

Making Hope Happen: Create the Future You Want for Yourself and Others

Shane J. Lopez Ph.D.

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"A smart and incisive look at the scientific and practical aspects of building
visions of the future we can believe in and work toward."
—Daniel H. Pink, author of *Drive* and *A Whole New Mind*

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Shane J. Lopez Ph.D. : Making Hope Happen: Create the Future You Want for Yourself and Others before purchasing it in order to gauge whether or not it would be worth my time, and all praised Making Hope Happen: Create the Future You Want for Yourself and Others:

3 of 3 people found the following review helpful. Explains why hope and how to be hopeful By Jane Written in Lyman's terms, you'd never know you are reading research from a top notch psychologist. Understanding what hope is

and equally important what hope isn't, can help each of us live a more beneficial life. Lopez provides tools to measure your own hopefulness and ways to teach hope. Highly recommend to anyone who supervises others or teaches. We need a world filled with people of hope. 3 of 3 people found the following review helpful. Awesome and Relevant! A Must Read! By Casey "Making Hope Happen" is a refreshing demonstration of thoughtful research-based evidence articulated in an approachable and applicable way. Dr. Lopez's work is incredibly exciting to me, mainly because at its core - no matter which way you flip it - it just makes sense. Of course maximizing our personal strengths will give us more energy, excitement, and confidence as we work toward the future we want for ourselves! Dr. Lopez shows us that "Hope" is no longer an ambiguous or arbitrary idea about the future. Rather, it is an active process that connects our present and our future through our behaviors. "Making Hope Happen" in many ways is a paradigm shift of how we think about our lives, what motivates us, and how we can sustain our own well being at home, in our communities, and at work. Last week, Dr. Lopez gave a presentation about his book to the youth-serving non-profit I work for in Boston. During his presentation, I saw my staff light up like I haven't before. They were excited to be exposed to evidence-based research that validates the work we already do so well. I am confident that his presentation and research will have a ripple effect throughout our entire organization and the way we approach management, training, and our work with the students we serve. 2 of 2 people found the following review helpful. Every Leader, Coach or Head of Household should own this book. By Michelle Vendelin Wow, Hope IS a strategy and a sound one at that! I haven't dog eared and highlighted a book this much in quite a while. Shane has done an excellent job of re-framing HOPE in a pragmatic way that we can understand and apply right away (and it's distinct and more purposeful than wishing or fantasizing). He provides compelling data, great web based tools and helpful stories to bring his findings to life. I really appreciated his recommendations on sharing hope agency with others to help them move more predictably from point A to Point B. I've been applying this in my world and it's noticeable, Hope (including a plan, agency flexibility) IS contagious. Paying forward Hope is critical to a healthy work environment, society and home. In my opinion, this book is a must read for Thought Leaders, Executives, Coaches, Social Family Leaders, you owe it to your followers to raise their agency, engagement and make hope happen right! Thank you Shane, keep up the great work!

With its cutting-edge research and inspiring true stories of people who create better lives for themselves, their families, and their communities, Making Hope Happen is the first practical guide to the anatomy of hope how to create, use, and share it. How do some people make good things happen and bounce back from setbacks? Why do they lead happier, healthier, more productive lives? It's because they have hope not because of luck, or intelligence, or money. So, what exactly is hope and how can you get it, too? Using discoveries from the largest study of hopeful people ever conducted, world-renowned expert on the psychology of hope Shane J. Lopez, Ph.D., reveals that hope is not just an emotion but an essential life tool. Hope is also a leading indicator of success in relationships, academics, career, and business. With Making Hope Happen you can measure your level of hope and learn how to create and share it. In this newest evolution of positive psychology, Dr. Lopez provides strategies for building a high-hope mind-set and shares uplifting stories of real people parents, educators, entrepreneurs, young and old people with health challenges, and civic leaders who create hope and who change their own lives as well as their schools, workplaces, and communities. They include: The CEO who befriended a curious nine-year-old, bringing him into the company and transforming his attitude toward school and future goals. A young entrepreneur who worked to change laws that stood in his way, recruited friends to support his start-up, and rebuilt from scratch after a fire. The college president whose creative fundraising during the worst of the economic downturn kept her neediest seniors in school through graduation. The city council members who developed a visionary recovery plan only days after their community was flattened by a tornado. Two mothers and a principal who reversed decades of neglect and mismanagement to turn a failing school into a neighborhood magnet. A college student who is thriving after two heart transplants, and whose hopeful self-care has been key to her survival. Making Hope Happen is for people who believe that the future can be better than the past or the present and who are looking for a way to make it so. The message is clear: Hope matters. Hope is a choice. Hope can be learned. Hope is contagious.

