

# The Schemata of Hope: A Q Methodological Look

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*ABSTRACT: The purpose of the study is to understand the nature of "hope" by explaining it more scientifically. A sample of 37 statements bearing on the personal meaning of hope was sorted by 13 cancer, 13 chronically-ill, and 5 disabled patients. The results indicate that there are seven types of hope: (1) dependence of transcendental-being, (2) cognition of reality, (3) orientation-toward-relationship, (4) existential, (5) self-fulfillment, (6) miracle-expectation, and (7) redefinition of reality. From the study, "hope" could be defined as the process in which continuous imagination and evaluation of possibility cause changes in human recognition, attitude, action, etc. The significance of the study is threefold: (1) The discovery of seven types of hope in Korean people and the better understanding of its schemata; (2) suitability of Q methodology to the study of nursing concepts; and (3) the suggestion of assessments and intervention techniques based on the understanding of hope from this research.*

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## **Introduction**

Hope is one of the essential components of human existence and is understood as a fundamental driving force to maintain life. Many researchers have asserted that hope inspires a human being to begin again (Vaillot, 1970) and by itself enables a human being to continuously improve (Marcel, 1962). Furthermore, it keeps life meaningful and makes one accept his or her death in peace, whereas it is reported that despair or hopelessness causes destruction of human existence or death.

From a biological standpoint, hope also prevents and heals illnesses (Engel, 1971). There is a report that a chemoreceptor in the reticulo-endothelial cell receives neurotransmitters such as endorphin and enkephaline (Cousins, 1989). The nursing literature reveals that hope is a major component of caring (Mayeroff, 1972) and that hope is regarded as caring itself (Owen, 1989). Importantly, hope is viewed as an integration of mind and body in the simultaneity paradigm of nursing based on humanistic philosophy (Kim, 1991). A survey of literature on hope shows that there is very little study of hope in nursing and in the related humanities and social sciences.

Koreans traditionally have accepted hope as a part of everyday life; they diligently have sought a brighter future and happiness. Understanding the nature of hope by using a scientific method and its applications to nursing practice are potentially significant contributions to the advancement of nursing science and interdisciplinary fields of study.

## **Purpose of Study**

The purposes of this study are: (1) to identify the types of hope held by chronically ill Korean patients; (2) to explain the structure and the process of hope based upon the identified typologies of hope; and (3) to delineate a theoretical basis for nursing assessment and intervention.

## **Method**

The philosophical assumptions made for the investigation are nominalism, anti-positivism, and voluntarism, which are intangible concepts; the method suitable to study hope is the Q method. This method is based on abductive logic and a self-psychological credo. The following is the description of the procedures adopted for this investigation.

### *Construction of Concourse*

In-depth interviews were conducted to extract self-referent statements (SRS) from the patients, but the strategy failed to produce workable SRSs. To overcome the problem, 10 open-ended statements were created and distributed to nursing students in the author's department ( $n=70$ ); for example, the statements read as follows: "List theme words associated to hope," or "describe the inspiring method of hope from a person in despair," etc. The result of this pilot study showed that the questionnaire was a satisfactory tool for the construction of the concourse; the same questionnaire was used to develop the Q population. Based on the experience and professional opinion relevant to hope, a subject group was selected and the questionnaire was distributed: chronic patients ( $n=61$ ), nurses caring for chronic patients ( $n=55$ ), nursing students ( $n=61$ ), and faculty members in the university ( $n=14$ ).

### *Q sample*

From the Q population collected in Step 1, 17 major categories were classified by their meanings and themes. Then, a total of 37 representative statements from the 17 categories of the Q population was selected with the help of an expert in Q methodology and a collaborator. The selected 37 statements were printed on individual cards, and place cards were prepared based on 1-to-9-point scale by forced normal distribution. Based on a convenient sampling method, 13 cancer, 13 chronically ill, and 5 disabled patients comprised the P-set. Thirty-one selected P-samples were sorted out to yield a distribution of 37 SRSs on a 1-to-9 scale. This sorting process produced the operant definitions of hope.

### *Data Reduction and Analysis*

The collected data were coded into a suitable file format to be used in the PC-QUANAL program. Principal component factor analysis in the program outputs the eigen values of Q factors. If the eigen values of a factor are equal to or greater than 1.0, then it is a significant factor.

## Results and Discussion

The Q-factor analysis resulted in seven major types. The analysis output is shown in Table 1. The total variance explainable with the seven factors was 61.8 percent. Table 2 shows that these seven factors are mutually exclusive because the correlation coefficients vary from 0.0 to 0.352. The Q factors were interpreted based on typical array, extreme comments, and demographic information. The seven types identified from the Q analysis are interpreted as follows.

### *Type 1: Dependence on Transcendental Being*

The people in this group are typically religious and strong believers in Christianity. They have a conviction that they can prolong their lives or cure their illness by strong belief in God (transcendental being). Furthermore, they pursue the hope by a reassurance and a feeling of love of God; that is, they can transcend beyond the present suffering, materials, and time through communion with God.

