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Hope for Central Australia

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Introduction

Hope, it would seem, is a psychological necessity, if man is to envisage the future at all. (Douglas et al. 1962)

In the spring of 2011, I spent three months working as a doctor in remote aboriginal communities in central Australia. Although I'd visited aboriginal communities on many previous occasions, this was my first experience of working with aboriginal patients.

The poor state of aboriginal health has been repeatedly well documented. "Unfortunately these [reports] have not to date led to an adequate response for the known disease burden." (Brady et al. 2008) "It is the 21st century and we are still seeing health conditions and health outcomes from a bygone era." (Haikerwal quoted in AMA 2007) During my three months, I witnessed first-hand this tragic state of health.

In *almost* all of my aboriginal patients, I perceived apathy towards their own health and, more importantly, a lack of hope. I wrote in my diary at the time:

It seems that many aboriginal people are without hope. In mainstream society, people put hope in many things: religion, a fulfilling career, wealth, status, a comfortable life, etc. I sense (and maybe wrongly) that many aboriginal people have no hope for the future, and I can see little reason why it would be otherwise. If I don't have hope for the future, then I don't care about tomorrow even if I survive today. With this sort of mindset, why does health matter?

I acknowledge that my perception of hopelessness may have been wrong, especially given that I am an outsider to aboriginal cultures. However, my perception of hopelessness in my patients was keen and persistent.

In this paper, I ask the question, "What is hope?", and contrast the secular answer with the Christian answer. In doing so, I consider the importance of hope to health and well-being. I then consider evidence of hopelessness amongst aboriginal people. Finally, I conclude that there is reason for both my patients and I to be hopeful.

What is Hope?

The word, “hope,” has a broad definition:

hope
— n
1. a feeling of desire for something and confidence in the possibility of its fulfilment
2. a reasonable ground for this feeling
3. a person or thing that gives cause for hope
4. a thing, situation, or event that is desired
— vb (often followed by “for”)
5. to desire (something) with some possibility of fulfilment
6. to have a wish (for a future event, situation, etc)
7. to trust, expect, or believe
(Harper Collins 2012)

Hope is the anticipation of a desirable future. Hope has both a goal (i.e. the desirable future) and an agent that achieves that goal. Both secular and Christian authors agree that hope is necessary for purposeful living (e.g. Snyder 2000 and Douglas et al. 1962, respectively). Where hope is absent, despair and apathy develop, as an individual senses the futility of life (Snyder). However, whilst Christians have a hope that “does not disappoint” (Rom 5:5¹), secular thinkers have often considered hope to be “a temporary illusion”. Secular poets have often qualified hope “by such epithets as ‘faint’, ‘trembling’, ‘feeble’, ‘desperate’, ‘phantom’” (Douglas et al.).

Christian and secular hope differ in both their goals and agents. These differences are highlighted in the following discussion.

Secular Hope

Modern psychology has a lot to say about hope where the individual is the agent of hope. It does so in various theories of motivation. Where the individual is the agent of his² own hope, 'motivation' is the goal-directed energy that is borne (Reeve 2009). In contrast, it is surprisingly silent on hope based on external agents, such as friends/family, community, government, etc. However, an exploration of motivation theories helps us to understand all secular hope.

Hope requires a goal. “A goal is an ideal state that does not yet exist except in the performer's mind” (Reeve, p. 211). In other words, there must be a discrepancy between a desirable future state and the current state.

Whilst a person may be able to envisage a goal, hope is borne only when he believes he can achieve the goal. A person must be convinced that he “has what it takes” to influence his environment (i.e. “Can I do it?”), referred to as *self efficacy*, and that the environment will be responsive to his attempts to influence it (i.e. “Will my efforts make any difference?”), referred to herein as *outcomes efficacy*. In other words, does the person believe that he has the capacity to influence the outcome? Self efficacy is influenced by personal experience, vicarious experience (observation of the success or failures of others), and verbal persuasion by others (both positive and negative). The response isn't static and it can be improved through the acquisition of knowledge, skills, and beliefs. Even in the presence of self efficacy, if outcomes efficacy is absent, learned helplessness develops – “I can do it, but it won't make any difference” (Snyder).

According to Snyder, the difference between a high-hope person and a low-hope person is not the number of barriers the person faces. A high-hope person has high self efficacy; is skilled in finding alternative pathways his goals; is prepared to modify goals when necessary; and pursues multiple goals in each role of his life. The last of these attributes enables a high-hope person to switch to the pursuit of another goal when the pathway to the first is blocked. However, even a high-hope person can descend into despair and apathy if he continually fail to realise his hopes. In this state, says Snyder, motivated living ceases.

