

BRIEFS

HOPE: A PANACEA UNRECOGNIZED

Alphonsus O. Obayuwana, MS
Washington, DC

This paper identifies stress as a common and constant irritation to human homeostasis, evaluates the role of hope in the maintenance of health, and recommends a method of anticipatory care for securing optimum health for mankind.

Hope is the flower of desire. . . . It administers consolation in distress—quickens all our pursuits and communicates to the mind the pleasure of anticipation. There is no happiness which hope cannot promise, no difficulty which it can not mitigate. It is the health of the sick, the freedom of the captive, the rest of the toiler.¹

The expression "mens sana in corpore sano" shows that ancient concepts of health encompassed both the somatic and psychic components of human functioning. However, only recently does it seem that many in the health care professions are becoming aware that health is not the mere absence of disease and/or infirmity but a state of optimal physical, mental, and social well-being.

Since earliest times man has always struggled to stay healthy. The history of mankind and medicine^{2,3} reveals, in many instances, the ironic risks and, at times, actual loss of human life in the attempt to

secure optimum health. Witchcraft, religion, and science have been called upon by various cultures, in various ages, to provide opinions concerning how man can stay healthy, prevent illness, remove disease, or restore the body to a previous state of health.

Today, even with the superior and advanced medical sciences, answers to man's health problems still elude us. Archeology and paleopathology^{2,4,5} have revealed evidences of ochronosis, tuberculosis, tumor of the bone, malnutrition (rickets, obesity), arteriosclerosis, infection (osteomyelitis), and fractures in pre-historic man. The author, therefore, personally hesitates to applaud the prevalent assertion that many of the diseases of today are new to man and different from those of the past. The author is equally hesitant to subscribe to the opinion that very sophisticated, totally new, and highly scientific solutions are most needed to solve these not really new health problems. Doubtlessly, new and better methods of scientific diagnosis and treatment will remain invaluable in the prevention, early detection, and treatment of many diseases. However, the actual promotion of health or the every-

day maintenance of optimal human functioning requires neither surgery nor psychoanalysis. It simply needs the constant reinforcement and nurturing of that important health-related component of the human constitution called hope.

DEFINITION

Hope is the feeling that what is desired is also possible, or that events may turn out for the best. While hope, as in the second definition, reveals a tinge of religious flavor, the first definition merely recognizes the possibility of a desired outcome. Nevertheless, hope in either definition fulfills the same function of promising a chance of favorable outcome. For many persons, hope develops as an extension of a deep faith in a deity. To the nonreligious, it comes largely from the realization that chance or probability is random, but reliable and dependable enough to be a fair phenomenon.

It is significant that neither Freud, Piaget, nor Erikson attempted in their major works to ascribe the acquisition of hope to any particular stage of human development. This could suggest a common realization by these exhaustive writers that hope is a highly fluid attribute of man which can be mobilized and shaped to maximize

Received the 1978 Award for the Most Inspiring Paper from the Student Division at the Second International Conference on Human Functioning, sponsored by the Biomedical Synergistics Institute, Wichita, Kansas. Alphonsus O. Obayuwana is a junior medical student, College of Medicine, Howard University, Washington, DC. Requests for reprints should be addressed to Mr. Alphonsus O. Obayuwana, 14213 Georgia Avenue, Wheaton, MD 20906.

any stage of human development and to fit all circumstances.

Among the very many who have recognized the overpowering influence of hope upon health is the philosophical poet and physician, Joseph MacDuff, who wrote: "...without hope, there is neither a chance nor reason for health ..."