Hope is the most undervalued state of mind in the world. This book demystifies hope and makes it a much-needed secret weapon for all leaders at all levels. (Jim Clifton, CEO, Gallup) Shane Lopez, the world's preeminent expert on hope, shares his expertise and wisdom on what hope is, how to create more of it in your life, and how to teach it to others, with the aim of meeting your goals, leading a happier, more flourishing life, and making the world a better place. (Sonja Lyubomirsky, author of *The How of Happiness*) "Making Hope Happen instantly draws you in. With intriguing stories and important insights on every page, this book not only illustrates the power of hope, but the simple steps we can all take to get more of it in our lives." (Sian Beilock, author of *Choke: What The Secrets Of The Brain Reveal About Getting It Right When You Have To*) "Finally, a book that shines a light on one of the most powerful, and most misunderstood, emotional forces in our lives. Making Hope Happen is a smart and incisive look at the scientific and practical aspects of building visions of the future we can believe in and work toward." (Daniel H. Pink, author of *Drive* and *A Whole New Mind*) "A clear and powerful introduction to the scientific study of hope by the

leading researcher on this vital topic, *Making Hope Happen* is full of useful strategies for getting our future under control. A pleasure to read, and a treasure to save for those bleak days when defeat stares us in the face." (Mihaly Csikszentmihalyi, author of *Flow: The Psychology of Optimal Experience*) The world's leading expert on the psychology of hope shows us people who have succeeded because they had hope and how we can create it in our own lives to help ourselves and our world. (Ed Diener, author of *Happiness: Unlocking the Mysteries of Psychological Wealth*) There's no pill or supplement that can reverse aging. In fact, most of what explains longevity is not for sale--purpose, faith, and the hope. This book--from one of the nation's most renowned well-being researchers--explores the power of hope and shows us where to find it." (Dan Buettner, National Geographic Fellow author of *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest*) Thoughtful and pragmatic, Lopez's work will inspire readers to take control of their future, choose hope, and choose life. (Publishers Weekly)

About the Author: Shane J. Lopez, Ph.D., a Gallup Senior Scientist, is the world's leading authority on the psychology of hope. He has published numerous professional books on what is right with people, including *The Encyclopedia of Positive Psychology*. He lives in Lawrence, Kansas, with his wife and son.

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Making Hope Happen Chapter 1 What the Man with No Future Taught Me About Hope