1 All bible quotes in this essay are from the English Standard Version (© 2000).

2 For the sake of readability, masculine pronouns are used in this paper, but are to be interpreted as gender neutral.

Motivational Interviewing

A large proportion of the work of medical professionals is 'health promotion'. Through this work, doctors seek to orient their patients towards the pursuit of health. However, an externally-defined goal, e.g. as suggested by a doctor, only becomes motivating once an individual has accepted it (Reeve). Factors that influence goal acceptance include the perceived difficulty of the goal; the person's participation in the goal-setting process; the perception of whether the person assigning the goal has the well-being of the other person in mind; and extrinsic incentives. Consistent with this, 'motivational interviewing' is becoming an increasingly popular technique used by doctors (and taught to medical students) to promote behaviour change, especially in addiction medicine (Levounis & Arnaout 2010).

'Motivational interviewing' recognises that neither patient knowledge nor "expert advice" lead to behaviour change. In fact, if a patient feels that his/her autonomy has been undermined, he may resist change. Motivational interviewing gently encourages the patient to identify the discrepancy between the current and the ideal state. Throughout the process, efforts are made to bolster the patient's belief that "I can do it!".

Cultural Considerations

Many authors are beginning to recognise that the foundations of motivation differ between cultures. A review of these differences is important, given that context of this essay.

The first difference is where cultures sit on an individualistic/collectivistic spectrum. Mainstream Australian culture is individualistic, whereas aboriginal cultures are collectivist (Turner 2010).

[W]estern civilization typically emphasizes independence in terms of individuality, self-expression, personal sufficiency, and an independently oriented conceptual self that is separated from others by emphasizing differences rather than commonalities between one's own and others' needs and values. In contrast, eastern cultures lean towards interdependence as described by interpersonal harmony, social hierarchy, and humility giving rise to an interdependently oriented self that shares its values and preferences with the immediate social environment. (Kuhl & Keller 2008, p. 20)

This difference influences what goals are desirable:

For instance, people in individualist cultures prefer to pursue goals that are directed at achieving personal success, seeking social independence, and influencing and persuading others, whereas people in collectivist cultures prefer to pursue goals that are directed at achieving success of one's group, seeking social interdependence, fitting in, and finding social harmony. (Oettingen et al. 2008, p. 192)

Interestingly, the cognitive style of individualistic cultures tends to be much more analytical than that of collectivist cultures (Kuhl & Keller). This analytical style allows for the development of highly rational arguments and goals that ignore emotional perspectives. Kuhl & Keller claim that such arguments can be difficult to understand and even emotionally unbearable for a person from a collectivist culture.

Another difference is how a culture handles uncertainty:

[Eastern cultures tend to view] uncertainty negatively and emphasize the use of rules and regulations in order to maintain predictability in the social environment. ... [In contrast, Western cultures] are generally tolerant of ambiguity and uncertainty. ... Less emphasis is placed on rules and regulations in these societies. (Sorrentino et al. 2008, p. 50)

Therefore, members of uncertainty-avoidant cultures have little need, and in fact have little "space of free movement", to establish their own goals (Sorrentino et al.).

Finally, in collectivist and uncertainty-avoidant cultures, an individual's "Can I do it?" beliefs are significantly influenced by authority figures and other in-group members (Oettingen et al.).

Christian Hope: Hoping in God

God is central to Christian hope. The goals of Christian hope are God's promises and the agent is God Himself. The questions of "What are my goals?" and "Can I achieve them?" become "What are God's promises?" and "Will He fulfil them?". When a person appropriates the promises of God and comes to believe He will fulfil them, Christian hope is born.

An Old-Testament Heritage

The hope of Christians is a fuller expression of the hope of God's people (the Israelites) in the Old Testament. It is therefore necessary to briefly review the hope of the Israelites.

For Israelites (and Christians), hope is the confident expectation that God will fulfil his promises.

This patient hope is firmly anchored in the history and narrative of Scripture. The God who has fulfilled his promises to Israel in the past will continue to be faithful in the present and future. (Everts 1993)

In the Old Testament, hope is "referred to most frequently when man is in trouble and hopes that God will deliver and help him" (Bultmann 1964). But hopeful trust in God is demanded even in good times because "[e]ven the present which man thinks he can control is uncertain and incalculable". The only factor in the present state that a person can count on remaining constant is God. Where hope is in anything but God, "such confidence is irresponsible security which God will suddenly overthrow and change into fear and anxiety".

