

The Problem with Hope

During depression, enthusiasm is typically absent. Hope is often out of sight. The goal of much of treatment is to rekindle the enthusiasm for life, to resurrect hope. It seems unlikely that either of these sought-for outcomes would harbor a hidden danger, but they do.

Hope is focused on the future. We look forward to an imagined outcome and try to gain strength from it. This is necessary for many during depression. The present is so bleak; it is only through the promise of a brighter future that some can endure it. But what is the hope *for*, exactly?

For some, the hope is becoming “my old self” again. For others, the “old self” seems, in retrospect, to have been trudging along the road to depression. The goal may not be to return to the old self, but to carve out a “new self,” a life less prone to depression.

The hoped-for self can also become an ideal against which the present self is measured. That person eats properly, this one doesn’t. That one has the energy to climb mountains, this one can’t climb the front stairs. That one can work, this one can’t get showered in the morning.

The gap between the future vision and the present reality can be so great that every step of progress seems tiny and insignificant. *“Sure, I’ve started brushing my teeth again, but that’s nothing compared to attending full-time classes like I want to.”* Hope draws the eye forward to the distance yet to go. A standard recommendation of goal-setting is to cast the eye *backward* to the distance we have already come, which builds motivation. Focusing on the enormity of the task ahead tends to kill motivation. So hope can be a problem.

This is not to say that hope must be eliminated. It is valuable to have an idea of where you wish to go. It is vital, however, to then *release* that hope back into the future, to acknowledge that you are not there at present and will not be there for some time.

Perhaps you recall as a child walking excitedly to some distant but richly anticipated destination: the movie theater, the park where your friends were to meet, the swimming pool. It was important to know where you were going and how you would get there. But focusing on how far you had yet to walk made it seem impossibly far. Perhaps instead you paid attention to what you were doing on the way (*“Look at that tree”*), or picked a series of closer goals (*“That next lamp post”*). Releasing the ultimate goal from your mind helped the walk feel faster, and helped keep you from becoming discouraged. You need that skill even more in your recovery from depression.

Name a goal that you hope one day to reach. Examples: to recover fully from depression, to change careers, or to complete a college program. Be as specific as you can. What is it?

If you were to break this ultimate goal into smaller immediate goals, what would the first step be? Examples: make an appointment with physician (rather than recover fully), update your resume (rather than change careers), or get a college course calendar (rather than complete the program). Come up with an achievable goal related to your ultimate goal above.

When hope turns to despair, sometimes you need to change your ultimate goal. More often, however, you need to use the despair as a cue to switch your focus from the ultimate to a more immediate goal, and “let go” of your hope temporarily.