OBSERVATIONS

In discussing the optimum health of the society and how to maximize the functioning of all its members, stress as a nuisance cannot be ignored. As defined by the biologist, stress is any stimulus that disturbs or interferes with the normal physiological equilibrium of an organism. Dr. Hans Selye⁶ has emphasized that any demand upon a living system is indeed a stress. It becomes apparent, therefore, that many situations in the ordinary daily business of living result in stress. In the consideration of the effects of stress upon health, it is generally immaterial whether the demand (agent or situation) is pleasant* or unpleasant. The major factors that determine the extent of damage by stress are intensity and duration.⁶ Heat, cold, joy, sorrow, infection, trauma, loss of blood, loss of sleep, psychic tension, conflicts between home and job, and other emotional disturbances and frustrations produce the same primary reaction—a generalized sympathetic discharge and mobilization of hormonal factors.⁷ It has been estimated that 50 to 80 percent of all diseases are stress related. Selye has described the hypertrophy of the adrenal cortex, atrophy of the thymus, and gastric ulcers as con-

stituting the initial stress syndrome. It is a reasonable assumption, therefore, that when stress of sufficient intensity and lingering duration constantly provokes the human body, a reduced ability to function optimally can and will occur. To prevent this, the homeostatic characteristic of the organism must constantly neutralize the effects of these demands upon it. However, it is common knowledge that homeostasis does not operate without fuel and maintenance. It is the author's conviction that this maintenance component of the human homeostatic apparatus requires that attribute of man, which we generally call hope, as its main ingredient.

It is believed that Hippocrates was the first scientific physician who actively began to separate medicine from religion by differentiating the roles of the doctor and the priest. In this separation of religion from science, all attributes of the human culture and behavior generally associated with religion—faith, hope, and prayer—became ignored by medicine. Hope, however, continued to serve as the common but unrecognized basis of all healing processes. The amazing therapeutic results of placebos, the enigma of spontaneous recovery, apparently very healthy religious and cultural groups that use no drugs of any kind, and the enhanced effects of many therapeutic drugs when administered by a trusted physician or nurse are only a few evidences of the importance of hope in the process of healing or in the art of staying well. The author finds it very difficult not to acknowledge the importance of faith, trust, and love in appraising the psychic attributes of man that foster optimum health. However, it should be

realized that faith, trust, and love are involved in various combinations in the actual synthesis of what we call hope. In fact, hope is the most immediate product of the intent of faith, trust, and/or love. The inherent function of hope is simply the promotion of health and happiness.

In almost every culture, despair, guilt, and grief are generally thought to be associated with ill health or death, while hope, confidence, and contentment are regarded as conducive to health. Investigators of varying expertise and specialization, who have chosen the hard tasks of finding out why people fall ill or die at the time they do, agree that a common psychological state precedes the onset of all illnesses. This state which Dr. George Engel and his colleagues call "giving-up-given-up complex" is known to significantly influence the capacity to cope with pathogenic factors.⁸ The most characteristic feature of this complex is a sense of psychological impotence or hopelessness—a feeling that one is unable to cope with changes in the environment and that nothing available can be of use or effective. During such a state of intensive despair, the biological economy of the body is altered and the resulting physiological conditions contribute to the emergence of ill health. Thus, it can be seen that when the environment of the individual is saturated with stress and hope is absent, ill health is the inevitable result. This, in fact, describes and explains the state of health affairs of our time.

RECOMMENDATIONS

The author agrees with Dr. Herman Blumgart⁹ who maintains: "All of medicine is psychosomatic. Just

*The Maryland State Lottery Commission in July 1978 had an internist on stand-by before announcing the million dollar winning number to the live audience of ticketholders.