[Biblical hope] is not a matter of temperament, nor is it conditioned by prevailing circumstances or any human possibilities. It does not depend upon what a man possesses, upon what he may be able to do for himself, nor upon what any other human being may do for him. ... [Instead, it has its basis in] the living God, who acts and intervenes in human life and who can be trusted to implement his promises. (Douglas et al.)

It is no wonder that Paul describes unbelievers as being without hope because they were 'without God' (Eph. 2:12; 1 Thes. 4:13). Nor is it any wonder, as I noted earlier, that secular thinkers so often have a scornful attitude towards the God-less hope they know.

What were the promises held to by the Israelites? The first promise is to Abraham, the patriarch of Israel: God promises a home-land to him and that he will become a great nation, through which the whole earth will be blessed (Gen 12:1-3). The promise of a land is reaffirmed to Moses and the Israelites (Ex 6:8) within the context of a covenant: "I will take you to be my people, and I will be your God" (Ex 6:7). Once the promised land has been subdued by the Israelites, God refocuses the Abrahamic promise of blessing onto Israel's second king, King David: God will establish a permanent kingdom for one of King David's descendants. Even when the Israelites go into captivity in Babylon because they have broken the Mosaic covenant, God remains committed to His existing promises and foreshadows a new covenant which Israel will never be able to break (Jer 31:31-34). "... For I will forgive their iniquity, and I will remember their sin no more." (Jer 31:34). Around the time of Israel's exile in Babylon, God also promises the defeat of death (Isa 24-27) and the establishment of a new heaven and a new earth (Isa 65:17). At the end of the Old Testament period, most of these promises were yet to be fulfilled.

Hope in Jesus Christ

God, in the person of Jesus Christ, has begun to fulfil these promises in the ultimate way. The resurrection of Jesus is the source of Christian hope (Wright 2008). The apostle Peter says:

Blessed be the God and Father of our Lord Jesus Christ! According to his great mercy, he has caused us to be born again to a living hope through the resurrection of Jesus Christ from the dead... (1 Pet 1:3)

The apostle Paul agrees:

And if Christ has not been raised, ... we [Christians] are of all people most to be pitied. (1 Cor 15:17 and 19)³

How does the resurrection of Jesus bring a living hope to Christians? Jesus, in His resurrection, has defeated the power of sin and death. He is now Lord of the world, and through His Spirit, He is continuing the work of redemption that will be completed in establishing His new creation. Ultimately, sin and death will not only be defeated, but destroyed. Christians enjoy living hope as the Holy Spirit lives and works in them and they foretaste their own final redemption.

As Christians experience living hope, they are irresistibly drawn into participating in God's redemptive work. The new creation will be a radical renewal of the current creation, in which, in some mysterious way, all expressions of God's redemptive activity will be visible. The apostle Paul, after expounding the glorious hope that Christians have in the resurrection of Jesus Christ, immediately says:

Therefore, my beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labour is not in vain. (1 Cor 15:58)

Hopeful Christians should be diligent servants in the world, manifesting the gospel's hope in their vocations. As new creations foreshadowing the new creation, Christians should be means of gracious change to the communities and structures of the age, calling others to join in mercy and justice now and hope for the culminative justice and renewal (Spencer 2005, p. 307).

³ See also Paul's response to Jewish accusations in Acts 24:14-15 and Acts 26:7-8.

Aboriginal Hopelessness

Were my perceptions of hopelessness amongst my aboriginal patients misleading? The fact that the media repeatedly reports on “stories of hope” in relationship to aboriginal people, and that a prominent aboriginal person like Noel Pearson uses the phrase “beacon of hope” (Pearson 2011), suggests that hopelessness is pervasive amongst aboriginal people (as well as amongst non-aboriginal people when considering aboriginal people).

Trudgen (2000), in his sobering book, “Why warriors lie down and die”, describes the troubling plight of the Yolnu people, with whom he has lived and worked since 1973. He describes how aboriginal people have experienced three losses which have produced hopelessness: a loss of meaningful goals as a result of welfare systems; a loss of self efficacy; and a loss of outcomes efficacy.

