, the reverse existential situation. In other words, that those peak experiences are more likely and more intensive if and when one juxtaposes them against a non-hope, if you wish. In other words, to make it more pregnant; to make it more experiential thereby.

In other words, when you had this "high" experience, was it in any way preceded by a previous condition of non-hope, of some difficulty?

MORANO: Yes. I think by non-hope I wouldn't mean hopelessness. By non-hope I would mean a deadness.

WOLF: I mean a depression, or the condition of the statis that you spoke of. You say that the opposite of hope is a more static thing, and if one expands, one hopes. (MORANO: Right) Now, I wonder whether you were in that state prior to your "turn-on", so that this would have made that "high" experience more likely or more intense.

MORANO: I would say that in some ways that was true, only I wasn't aware of being depressed. I had been out of graduate school for a couple of years; I was still very programmatic in my approach to therapy, and very conceptually bound. I would call it a plateau of growth or development. I don't know if I was depressed. In a sense, I felt I had not reached levels of creativity.

WOLF: I didn't mean a conscious depression.

MORANO: Now I would call it a dehumanized deadness on some levels.

WINSTON: I would like to say something about an aspect of hope. On the one hand, there is the hope for things, the childish hope that I'm going to get my wish. And then, there is a state of hope which is not for anything in particular but a feeling that whatever comes will be all right, which I think is a kind of hope that one can reach on a higher level.



MORANO: I thought I did make this distinction. There is some degree of independence and autonomy between the experience of basic hope as it matures, enriches, deepens, becomes fuller, and the objects of hope, or hopes, those things for which we hope. For extended periods in our lives we seem to be geared toward achievement - education, the acquisition of material things, etc. I believe Maslow's phase of deficiency motivation would apply more prominently to these phases. But basic hope, or trust, I believe, is relevant to Erikson's notion of a convincing world view. This basic hope evolves and matures. It would then be characterized by openness, flexibility; whereas, if more primitive, it would be described by vagueness, excessive passivity or by an undue focus upon specific goals. The person retaining this more primitive hope would be less differentiated, simplistic, diffuse, and not individuated. The richer, authentic hope tends to be more forceful and sustained in directed energy toward goals. But also, there would be an ability to bend, to shift either goals or approaches. Also, the basic quality of hope tends to be less dependent upon attainability of specific goals.

HILTON: Dr. Morano, isn't that linked with your previous point about faith and hope, this higher type of hope that Shirley is referring to? Doesn't this rest on the basic faith that life is purposeful, apart from religious faith? (MORANO: Yes.) Then there is meaning behind the whole pattern of planetary events? (MORANO: Yes, I would tend to agree.)

BRODBECK: I guess that you spent most of your time on conscious hope. What do you think it means to talk about unconscious hope?

MORANO: Among the repressions of trauma and negative experiences, those occurrences and memories of positive sources of hope would be included. The more primitive earlier formative experiences of basic hope would tend to be within the lower unconscious. The later developmental experiences, within the middle unconscious. These would roughly parallel ego development and, as mentioned before, modes of magic and realistic hoping. Within the higher unconscious are the creative, existential aspects of hope. Before, I described creative hope as possibly exercising a motivational pull on the individual causing him to seek a higher realization of his potential. Here, in the discovery and experiencing of the higher self at the transpersonal level, spiritual development would be embraced. Similarly, hope, in the more magical or realistic modes tends to motivate the individual for the development of qualities that precede self-actualizing.

As hope tends to move from the unconscious to the conscious, it is more readily assimilated and integrated. Thus, it forms a more determined and forceful part of the individual's constructive attempts at individuation.

HARONIAN: Nick, I have the impression that the more primitive types of hope are focused more definitely on specific goals or objects. The higher types of hope go far beyond any specific goal and are more general. Consequently, when hopefulness is of the authentic sort that you were describing - I think that was the word that you used - although it might temporarily be focused on certain specific achievements, if these achievements are thwarted, there need not be a sense of loss of hope. (MORANO: That's right.) Then there is at that level an openness to shift goals, to quickly adopt alternatives as they may arise. And hopelessness, on the other hand, is a state in which alternatives cannot be seen.

