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## Dr. Seuss, Resilience, and the Science of HOPE By Chan Hellman, Phd. and Casey Gwinn, J.D.

CASEY G. GWINN ○ 3/19/18 @ 9:37 AM ✱



One of the bestselling children's books in history is Dr. Seuss' "Oh, The Places You'll Go." It will soon celebrate its 30th Anniversary. The 1990 classic includes this line: "You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose." We love to challenge children and adults to say it out loud and repeat it over and over. This summer thousands of children will chant it in Camp HOPE America, our camp for children impacted by domestic violence. No matter the toxic stress we faced in childhood or the adversity of our lives, no matter the heartache we have endured – the goals we set, the directions we choose for our future, and the obstacles we overcome on the journey to our dreams are at the heart of well-being. Today, the lexicon that parallels Dr. Seuss' book includes words and phrases like resilience, trauma-informed, protective factors, and ACEs.

As we approach the 20th anniversary of the publication of the Adverse Childhood Experiences (ACE) Study, it is encouraging to see increasing interest in the trauma-informed question "What happened to you?" instead

of “What is wrong with you?” This shift would bring a smile to Ted Geisel’s face. But we take issue with what is emerging as the primary focus after adult and childhood trauma and victimization are identified. The primary emphasis in most of the literature is the creation or enhancement of resilience. The award-winning documentary, *“Resilience: The Biology of Stress and the Science of Hope”*, has catapulted forward this focus. It is a powerful film which rightly honors Dr. Robert Anda, Dr. Vincent Felitti, the authors of the ACE Study, and praises the work of Dr. Nadine Burke Harris, Dr. Jack Shonkoff, and others working to mitigate the short and long-term impacts of ACEs and other types of trauma, abuse, and victimization. The documentary focuses on the notion of resilience and though the “Science of Hope” appears in the title, there is no reference to it in the film.

We question whether resilience should be the only focus. We proffer this question: What psychological strength is most significant to (1) buffer adversity and stress, (2) predict adaptive outcomes, and (3) be learned and sustained? Our answer? Hope. We believe hope is the pathway to resilience.

**Hope is the belief that your future can be better than your past and you play a role in making it so.**

Hope refers to our ability to develop pathways (waypower) or mental strategies that will help us achieve our goals and apply our agency (willpower) to these pathways. Dr. Seuss had it right. It is all about our choices, goal setting, and goal achievement before, during, and after adversity.

If we look to evidence-based solutions, increasing hope in the lives of trauma survivors deserves our primary focus as we aim for creating or enhancing resilience. Hope is not simply an emotion. There is a long-established, measurable science around hope (based on Snyder’s Hope Theory) with sound, validated measures for both adults and children. The evidence is convincing that hope buffers stress and adversity, predicts important outcomes, and can be learned and sustained. These findings are consistent for both adults and children demonstrating that hope mitigates the negative effects of trauma. To date, there are approximately 2,000 published studies investigating hope.

In every published study of hope, every single one, **hope is the single best predictor of well-being** compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.

Our own published research has demonstrated the power of hope (even in the face of high ACE Scores) for adult survivors of domestic violence and sexual assault (in shelters and Family Justice Centers), children exposed to domestic violence and related child abuse (in our national Camp HOPE America program), parents at-risk for child maltreatment, homeless adults, and those experiencing food insecurity (just to name a few). All of our studies demonstrate that the impacts of high ACE scores can be reduced by rising Hope scores. Hope is the best predictor of outcomes focused on well-being and quality of life. More significantly, hope is measurable, teachable, and cultivable – for the cancer patient, the natural disaster survivor, or the victim of violence and abuse. We can teach the science of hope to children and to adults.

### **Concerns for Focus Only on Resilience**

Because the science of hope is well established, we question the ever-increasing focus on resilience without including hope. Resilience cannot report the same research-based outcomes available for hope yet it is difficult to find conversations that do not focus primarily on resilience. But there is no common definition

and measure of resilience. Is resilience about adapting to trauma or a “bouncing back” to pre-trauma thoughts and behaviors? Is resilience a retrospective evaluation ascribed to how someone responds to traumatic events? Is resilience simply a good outcome in the face of adversity? Who decides if a child is resilient to physical and/or sexual abuse? Who decides if an adult is innately resilient or learned it? At this point, those concerned about the impacts of ACEs should not adopt an exclusive acceptance of resilience as the answer without clear, evidence-based interventions. We believe these interventions will always point us back to hope as a central component of the pathway to resilience.

The science and power of hope as a driver for prevention and intervention is grounded in evidence-based research. It is measurable, it is malleable, and offers a compelling response to ACEs. To the extent that resilience remains a target, we argue that hope is the mindset that drives resilient behavior. We are not hostile to the focus on resilience. It is an important strength for every human being facing adversity and every child facing toxic stress. But we believe hope produces the pathway to resilience. Without goals, motivation (from relationships with cheerleaders and supportive friends), and pathways thinking (the definition of hope), no one can pursue resilience. Furthermore, we don't just want trauma-survivors to bounce back from adversity, we want them to move forward in their lives with new goals, supportive relationships, and the abilities to overcome obstacles and barriers in achieving their dreams. We want it for our own lives as well. As survivors with ACE Scores of 8 and 5 respectively, we celebrate the power of our supportive friendship and we love to repeat it over and over: “We have brains in our heads. We have feet in our shoes. We can steer ourselves any direction we choose.”

Chan Hellman, Ph.D., is a professor, quantitative psychologist, and the Director of The Hope Research Center at the University of Oklahoma. He has studied hope and resilience for more than 15 years. Casey Gwinn is the former San Diego City Attorney, a social change advocate, the visionary behind the Family Justice Center movement, and the President of Alliance for HOPE International. They are both part of U.S. Department of Justice, Office for Victims of Crime, National Family Justice Center Polyvictimization Initiative measuring hope and resilience in adult and child polyvictims. Chan and Casey are releasing a new book in November titled *“Hope Rising: How the Science of HOPE Can Change Your Life.”*

## Attachments

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### Files (3)

[2017CampHOPE\\_OU\\_Report\\_F.pdf](#)

National Research on the Power of HOPE

[Pathways OU 1 YR Report Special Thanks.pdf](#)

San Diego Research on Mentoring with High ACE Score Youth

[FJC OU Report.FINAL.pdf](#)

California Family Justice Center Study

## Comments (2) 0.