IT WAS the fall of 1997 and I was starting my final year of clinical training at the Eisenhower VA Medical Center in Leavenworth, Kansas, trying to get good at using psychotherapy to treat depression in veterans of all ages. My primary rotation was in the Mental Health Clinic. The clinic itself was cast in the image of its director, an old-school military psychiatrist named Dr. Theodore McNutt. McNutt's white coat was a bit yellowed, but perfectly pressed with lots of starch, and he walked with a posture that suggested his clothes could crack at any moment. During my time in the clinic, Dr. McNutt had thrown me several softballs. Most of the veterans he had sent my way had needed little more than someone to talk to plus a few new techniques for managing sadness and stress. McNutt had a way of making me feel like a part of the treatment team without overwhelming me. One morning, I heard McNutt's black wingtips coming purposefully down the corridor. He walked right into my office, looking very serious and dispensing with his typical formalities, and sat in the chair reserved for patients. There's a man in the lobby who just got some bad news. He needs someone to talk to. So far, it was a typical McNutt referral: a guy needing some support and a little bit of cognitive therapy. There's more. He is acutely suicidal. He said he'll shoot himself as soon as he gets home. I'd rather not hospitalize him. It's just not a good option for this veteran. The inpatient psychiatric ward would scare the hell out of him; you know what inpatient is like and probably make him more desperate. So he has to go home today, but he can't be a threat to himself. I will go get him. Go get him? What? Now? Wait! Dr. McNutt had no time for questions and had already turned on his heels and was double-timing it to his office. The vet who had just received the bad news was John, a full-bodied sixty-three-year-old veteran of the Korean War who had spent his life both before and after his years of military service in the cornfields of Kansas. Dr. McNutt escorted him and Paula, John's wife, a short, sturdy woman with tired eyes, into my office. John sat silent and stared at the floor while the three of us quickly recapped the day's events. Pragmatic from his silver flattop to his brown cowboy boots, John had never before seen a psychiatrist or a psychologist; he had never needed to. But early that morning, John had come to the hospital complaining of fatigue and high blood pressure. He'd seen the physician, taken a bunch of tests, and then waited for the results, thinking he would just have to up his blood pressure medication. He merely wanted the new script and his discharge papers. He was ready to go back to work. After reviewing John's test results, however, the young VA doc had an unexpected diagnosis that he had to give John. He tried the bad news, good news approach: John, the bad news is that your kidneys are failing. The good news is that you can live a relatively normal life with the help of dialysis. Paula said that John had handled this revelation well, initially until the physician had described the treatment regimen. The closest dialysis center is about an hour and a half away from you. You will need to go there three times a week. Plan on being there mid-morning. You can be done by lunch, and you'll have the afternoon to rest. That's when John started to lose it, Paula said. His first question was Doc, how will I run my farm? The doctor groped for an answer and came back with his own question: Can someone else do it for you? To John, the diagnosis plus dialysis equaled a death sentence... for his farm. The internist made it clear that John could not run the farm while on dialysis, so that treatment option did not make sense. But not getting treated would also leave him too sick to work his fields. So John was trapped: Get kidney treatment, lose the farm. Don't get treatment, lose the farm. John saw himself as a man with no future. When John said the word suicide out loud, the internist sent him and Paula straight to the Mental Health Clinic. By the time they were shuttled over, John had mapped out a plan. He was going home to shoot himself. I want to die. I will kill myself, he said. And we all believed that he would. A strong John Wayne type, he seemed like someone who would never give up. In fact, there was nothing in John's past that suggested he would react this way. He was a survivor; he had already made it through a war, a big recession that hit his farm hard, and the summer floods of 1993, which turned his fields into a giant lake. For decades, nothing could knock this man down. But now, as he faced the idea of losing his beloved farm and the future he had worked for his entire life, John had given up on living. When the full story was told in my office, Dr. McNutt said, John, you are going home tonight. Shane here will see that you are safe. McNutt patted me on the back extra hard and walked out of the room. Fortunately, after a few hours, a few of my clinical techniques did work enough to stabilize John on that first day, and he got to the point where he was no longer a danger to himself. Though still