In therapy, I often find that I'm busy pointing out alternatives to patients, choices that they are unable to see.

MORANO: The more primitive or neurotic modes of hope have been described as reflecting the oral, passive, receptive person with vague goals. On the other hand, at the higher levels of hope, you do have goal-directed behavior. For, as French has said, hope is an activating force of the ego's integrative function in goal-seeking behavior, planful behavior. So you can have goals, and certainly move toward these goals at higher levels as well.

One way to view it is derived from Maslow. He states that the more fulfilled person is problem-centered, more "out there." So, hoping individuals, being better integrated, would be goal-oriented, too. Moreover, goal-directed activities are part of an entire life style which is an expression of hope.

HILTON: Do you think that it's possible that hope is part of the basic human structure, maybe an unrealized potential, possibly in the DNA structure somewhere, that we haven't discovered?

MORANO: Yes, I believe that the experience of hope (as all emotions) has physiological, biological substrata and concomitants. Also, sources of energy may be seen here.

KELLOGG: In a sense, what you've been saying is that as one grows up and matures, one transcends that ego-oriented attitude that says "I want -," and one waits to know what one is to do, in a sense. You're speaking of the silver thread, the search for meaning, and it's a very open meaning at that level, right? More in the sense of focusing on one's "self"; waiting for the goal to work through it rather than--

MORANO: The posture about the goal is open, but by that time, the style of one's life, the pattern of one's life, is an integrated pattern so that any specific goal would be part of the gestalt, part of a style of being and way of living.

KELLOGG: And the meaning grows from the integrative experiences like your peak. (MORANO: I think so; yes.) So it's a dialogue with oneself in depth constantly, but you're not conscious of it.

MORANO: Prior to the "high", I was less conscious of it. It was going on. It was almost like the cap of a wave. I was conscious of certain aspects of it, to vague stirrings in response to music, and retrospectively, I now can look back and see that it was a stirring upward, a pull, something keeping at me that I was conscious of only in a discontinuous way, but it was there. But it was not conscious as hope.

KELLOGG: And then you just sort of stop and float, I guess. (MORANO: For a while. Then you come down.)

HARONIAN: There is something about this experience of hope in negative situations that seems to say something beyond the kind of thing that we have through positive experiences. You touched on hope arising in negative and disastrous experiences, and I've had experiences, which I'm sure we've all had, when all my plans blew up in my face and by all usual ways of thinking I should have viewed this as disastrous and crawled hopelessly into a hole. But strangely enough, the opposite happened. There was an enantiomorphic reversal, a paradoxical transition, if you will, where suddenly I was full of hope again.

WOLF: That's what I meant before when I asked my question.

MORANO: Let me add one important point. This peak experience was spontaneous. And attempts to repeat it, replicate it, failed. Finally, I recalled that it was unplanned. When you're open, it may happen.

This is one of the things in certain aspects of the human potential movement that concerns me: the attempt programmatically to achieve joy, intimacy, etc., seems to be insensitive to individual differences in kinds of readiness. The spontaneity of it is a very important point.

HILTON: Jack, this question of hope, how would you see it in the penitentiary setting which is against hope in so many ways?