**Table 1**  
**Typal Array for Type 1: Dependence on Transcendental Being**

Item	Statements	z-score
17	I feel hope through the belief that my life can be prolonged or my illness can be cured.	2.06
27	I seek hope by depending on religion.	1.80
28	I feel hope when I think I love someone or somebody loves me.	1.63
18	I feel hope when I can do something which will help someone else.	1.38
16	I feel hope when I sing a song or appreciate natural beauties.	1.14
30	I feel hopeless when I think I cannot function at home or work due to the illness.	-1.63
12	I feel hope when I try to come up with a solution by getting the information on my illness from a book or someone.	-1.65
31	I feel despair when I think all of my affairs are decided by somebody else.	-1.90
25	I feel hope from the fact that hope comes when the despair ends.	-2.01

### *Type 2: Cognition of Reality*

Persons sharing this viewpoint possess realistic attributes of hope as listed in the typical array. This group recognizes the hope from the information about getting well given to them by doctors and nurses. In other words, they seek hope through the realistic evidence related to their recovery from the illness.

**Table 2**  
**Typal Array for Type 2: Cognition of Reality**

Item	Statements	z-score
8	I feel hope when a doctor or a nurse informs me that I will be getting better.	2.06
19	I seek hope through self-hypnosis that everything is going to be all right.	1.56
37	I feel hope when I see a person in the same situation as me contributes to the society and leads a meaningful life.	1.43
24	I feel hope when I see the brave person who overcomes the despair and hopelessness in the same situation like me.	1.41
20	I feel hope when I see the patients who are worse off or in worse condition than I.	1.38
23	I seek hope by indulging in things that I couldn't have done before my illness.	-1.26
16	I feel hope when I sing a song or appreciate natural beauties.	-1.47
4	I feel hope when I value my life even though it is a miserable one.	-1.60
29	I feel hopelessness has disappeared after crying or being angry.	-2.35

### *Type 3: Orientation Toward the Relationship*

This group consists of passive and intimacy-seeking women in their 20s. A majority of them have a relatively longer history of illness. They gain hope through loving care and relationship with their parents, friends, and loved ones. They have characteristics similar to type 2 in the sense of realistic hope as shown in Table 4 and Table 5. However, the differentiation between the two types was possible through the items with the highest z-scores, extreme comments and demographic information.

**Table 3**  
**Typal Array for Type 3: Orientation toward the Relationship**

Item	Statements	z-score
28	I feel hope when I think I love someone or somebody loves me.	2.20
33	I feel hope when I am getting better or pain and discomfort are reduced.	1.71
24	I feel hope when I see the brave person who overcomes the despair and hopelessness in the same situation like me.	1.56
14	I feel hope when I get better.	1.38
1	I feel hope when I think that people lead life by overcoming despair and hopelessness.	1.31
3	I feel hope when I think I must be hopeful after the current despair is over.	-1.33
29	I feel hopelessness has disappeared after crying or being angry.	-1.61
27	I seek hope by depending on religion.	-1.94
34	I escape from despair when I think the current miserable situation is a part of my life.	-1.98

#### ***Type 4: Existential***

This group of patients accepts illness as a part or a process of life, and they inspire hope by imparting the meaning of their present life. Thus, they seek hope through existential thought and behavior.

**Table 4**  
**Typal Array for Type 4: Existential**

Item	Statements	z-score
4	I feel hope when I value my life even though it is a miserable one.	1.73
7	I feel hope when I think of a bright future.	1.58
28	I feel hope when I think I love someone or somebody loves me.	1.29
3	I feel hope when I think I must be hopeful after the current despair is over.	1.09
17	I feel hope through the belief that my life can	

	be prolonged or my illness can be cured.	1.07
31	I feel despair when I think all of my affairs are decided by somebody else.	-1.83
29	I feel hopelessness has disappeared after crying or being angry.	-1.86
27	I seek hope by depending on religion.	-1.97
6	I feel hope when I think of the fact that one's life is predetermined by its fate.	-2.21

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### ***Type 5: Self-Fulfillment***

The patients of this type seek hope by setting an achievable goal. Therefore, their hope is not a continuous transcendental type, but realistic or anticipatory category.

**Table 5**  
**Typal Array for Type 5: Self Fulfillment**

Item	Statements	z-score
26	I feel hope when I believe that the medical team will do their best to cure my illness.	2.21
23	I seek hope by indulging in things that I couldn't have done before my illness.	1.70
20	I feel hope when I see the patients who are worse off or in worse condition than I.	1.57
22	I feel hope when I set specific future goals by evaluating the current situation objectively.	1.32
11	I feel hope when I think I can do something to maintain my life.	-1.27
13	I feel hope when I reach to a common ground with people who have same problems by communication.	-1.70
6	I feel hope when I think of the fact that one's life is predetermined by its fate.	-1.91
16	I feel hope when I sing a song or appreciate natural beauties.	-2.16

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**Type 6: Miracle Expectation**

These persons seek hope through powerful external force or fate. They strongly believe in a bright future, but they cannot realize it due to the lack of realistic effort.

