

HOPE AND HOPELESSNESS IN PSYCHOTHERAPY: THE ROLE OF HOPE IN BUFFERING THE IMPACT OF HOPELESSNESS

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“But I would not have you to be ignorant, brethren, concerning them which are asleep, that ye sorrow not, even as others which have no hope.” I Thessalonians 4:13

“Now the God of hope fill you with all joy and peace in believing, that ye may abound in hope, through the power of the Holy Ghost.” Romans 15:13

“But sanctify the Lord God in your hearts: and be ready always to give an answer to every man that asketh you a reason of the hope that is in you with meekness and fear:” I Peter 3:15

People react differently to stressors in life, with some individuals deliberately putting an end to their lives in the face of adversity and others endeavoring to proceed. The notion that hope and help may buffer individuals against suicidal ideation is built on empirical findings in the literature suggesting that hope and help buffers individuals against psychopathology and that hope and help contributes to better outcomes in a variety of negative situations. It is not clear whether it is the hope and help construct or hopelessness and helplessness construct that should be targeted in psychotherapy, in reducing suicidal ideation. Underlying this problem is a more fundamental question concerning whether hope and help are simply the inverse of hopelessness/helplessness, which is a controversial topic to a number of researchers, psychologists and psychiatrists in the field.

If we see the genesis of helplessness and hopelessness, helplessness reflects a loss of ego autonomy with a feeling of deprivation resulting from the loss of gratification which is desired from an other-than-self object, while hopelessness, on the other hand, is a loss of autonomy with a feeling of despair coming from the individual's awareness of his own inability to provide himself with gratification. Both hopelessness and helplessness are connected to the loss of ego autonomy and lack of help from another person. Hopelessness/helplessness dyad (and the opposites hope/help) encompasses other concepts used in psychotherapy: conscious, unconscious, deprivation, depression, despair, gratification, self, other, relational patterns, autonomy...

This study goes beyond the examination of a direct association between hope, help and suicidal ideation to investigate hope and help as a resilience factor which buffers the strength of the association between hopelessness, helplessness and suicidal ideation.

NADA I BEZNAĐE U PSIHOTERAPIJI: ULOGA NADE U SMANJENJU OSJEĆAJA BEZNAĐE

“Braćo ne bih htio da ignorirate one koji su usnuli, da bi tugovali kao drugi koji nemaju nade”. I Solunjani 4:13

“Neka vas Bog nade ispuni radošću i mirom u vjeri, a snagom Duha Svetoga, vaša će se nada umnožiti.” Rimljani 15:13

“Slavite boga u svojim srcima: i uvijek budite spremni da odgovorite svakom tko pita za razlog vaše nade koja je u vama s blagošću i strahom” I Peter 3:15

Ljudi različito reagiraju na stresore u životu, dok jedni suočeni sa nedaćama namjerno sebi oduzimaju živote, drugi se trude nastaviti. Koncept da pružanje pomoći i nade može smanjiti suicidalne ideje među pojedincima temelji se na empirijskim nalazima u literaturi koji ukazuju da nada i pomoć smanjuju utjecaj psihopatologije u pojedinaca i doprinose poboljšanju ishoda različitih vrsta negativnih životnih situacija. Da bi se smanjile suicidalne ideje, još nije jasno treba li psihoterapiju usmjeriti potrebi pojedinaca za nadu i pomoć, ili njihovom osjećaju beznađa i nemoći. U osnovi ovog problema leži temeljno pitanje o tome je su li nada i pomoć jednostavna inverzija beznađa i bespomoćnosti, koja je zapravo kontroverzna tema za mnoge istraživače, psihologe i psihijatre u ovoj oblasti.

Gledajući na izvor bespomoćnosti i beznađa, bespomoćnost je odraz gubitka autonomije ega s osjećajem deprivacije koja dolazi iz gubitka užitka očekivanog od bilo kog drugog objekta. S druge strane, beznađe predstavlja gubitak autonomije s osjećajem očaja koji proizlazi iz svijesti pojedinca za svoju nesposobnosti da sebi obezbjedi zadovoljstvo. Zapravo, bespomoćnost i beznađe povezani su s gubitkom ego autonomije i nedostatkom pomoći od drugih. Dijada beznađe/bespomoćnost i njihova suprotnost nada/pomoć uključuje i druge pojmove koji se koriste u psihoterapiji kao: svjesno, nesvjesno, deprivacija, depresija, očaj, gratifikacija, sebstvo, drugi, relacijske šeme, samostalnost...

Ovaj rad se bavi izravnom povezanošću između nade, pomoći i suicidalne ideje ispitujući nadu i pomoć kao faktora otpornosti koji ublažava snagu povezanosti bespomoćnosti, beznađa i suicidalne ideje.