entertaining suicidal thoughts, he shook hands with me on a deal that he would not act on those thoughts. We made sure that he had a safe home to return to and plenty of support once he got there. With the help of his family and friends, recruited by Paula with just a few phone calls, all of his guns were removed from their home. Paula, an amazingly strong woman, took responsibility for seeing that John made it through the night. But after they left, I was confronted by my own sense of helplessness. None of my training had prepared me for this situation. How could I help a person who was so utterly hopeless? In a just a few hours time, the strongest of men battle-hardened Marine had simply given up on the future and on his life. Could something that broken be fixed? I had no answers. Once home, I grabbed a beer and then started trying to think of a plan. After an hour or two, I reached for another beer and a book, *The Psychology of Hope*, written by one of my graduate school professors, Rick Snyder. Rick talked about hope as a life-sustaining force that is rooted in our relationship with the future. He wrote, Just as our ancestors did, today we think about getting from where we are now, let's call it Point A, to where we want to be, say Point B. John had lost his way, his Point B. He needed new strategies for getting to his old goals, or he needed a new Point B. The next day, John returned to the clinic with less intense suicidal thoughts and with a question: So, Doc, what's my story? After fumbling a bit, I realized what he was asking. John needed a way to explain his illness to the boys at the coffee shop (his fellow farmers), to his family, and, most of all, to himself. He wanted to know how to talk about being sick, going to treatment, and getting better or getting worse. He was looking for a quick, go-to response to the simple question that now seemed difficult to answer: How are you doing? We spent the next two hours talking about his future. Somehow, I had to convince John that hope had helped him through hard times in the past and hope is what would help him deal with his diagnosis and treatment. All of John's thoughts about the future focused on his farm. All of his goals were wrapped up in his land. He was clear about what the farm meant to him: Everything. He had leveraged his whole life to keep it going. Like many farmers, he owed hundreds of thousands of dollars on farm machinery. Over the previous year, the stress had gotten the better of him, and he believed that he had to work harder than ever, every day, or he would lose the equipment, the land, the house, all of it. His eighty-hour workweeks, though doable for most of his life, had worn him out. I asked John about people who could help him out of a jam. Paula was doing everything she could, as were his friends, local farmers who were, as John described, up to their ears with their own corn crops. Then he admitted that he had one more possibility. Well, he said hesitantly, there is my son, Carl. It was clearly difficult for John to discuss his relationship with Carl, which was strained. Two decades before, father and son had worked side by side, planning the farm's future. But they had stopped speaking. John couldn't remember why, but he did not see that changing, even though his life plan had always been to pass down the family farm to Carl. That night, John went home, again under Paula's supervision. He was no longer suicidal, but he still had no Point B, no story about his future. The following day, at the beginning of our next session, John announced, I got it, Doc. I am working on it. How about that? When people ask me how I'm doing, I tell them, I am working on it. For John, those words would help him save face in front of his friends. For me, they meant that John once again saw himself as an active participant in his own life. John, what's the next big job on the farm? I asked. Gotta get the corn in. Timing is everything when harvesting corn. After fifty years in the fields, John knew exactly what to do to get a good yield, weather permitting. The harvest typically involved two weeks of eighteen-hour days. But as he talked, I realized John still did not have a clear understanding of his kidney failure and his need for dialysis. The clincher came when he told me, If I get the corn in, and the price is right, then I can take some time off for that kidney treatment. John thought of kidney failure as a virus that could be knocked out by a course of antibiotics rather than a chronic ailment that required a lifetime of care. Nevertheless, after John and I consulted with his physicians, we all agreed that John could postpone dialysis until after he got the corn in. With the support of his docs and some cooperation from the weather, John started his one-man harvest. During that time, he occasionally visited with me in person or over the phone during his lunch breaks. And four weeks after threatening to shoot himself, John finished his harvest and sold his corn at a good price. True to his word, John scheduled an appointment with his primary physician to begin preparing for treatment. He took a new battery of tests, and the results surprised us all. His GFR (glomerular filtration rate) was slightly improved; even though he hadn't undergone any treatment at all, his kidneys were somehow functioning better than they had a month before. Feeling feisty, John tried to strike a new deal with his doctor: How about you give me two more weeks, so that I can do some custom baling? John was excited about his new Point B. If he could finish the hay-baling jobs around the county, he could save some money for the long winter. Meanwhile, Paula had identified a Point B of her own she would reconnect her husband and son. Her plan was simple. John would go out early in the morning, as always, to start baling a large field. But once he got started, he would look across the field to see another baler coming toward him from the opposite side. Although John didn't know it was going to happen, Carl showed up to do what his mother asked to take the first step and the two men met in the middle, in more ways than one. A father and a son reconciled, and both the family farm and the family itself were much more stable after that day. Those sessions with John were the highlight of my training. He would breeze into the clinic, wave hello to Dr. McNutt, sit down in my office, start eating his sandwich, and tell me all the things he had done around the farm. His eyes would sparkle as he envisioned the next big thing he wanted to accomplish before he went on dialysis. Winter passed, and so did the spring. Together, father and son knocked down one big goal after another. And, somehow, contrary to all reasonable medical expectations,