as there can be no disease without a patient, there can be no organic disease without emotional reverberations. Nor can there be emotional upheavals without bodily representation." This author believes that the best and quickest way to enhance the general health of the society is by giving a considerable amount of attention to preventive psychiatry and/or anticipatory therapy. Extreme therapeutic procedures such as lobotomy, open heart surgery, and electroshock should be reserved for their valuable and highly specialized uses. However, it is anticipatory health care in the everyday endeavors of the practicing health professional that offers the greatest promise of helping the greatest number of people. Health care professionals should begin to help before crises occur by reaching patients before disease. Physicians and nurses should realize that they can no longer turn away and remain passive to political, civic, and spiritual issues because stress resulting from the mismanagement of these aspects of a society soon influences the health of the individuals in the community. Strikes by local bus drivers, cases of female molestation or rape, and reports of racist police brutality should concern health professionals as much as reports of swine flu or rabies in the community. It is both ironic and lamentable that the community physicians offer no opinions about gun control-legislation, yet the victims of gun fights and snipers end up in already overcrowded Emergency Rooms. It is apparent to this author that if human functioning is to be enhanced, health care will have to become what it should always have been—a 24-hour watch over the total welfare of man.

In addition to these challenges

and broad suggestions, the author recommends a special method of anticipatory health care which should be called hope therapy. This therapy simply consists of a collection of positive and health fostering gestures on the part of a health care professional (physician, nurse, social worker, counseling psychologist, etc) on any occasion* that allows him or her to assume a meaningful role. The therapy includes a very relaxed but thorough interview which aids both participants in the determination and discussion of all stressful conditions in the life of the client or patient. The hopes and desires of the individual are verbally and non-verbally positively reinforced. Reasonable and practical suggestions are offered and necessary referrals to appropriate agencies** are initiated quickly. Understanding and caring are made evident to the individual and a sincere willingness to help in the future is communicated. Primarily, this therapy stimulates the hope of the individual, reduces anxiety, and increases his ability to cope with stress.

CONCLUSION

Dr. Martin E. Seligman of the University of Pennsylvania has described "learned helplessness," a phenomenon produced in dogs, rats, and humans who are confronted with seemingly uncontrollable events.¹⁰ In this poignant example emphasizing the influence of hope on health-promoting attitudes, it was revealed that after exposing both animal and human sub-

*During an annual, job-related, or routine physical examination; treatment of a minor injury; or family planning or career counseling sessions.

**The employment office, Alcoholics Anonymous, marriage and/or genetics counselor, or special education.

jects to a series of inescapable electric shocks, most tend to remain passive and do not take advantage of the possibility to avoid the shocks by moving their bodies, even when the shocks become avoidable later on.

This and similar findings demand that every health professional must learn to promote recovery by countering despair, because hope that change is possible must precede change. In diagnosis and treatment, responsible care of the patient as a person is most important because interpersonal relationships profoundly affect how a patient feels, thinks, behaves, and responds to medical care.

To my sons: Whatever specialty they follow, may they never forget to be doctors.¹¹

Literature Cited

1. Cuyler M: Hope. In Rembly AC, Rembly DG (eds): *Leaves of Gold*. Williamsport, Pennsylvania, Coslett, 1948, p 30
2. Margotta R: *The Story of Medicine*. New York, Golden Press, 1967
3. Moser RH: *Diseases of Medical Progress: A Contemporary Analysis of Illness Produced by Drugs and Other Therapeutic Procedures*. Springfield, Ill, Charles C Thomas, 1959
4. Simon G, Zorab PS: The radiographic changes in alcaptonuric arthritis: A report of three cases (one an Egyptian mummy). *Br J Radiology* 34:384-386, 1961
5. Stenn R, Milgram JW, Lee SL, et al: Biochemical identification of homogentisic acid pigment in an ochronotic Egyptian mummy. *Science* 197:566-568, 1977
6. Selye H: *The Stress of Life*. New York, McGraw-Hill, 1956
7. Bourne PG (ed): *The Psychology and Physiology of Stress*. New York, Academic Press, 1969
8. Engel GL: A life setting conducive to illness: The giving-up-given-up complex. *Ann Intern Med* 69:293-300, 1968
9. Blumgart HL: Caring for the patient. *N Engl J Med* 270:240-242, 1964
10. McCann J: Hope for the hopeless. *Medical Dimensions*, May 1978, p 39
11. Mock HE: *Skull Fractures and Brain Injuries*. Philadelphia, Williams and Wilkins, 1950