COOPER: Probably when I got there, there was very little hope. But the policemen referred to a lot of addicts as hope addicts, not dope addicts. They seemed to be living in the hope of having one of these experiences, an ecstatic kind of experience, and hoping that the next shot or the next bag that they get would do the job. They were searching. It seems like they were continually searching for what Nick's talking about at the present time. And I like the term "hope addict" because it expresses essentially the hopelessness of these people. Hope isn't in the drug experience. But when it does occur spontaneously, as Nick is talking about here, then it is a by-product of the experience. This is something that occurs and then people who have this sort of thing can transmit it on to others. So in the pen where I'm working, we don't see hopeless people anymore; we see them moving toward something. We set goals that are within their possibilities for attainment. But then, something rubs off on them. They begin to see something else that they can possibly go on to. And hopefully, of course, we'd like to see a few more spontaneous peak experiences. The ones that have had these in a religious context have come back to help other prisoners. Tonight, for instance, a former inmate is bringing in a group of singers. He has now become a minister. For nine years he was a drug user. He is bringing a group of singers, and they will be clapping and going through quite a lot of things. This man has tremendous inspirational ability; people either hate him or like him. He's a center. He's a spontaneous bubble of hope; you just walk around him and you feel something emanating from this particular fellow.

HILTON: But you're not giving these people hope; you're redirecting the hope which is already in them.

COOPER: Redirecting it, trying to discover it, bring it out, and then work with it on what Nick says here is a realistic level. And then, of course, always at the back, we are attempting to bring out the peak experience and in any kind of way, to enhance the setting so that a peak experience can occur. Maybe it's a musician, maybe it's an artist who suddenly gets one of these peak breakthroughs. Sometimes they are lifting weights when this thing occurs. It may be through the modality of a minister. We don't know. We continuously look for the peak experience to occur, and then when it does occur, we have the problem of helping them to integrate it into their being, because a lot of them, when they have a peak experience, become frightened by the thing. They think the other inmates around them will think they're crazy if they talk about it.

So, it's difficult. I have to move carefully when I do see it. Then I begin to ask a few questions. And if I can open them up, then I can probably get them to talk more about the experience, redirect them, and help them to integrate it into their present situation. And hopefully - using that term again - we like them to spend a lot of time around the penitentiary helping other people; we are

now beginning to develop indigenous therapists in the pen and in our community. It's very pleasant. One of them, another ex-drug user, is now being employed by the methadone treatment program. He had a spontaneous peak experience while in the penitentiary. I was able to direct him and help him. He now is working as a counselor. So, from being an inmate, he now comes into the staff dining room and sits with the staff. It's quite a switch.

So, we see these things at the pen. Quite startling. Just this afternoon, a 16-year old was brought in who could see no future whatsoever for himself. He was depressed. He wanted to take the cycle route out. In just a ten-minute conversation, you could see that all of a sudden, he began to blossom. He could see a future for himself - at least he could see till Thursday, which was a help. He got that far. And when I left him, he reached over and grabbed me by the shoulder and said, "Thank you, man."

So, it's this thing that I continually see in a penitentiary setting - stark; it's an everyday drama.

MORANO: One of the things you mentioned, namely, the hope addict, reminded me that the oral deprivation that might have occurred early in the parent-infant relationship characterizes the nature of hope in subsequent periods. Without the basic rudiments of hope, a "high" may have a hollowness at its core. It's almost as though no matter how high they are, there is a piece of themselves inside that has not been enlivened so that the high is a relatively empty bubble.

Another thing concerning the sources of hope, i.e., stimuli which elicit, evoke, arouse, touch off hope: the Jungian dimensions of introversion and extroversion as applied to different modalities - the sensory, the intellectual, the intuitive and the feeling, offer a possible way of organizing the individual differences in availability or accessibility. If you have an introverted emotional type or an introverted intellectual type, sustained meditation might be a source. Someone who is a sensory extrovert might respond to music and be stirred. (DE FREITAS: Or the opposite.) Yes, depending on the expectations.

DE FREITAS: If you are a sensory extrovert, you can either tap into the excitement through adding on to what you already have, or you could turn a sensory extrovert on by giving him a totally opposite or new experience that he has never had before.

MORANO: By the way, Jung talks about this in terms of a certain stage where one is overdeveloped in one area--

DE FREITAS: Right. That's what I meant by offering him an opposite experience.