every month, even without treatment, Johns kidney functioning either stayed the same or improved. By the time my rotation ended, John and Carl had a long list of goals to tackle together. And John had made peace with a future that included kidney treatment (which he finally understood to be a lifetime course). He conceded, Carl will run our farm while I get treatment. A few months later, before I left the VA at the end of my internship, I pulled up Johns records one last time. The most recent note read, Dialysis postponed again due to improved kidney functioning. I am not telling Johns story to claim that hope can cure chronic disease although in this case his health improved along with his hope. His story challenged a tale I had been telling myself the one about what helps people have a good life. Until then, I thought you could smart your way into a good life and out of a bad one. Turns out, smart is not enough. I was just another academic putting too much stock in passive analytical intelligence book smarts and too little in what makes us believe that the future will be better than the present and that we can make that future our own. Through my work with John, I realized that how we think about the future how we hoped determines how well we live our lives. Johns transformations, from thriving to suffering and back to thriving, were simple and compelling. When he had clear hopes for the future, his life was good. When John had a sudden break with his future, he felt his life was not worth living. As John reconnected to a meaningful future, his life became good again, and he was excited by it. And his health mysteriously stabilized. Since the day I met John, I have studied hope, both in my clinical work and in my research. Every client that followed John benefited from what he taught me that our relationship with the future determines how well we live today. I asked my clients new and different questions, starting with How hopeful are you about your future? I changed the way I opened my first session with them. How can I help you today? became If therapy is successful now, what will your life look like in five years? I didnt see clients as broken in the way I once had; I wasnt trying to fix them anymore. I was doing everything I could to help them be better students, partners, or patients so that they could realize bigger goals in their lives. The very week I met John, I stopped doing research on human intelligence. For a few years, I had been cranking out papers that demonstrated that IQ could be reliably measured and that it mattered and affected, somewhat, how well we did in school and at work. Until John came around, I had never really questioned the value of that research. Journal editors liked it. Other researchers cited it. It would get me tenure at a good university. So why stop? Well, Johns IQ didnt and couldnt help him bounce back. For all his intelligence, he didnt have a clue about how to cope with the threat of losing lifes meaning his reason to get up every morning. And nothing I learned from my research on intelligence could actually help John or my other clients or anyone else I knew when he needed help the most. So I decided that intelligence is overrated. It is much discussed and celebrated, and it is somewhat important at school and in the workplace, but a high IQ is not essential to a good life. However, hope is like oxygen. As I saw then and continue to see every day, we cant live without hope. What Lies Ahead Since my experience at the VA clinic, Ive met thousands of hopeful people around the world and followed up with some of them for years. Through my own research and Gallup polls, I have studied the hope of millions of people, including students of all ages and workers in many types of jobs. Recently, I began identifying the most hopeful individuals in schools and businesses and determining what sets them apart from others. Although some people still believe that hope is too soft to study scientifically, other researchers and I have convincing evidence that hopeful thoughts and behavior propel everyone toward well-being and success; that hope underlies purpose-driven action, from showing up for school to leading organizations and communities; that it correlates positively with health and even longevity; and that it does not depend on income level or IQ. In addition, while only half the population measures high in hope, hope can be learned, and the hopeful among us play a powerful role in spreading hope to others. Now my mission is to make hope contagious. In order to address the problems that face us, both as individuals and as a society, we need to create hope. Everywhere I go to spread this hope contagion, people are eager to learn how they can create a better future for themselves, their families, and their communities. Ive presented the hows of hope to audiences of parents and teachers, bankers, health professionals, mayors, corporate executives, and to the toughest judges of all middle school students. Their questions, concerns, and stories helped me shape each part of this book. The first part of this book (Thinking About the Future) explores the thoughts and feelings that create the unique energy of hope. Hopeful people share four key beliefs that underlie their approach to any challenge. These beliefs have a power that distinguishes hope from optimism, wishing, and other ways of viewing the future. Theyre also crucial to our present behavior, with immediate effects on our well-being and productivity. Ill introduce you to some of my superheroes of hope and youll be able to take a simple test to measure your own levels of hope. Ill also take you back millions of years to explain why we humans are the only animals who hope. The second part (Choosing a Better Tomorrow) tests hope in tough, real-world situations and against the personal limitations most people have. You will meet mothers who took on an entrenched bureaucracy to create a better school for their children; a woman who overcame poverty, illiteracy, and abuse to realize her dream of an education; and a tech hardware start-up that flourished during the recession. Ill also explore the three core competencies goals, agency, and path-ways that help you move beyond past and present limits and build strength and confidence for the future. And Ill take on the destructive cultural messages that undermine hope. The third part (Practicing the Three Hope Strategies) is a practical toolkit for building hope in your everyday life. It is also a guide for teaching the skills and habits of hope to those you care for or lead. Ill lay out step by step everything Ive learned (much of it from extraordinary individuals) about how hopeful people set effective goals, plan for and deal

with the obstacles in their way, and sustain motivation and progress despite setbacks and the passage of time. You'll see why the hopeful almost never go it alone, but instead become masters at recruiting support and resources. The final part of this book (Creating a Network of Hope) addresses the big questions for our society. How can we help our children acquire the beliefs and skills of hope so that hope becomes a default setting in their lives—a strength they call on automatically? What effect does a hopeful leader have on his or her followers or employees, and how do organizations gain or lose hope? How can individuals, businesses, and public agencies plant the seeds of hope in their communities? My hopeful vision at the end of this book is that you will join me in creating what Robert Kennedy called ripples of hope—currents of change that improve not only our own lives, but those of everyone around us. My message seems simple to me now, but it took me more than a decade to figure out: Hope matters. Hope is a choice. Hope can be learned. Hope can be shared with others.