**Table 6**  
**Typal Array for Type 6: Miracle Expectation**

Item	Statements	z-score
34	I escape from despair when I think the current miserable situation is a part of my life.	1.35
21	I seek hope by doing something new with a future plan.	1.29
26	I feel hope when I believe that the medical team will do their best to cure my illness.	1.27
5	I feel hope when I expect they will invent more effective drugs and medical equipment and procedures.	1.27
14	I feel hope when I get better.	1.26
27	I seek hope by depending on religion.	-1.80
35	I feel despair when my treatment or home life is threatened by economic difficulties.	-1.91
36	I feel despair when I can't move my body freely.	-2.04

**Type 7: Redefinition of Reality**

Individuals associated with this perspective are mostly lower extremity disabled patients. They feel hope when they participate in a rehabilitation program by themselves; when they are feeling good, they are normal.

**Table 7**  
**Typal Array for Type 7: Reality Redefinition**

Item	Statements	z-score
36	I feel despair when I can't move my body freely.	2.27
32	I feel hope when I voluntarily participate	



	in treatment and care.	1.80
19	I seek hope through self-hypnosis that everything is going to be all right.	1.38
20	I feel hope when I see the patients who are worse off or in worse condition than I.	1.16
4	I feel hope when I value my life even though it is a miserable one.	-1.51
18	I feel hope when I can do something which will help someone else.	-2.09
31	I feel despair when I think all of my affairs are decided by somebody else.	-2.09
34	I escape from despair when I think the current miserable situation is a part of my life.	-2.13

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### Conclusion

The study, by employing Q methodology, identified seven types of hope held by Korean chronically ill patients. They are dependence-on-transcendental being, cognition of reality, orientation toward the relationship, existential, self-fulfillment, miracle expectation, and redefinition of reality.

The significance of the result is threefold: (1) the discovery of seven types of hope in Korean patients gives a better understanding of the nature, process, and structure of the hope; (2) Q methodology is suitable to study intangible factors, such as hope; (3) the new dimension of understanding of hope enables possible development of nursing concepts, assessment, and intervention techniques.

### Appendix:

#### Q sample on Hope

- 1 I feel hope when I think that people lead life by overcoming despair and hopelessness.
- 2 I feel hope when I have something to do for the future in captive situations.
- 3 I feel hope when I think I must be hopeful after the current despair is over.
- 4 I feel hope when I value my life even though it is a miserable one.
- 5 I feel hope when I expect they will invent more effective drugs and medical equipment and procedures.
- 6 I feel hope when I think of the fact that one's life is predetermined by its fate.

- 7 I feel hope when I think of a bright future.
- 8 I feel hope when a doctor or a nurse informs me that I will be getting better.
- 9 I feel hope when I talk with my family or relatives and they encourage me.
- 10 I feel hope because I have family or relatives who can give help when I need it.
- 11 I feel hope when I think I can do something to maintain my life.
- 12 I feel hope when I try to come up with a solution by getting the information on my illness from a book or someone.
- 13 I feel hope when I reach to a common ground with people who have same problems by communication.
- 14 I feel hope when I get better.
- 15 I seek hope by achieving small things when I feel I have something to do.
- 16 I feel hope when I sing a song or appreciate natural beauties.
- 17 I feel hope through the belief that my life can be prolonged or my illness can be cured.
- 18 I feel hope when I can do something which will help someone else.
- 19 I seek hope through self-hypnosis that everything is going to be all right.
- 20 I feel hope when I see the patients who are worse off or in worse condition than I.
- 21 I seek hope by doing something new with a future plan.
- 22 I feel hope when I set specific future goals by evaluating the current situation objectively.
- 23 I seek hope by indulging in things that I couldn't have done before my illness.
- 24 I feel hope when I see the brave person who overcomes the despair and hopelessness in the same situation like me.
- 25 I feel hope from the fact that hope comes when the despair ends.
- 26 I feel hope when I believe that the medical team will do their best to cure my illness.
- 27 I seek hope by depending on religion.
- 28 I feel hope when I think I love someone or somebody loves me.
- 29 I feel hopelessness has disappeared after crying or being angry.
- 30 I feel hopeless when I think I cannot function at home or work due to the illness.
- 31 I feel despair when I think all of my affairs are decided by somebody else.
- 32 I feel hope when I voluntarily participate in treatment and care.
- 33 I feel hope when I am getting better or pain and discomfort are reduced.
- 34 I escape from despair when I think the current miserable situation is a part of my life.
- 35 I feel despair when my treatment or home life is threatened by economic difficulties.
- 36 I feel despair when I can't move my body freely.
- 37 I feel hope when I see a person in the same situation as me contributes to the society and leads a meaningful life.

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