WOLF: In this connection, we were talking about the "paradoxical" in all these things. I think "reciprocal" would be a more appropriate term because all is included in it. In other words, it isn't paradoxical in the sense that one shouldn't expect it, but it is reciprocal - in other words, the obverse of the coin.

HARONIAN: There is something special about the fact that new hope can grow out of the ashes of the destruction of a hoped-for experience; that this can occur spontaneously and fully. There it is again, suddenly! - which makes me feel that there is an intrinsic part of the person that has little to do with the ongoing experience. We may experience it as being a part of something going on out there or related to "out there", but there is really something much deeper going on within ourselves.

HILTON: Dr. Morano, do you see any possibility of a specific technique in therapy for the evocation of hope?

MORANO: Yes, I think guided imagery - imagery of things growing, things developing - is very often a source of hope, a stimulation for hope. (HILTON: A blossoming of the rose, in a sense.) Right. Or the growing of a tree and that kind of thing. That would be one specific thing that comes to mind, and I think also specific techniques. Yes; I think there are many. However, they must be within an ongoing program of development. The techniques alone are insufficient.

HARONIAN: You can see the transition in an hour in a patient who comes in in a state of despair or something close to it, who is helped to confront the images of this despair, who is helped through a sense panic during the confrontation, but who ends up with renewed hope and goes out feeling definitely hopeful. And this is hope therapy, if you will. It's being done all the time, and it involves helping the person to really confront the thing that he is most frightened of and to find out, in that way, that he can face it. Patients do it all the time.

MORANO: I wouldn't call it a technique to elicit hope, because I think the ground of the whole process of growth and being - what we're doing both in therapy and elsewhere - is trying to evoke, elicit, hope.

Let me return to one thing. The value of this early infantile phase is in the experience of intake and contact by the child. The crucial importance of this fundamental basis of hope is seen in the cases of severe deprivation or loss of any contact with the maternal figure. In marasmus, we see their psychology, their physiology, severely retarded to an extent which eventuates in death. I think this illustrates in a dramatic way the essential value of hope to all levels of the person.

MICH: I missed the basic connection between hope and your peak experience. Would you like to tell us a little bit more about the conditions which led to the peak experience?

MORANO: It was a validation, affirmation, and verification, as Erikson discussed, of fundamental hope, having personal and transpersonal aspects. If you mean the specifics of it, it was a spontaneous, five-day experience with a community of people with whom and through whom there was a continual rhythmic harmony. It was a harmony on a level of "I Am," a feeling of I-Thou, both in one-to-one and in I-Communal Thou senses. It included a response to the natural beauty of the surrounding countryside.

It was a validation. It said to me that a fuller, more total level of being, of self-actualizing, if you will, was real, was possible, for me. This, however, was not so conceptualized until nine or ten months after the experience. And it occurred spontaneously at various odd moments. Often, it would be at a time of waning hope. But, the memory remained alive. Accompanying the recollections were mild feelings of hope. They affirmed quietly but with assurance that higher levels of being were possible again.

MICH: Your interest in the subject was originated at that time?

MORANO: That's right, subsequent to the high experience. And why it became particularly interesting was in an effort to integrate meaningfully that "high" into other aspects of my life.

IMICH: I also missed the semantic definition of hope. I believe it's missing.

MORANO: Okay, a brief definition of hope: A positive expectation.

IMICH: Of the future. All right. You also mentioned that hope is, as I understood it, intrinsically connected with peak experiences.

MORANO: No. It's inseparable from a feeling of being alive. Because as I said later, there were other high periods through inspirational sources - spontaneous and natural occurrences - where the feeling or vitality of hope was present. The reason why I emphasized the peak experience was because of its richness in releasing an awareness, for me, of the essential value of the hoping process. Also, it is a confluence of various modes of hope. Further, it opened doors to the transpersonal levels of the higher self.

IMICH: I believe that a real peak experience does not need to be connected with hope, since hope is only an expectation of the future but with a certain amount of uncertainty. But in a peak experience, one can arrive perhaps at real certainty and therefore hope is not needed. There is no place for hope if somebody knows.