Trudgen's primary concern is the loss of outcomes efficacy:

When control of the lives of a whole group of people lies in someone else's hands – in the case of the Yolnu, in the hands of the dominant culture – hopelessness will inevitably result. With such hopelessness the people lose the very will to live. ... Control is the essence of good health. ... Good health is not just a state of an absence of disease. It has a great deal to do with how people feel – like feeling there is something worth living for. (Trudgen, pp. 218, 219, 251)

Why have the Yolnu lost control of their lives? Trudgen believes that failed cross-cultural communication is central. The Yolnu increasingly live within structures (government, economic and educational) imposed by the dominant culture and which powerfully shape their lives. However, the Yolnu don't understand the dominant culture or its language (English), and so cannot meaningfully participate in or influence the dominant-culture structures. Similarly, the dominant culture doesn't understand the Yolnu culture or language, and so cannot give consideration to it.

Trudgen points to two factors which diminish aboriginal self efficacy. The first is what he claims is a pervasive, yet unofficial, attitude held by the dominant culture that amounts to victim-blaming: “The problem with Yolnu is ...” (title of Chapter 3). Aboriginal people come to believe their own unfitness, whilst the dominant culture sees no fault in its own approach to aboriginal people and can even walk away if it becomes “all too hard”. The second factor is what he describes as the devastating impact of repeated trauma suffered by the aboriginal people since they first came into contact with white people, including the great disappointment of the Self-Determination policy.

Finally, Trudgen claims that welfare systems leave aboriginal people bereft of meaningful and significant personal goals. Other commentators, including Pearson (2000), agree.

It is important to note that during my three months in central Australia I encountered people, situations and stories that were hopeful. I remember three patients who seemed to be quite hopeful about the future. One, in particular, made a big impression on me.

In a remote community, I met an aboriginal patient in his mid-50's. He was in relatively good health. Before I saw him, the local nurse of 15 years had said,

“He's a lovely man. Always helping people.”

As we talked, he genuinely surprised me. Without a hint of bitterness or irony, he said,

“I'm so pleased Captain Cook and white man came to Australia. Through them, we have knowledge of Jesus Christ. 20 years ago, I used to live in the river in Alice Springs. I was an alcoholic, I smoked and I gambled. Then I met Jesus and he turned my life around. I haven't drunk since!”

He now pastors the Christians in his community. He has real hope amidst a general milieu of hopelessness. He is a wonderful witness to the redemptive power of God!

There is Hope!

I conclude this essay by discussing my response to my experiences and the content of this paper. The preparation of this paper has led me to conclude that there is hope for the aboriginal patients I met!

However, I must first speak about myself. During my 3 months in central Australia, I began to experience the contagion of hopelessness. It was more than a doctor's empathy – I began to lose hope that what I was doing was worthwhile. I now realise that I had been placing my hope in my own capacity to make a difference. In preparing this paper, I have been greatly encouraged to place my hope *solely* in God and His work. As we've already seen:

Therefore, my beloved brothers, be steadfast, immovable, always abounding in the **work of the Lord**, knowing that **in the Lord your labour is not in vain**. (1 Cor 15:58)

Or:

What then is Apollos? What is Paul? Servants through whom you believed, as the Lord assigned to each. I planted, Apollos watered, but **God gave the growth**. So neither he who plants nor he who waters is anything, but only God who gives the growth. (1 Cor 3:5-7)

The Lord is at work, seeking the redemption of all things, and is inviting me to participate in it. Whether or not I see the fruits of my participation in God's work, I can trust that His work "is not in vain". Therefore, I can have hope for my patients.

How, then, do I bring hope to my patients? I want my patients to be generally hopeful and so to have a reason to live, and I want them to be motivated to pursue healthy goals. The best hope my patients could have is a living hope in Jesus Christ. I pray that God will use me to bring this hope, just like He did Paul and Apollos. However, whether a patient has Christian hope or not, I can apply my understanding of secular hope to motivate him/her to pursue healthy goals. Furthermore, it is incumbent on me as a Christian to assist people achieve such goals (see, for example, Matt 25:34-36).

The cross-cultural issues I have discussed in this paper are very important. Regardless of which culture I am engaging, mutual understanding and meaningful communication across the cultural divide is so valuable. Such understanding and communication is likely only to be the product of a lengthy and robust relationship. If I am working with a collectivist culture, techniques like 'motivational interviewing' may be best applied to whole communities, not just to individuals.

As I reflect on these conclusions, the Lord's Prayer becomes an eloquent summary of my desires.

Our Father in heaven,
hallowed be your name,
your kingdom come,
your will be done,
on earth as in heaven.
Give us today our daily bread.
Forgive us our sins
as we forgive those who sin against us.
Save us from the time of trial
and deliver us from evil.
For the kingdom, the power, and the glory are yours
now and for ever.

Amen.

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