MORANO: There is a distortion in time and in space in this peak experience in that a feeling of timelessness is present. There is this quality of absolute certainty, yes, but of the moment. It also is cognizant of uncertainty and is viably ready for it. But, it also included a pretty clear picture of both positive and negative aspects of reality.

DE FREITAS: In your thinking and feeling and being, etc., did you get physical feelings that sort of induced hope or went with hope?

MORANO: Yes. Among the feelings and changes were feelings of coursing energy from here (middle), up, down - you know, constant motion, vibration - a sense of vibration, movement, personal body movement. Everything was rhythmic. It was also in harmony. Movements of the self in relation to others were rhythmic and harmonic. Everything seemed to be okay the way it was, and you could see the intrinsic body movement.

BRODBECK: To what degree do you think hope might be a kind of suppression of despair?

MORANO: I think definitely certain kinds of hope do come out of the suppression of despair - neurotic modes of hope, pollyannish kinds of hope which are really basically denials of despair. There is a range of neurotic kinds of hoping, depending upon the level of ego-integration and development of the person. Among the defensive modes of hoping would be that of reaction-formation against, let's say, despair. There might be counterphobic kinds of defenses against fear, despair.

BRODBECK: But you would still allow for some hope not being of that suppressive variety?

MORANO: Yes, depending upon the extent to which the person is in touch with the reality of himself, his real self, his feelings of aliveness underneath. Neurotics sometimes break through and feel moments of basic hope.

HARONIAN: If we start out with a psychosynthetic conception, that the cosmos is working towards a unifying synthesis, that this is the underlying theme of what is happening, constantly is going on, then we could possibly think of hope as a personal experience of being in tune with this trend, as something that we experience at special moments but that we swim in all the time, much as a fish is in water. But we are not really consciously aware of this hopefulness most of the time because it's so much a part of us. There are only certain special times - perhaps moments of extreme ecstasy or despair, when the hopefulness breaks through. But what it is at those moments might be an awareness of this basic cosmic trend for a moment when a veil is parted.

MORANO: I would say yes to that. And depending upon the individual's availability to the higher self, transpersonal, non-egoistic hope as Marcel describes it, his occasions of being in tune with the cosmic aspects would occur. Watts' egolessness, and Jung's superconscious and, perhaps, collective unconscious would be relevant notions here.

HARONIAN: There seems to be a very simple and perhaps too simple explanation, and it depends on accepting as a premise that there is a creative, unifying trend going on in the cosmos.

MORANO: I sometimes have problems perceiving such a unifying trend in the cosmos as it's represented by people. (Laughter)

WINSTON: I was going to react to Frank's remark by saying that if there were not, deep inside of us in the unconscious (and not the lowest unconscious, maybe the higher unconscious), if there were not some sense of hope that there was a meaning, I don't think anybody would be alive. I don't think one could live without hope, and when all hope is gone, people die.

COOPER: I think Victor Frankl could answer that one, with his experience in the concentration camps where he was hopeless many, many times, each morning. I think maybe he would agree with that.

WINSTON: Consciously, one may be hopeless, yes. But I believe that there has to be an unconscious hope which carries you through, and that without the unconscious hope, there is death. I think the experiences, for instance, of those American prisoners of war in the Korean War who died in much greater numbers than they had any right to, according to the conditions that were going on, indicate that these people simply stopped hoping. Soldiers who were full of life just died; they gave up. The ones that survived did so because there was something that kept them going.

MORANO: Also, the tendency to accept programmatic aspects of socialization without inner commitment renders the individual more susceptible to brainwashing or propaganda. Without inner hope and purpose one is profoundly susceptible to external destruction of one's beliefs.

MRS. COOPER: I would like you, if you would, to elaborate on what your life was like before your peak experience as compared to what it is now, after the peak experience. Would you care to elaborate on this?

MORANO: Before, I had been on a vague search for hope - but it was an unconscious search. It was undirected, random and incidental to my life. Motivation was primarily deficiency type. After, more focussed directed energy was present. More

intrinsic values are motivational now. If you want additional comments about some of the aftermath, my wife is here!

The "after", as I have experienced it, has been hell, because it has been up and it has been down. For every force in one way, there is a counter force in the other. Some of the downs immediately after the experience were intense. But there has been a gradual, upward drift in productivity, in feeling alive and hopeful, in becoming more human. I don't believe I'm yet free of the deficiency motivation stage, but I'm hoping. That's from within me!

Immediately after, I felt more understanding for my children on their terms. I felt really with them. That was a very surprising thing to me. It was almost a direct access to their unconscious. My respect for them as people was enhanced.

MRS. COOPER: What about your wife? It would be interesting to hear her point of view.

MRS. MORANO: That was not on the agenda! It's very traumatic an experience not always to foresee what's going to happen, because things are so dynamic. They just happen, and when they do happen, they're so fantastic. The depression afterwards was not as extremely low as you indicated - at least I didn't feel it - because now there's more understanding, and better understanding of what's happening.

MORANO: I'll never forget her first words when I came back. She said, "You look deeper." That was really nice to hear.

WOLF: In response to what Shirley and other speakers have said - for instance, that people in the concentration camps died so much more than would be expected - I was wondering whether a research project couldn't be started on the physiology of hope because this unquestionably has a relationship to the autonomic nervous system, and that can be measured, and we could find out whether these types of hope experiences have some physiological correlates. Some of them, of course, we know and some of them we do not know. And I was wondering whether this couldn't be a project whereby, first of all, some of those experiences might be in some way duplicated by chemical means. Maybe even such common things as benzedrine and things like that may do it.

For one thing, I was wondering whether you have studied any of that. And secondly, how do you feel about that?

MORANO: I haven't as yet studied it. I do feel that the physiology of hope is very important; the body aspects of hope. As a matter of fact, there were plans to do some research on this with a friend of mine who died recently. There were plans to begin to do research in the physiology of hope and the body correlates of the hoping experience: facial expression, eye-movements, etc. But, unfortunately it has been delayed. But I do feel that it's very promising.

WOLF: A number of the deaths, I'm quite sure, are on that basis - that is, they simply are caused by shock or some other physiological state, and it would be interesting to know how much of each and how they correlate and how they interrelate. And also that would give a possibility of manipulating them at will and in a better way than what we're doing, instead of just waiting for them.



MORANO: There is one other minor point that is intriguing to me: In some of the literature on suicide, hope is listed as one of the causes. I wonder if hope for a life after death or something like that, something better than the here and now, tends to motivate some suicides.

COOPER: The usual question you ask a patient to determine the potential for suicide is, "Is there anything to live for? Do you have anything to live for?" If they mention a religion or a child or husband or something of this nature, you feel a little bit safer in leaving them alone. If they don't have anything to live for, then you make them promise that they'll call you before they commit suicide. So, we can assess it clinically on that basis.

MORANO: The other side of the question would be, "Do you have a positive reason to die?" But I suppose this is not a regular item in the interview! (Laughter)

Another point worthy of research is the personal level of hope in therapists and how it affects their patients. There has been some attention given to this by Jerome Frank. Menninger develops the point further. Apart from the presence or absence of hope in the therapist in doing therapy, its degree of appropriateness to the condition of the patient is an important variable. And he makes a very good point in that too much hope, an unrealistic hope, as often found in young, beginning therapists is apt to be a source of hopelessness in the patient. And, so is too little hope, when more is appropriate. There are very interesting issues here.

Also, we ought to study the different socio-cultural factors as they affect hope. Not only the basic pattern of hope but also - as Erikson said - the person's milieu must provide him with a convincing world view and within it, specific hopes or goals.

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