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RESEARCH ARTICLE

Hope and the Numinous: Psychological Concepts for Promoting Wellness in a Medical Context

Ralph L. Piedmont*

Center for Professional Studies

Jesse Fox

Stetson University

*Corresponding author: drralph@thecfps.com.

ABSTRACT

Hope is an indispensable component for living a life of meaning, value, and well-being. Hope enables us to manage stressors, threats, failures, and personal doubts while helping us to stay focused on our goals and strivings. The purpose of this paper is to understand the construct of hope within a new dimension of personality termed *the Numinous*. The Numinous represents those underlying motivations that address our existential engagement with life centering around our needs to find value for our efforts, construct meaning and purpose for our strivings, and to create a sense of personal worthiness for our being. Hope is particularly relevant to the Numinous dimension of meaning. The Numinous model provides a multidimensional approach to understanding the various elements of meaning and how they combine to create various meaning orientations. Hope's full range of expression is outlined across four different meaning types. The value of the Numinous for healthcare providers and its role in managing patients is overviewed.

Hope and the Numinous

Hope is good medicine. The crucial role of hope in psychological health was first asserted by Menninger's (1) famous address to the 115 Annual Conventions of the American Psychiatric Association and later Frank and Frank's (2) *Persuasion and Healing*, his defense of the effectiveness of talk therapy. For Frank and Frank (2), psychotherapy theories were effective, fundamentally, because all develop unique ways of instilling hope. It is now estimated that approximately 15% of psychotherapy outcomes are the result of hope related factors, which is just as effective as therapeutic techniques based on sound theory (3). Likewise, in medicine, hope is related to disease treatment and recovery from illness (4). By contrast, *hopelessness* is a factor of depression, first measured by Beck et al. (5), and now a standard symptom in the *Diagnostic and Statistical Manual of Mental Disorders-5 Text Revision* (6) and is associated with suicidal ideations.

The most influential scientific models of the psychology of hope are based on cognitive goal attainment theory, the most popular being Snyder's (7) two-dimensional model of hope known as the "will and ways" theory. In Snyder's model, hope involves both the clarity of pathways toward achieving a desired goal, as well as agency, the belief one has the capacity to make progress toward goals. Though affirming the importance of cognitive processes for a psychology of hope, Scioli (4) has also critiqued this model as too narrow in focus and offered a complementary model of hope that also include dimensions of hope that go beyond goal attainment. For Scioli, there are at least four systems that comprise the psychology of hope, these include the mastery, survival, and attachment subsystems of hope, all of which are consistent with previous psychological models that have cropped up over the decades. Critical for our purposes, however, Scioli's model also includes a spirituality subsystem of hope. This explicit incorporation of spirituality as a scientific factor of hope makes it now possible to directly address dimensions of human experience of hope that remained scientifically neglected and underexplored. This is unfortunate, because for thousands of years, the great religions of the world that appear to be entirely unique to the human species, have been containers of hope through their spiritual frameworks. Thus, opening up the possibility of scientifically studying how spirituality contributes to the emergence of hope is a pathway toward furthering our collective understanding of what makes us unique and how we may harness the flame of hope to promote human flourishing.

Though relatively newer in the history of western psychology, the touch points between what we refer to here as *the Numinous* and theories of hope were there from the earliest thinkers in the modern era, albeit underdeveloped. Erikson's (8) theory accounted for the development of hope from the earliest attachment bonds between the child and the mother. The infant's attachment to the mother as a more powerful *other*, as a rescuer who, as it were, appearing out of the darkness as a beacon of safety and security, is where he believed we first learn trust and develop a sense of hopefulness. This hope that emerges from the Numinous 'as caregiver' is what he considered humanity's most enduring quality. For Allport (9), the Numinous is the core personality domain, giving rise to human being's "longest range intentions" that are capable of "engendering meaning and peace in the face of tragedy and confusion in life." Though he did not use the word hope in this context, it is hard to imagine what else he may be referring to. Of course, Frankl (10) developed his theory of meaning as existentially necessary for hope. From his experience in the Nazi death camps, prisoners who were able to construct meaning and could envision a future outside of the deathcamps tended to cope better with the horrors of genocide. At present, the psychology of hope is well poised to deepen its engagement with what is existentially ultimate about our capacity for self-transcendence.

Overview of the Numinous

It is our contention that part of what animates this active interest in ultimate concerns is a universal psychological need to find answers to our ultimate existential existence. Human beings have always been addressing questions surrounding mortality ("is death the end?"), purpose ("is there an intrinsic meaning to life?"), and worthiness ("am I a good enough person?"). The universality of these issues and their impact on human development, both on an individual and cultural level, underscores not only the significance of these drives but also demonstrates that human beings are hard-wired to be concerned with these issues of existential ultimacy. While these issues have been well discussed by theologians (e.g., 11) and philosophers (e.g., 12, 13), the social sciences are also concerned about the underlying role and impact of these dynamics on the mental health and wellbeing of individuals (e.g., 9, 14, 15). When viewed from the perspective of a personality dimension, these existential concerns have been shown to cohere around a dimension of functioning referred to as *the Numinous* (16, 17).

The Numinous represents qualities usually associated with religious and spiritual (R/S) dynamics (e.g., feelings of awe, transcendence, and oneness). However, the Numinous represents a universal personality motivation that is hypothesized to be unique to our species and relevant to all people, regardless of whether they believe in a god or not (18). It motivates individuals to create an ultimate existential understanding of ones' lives that promotes meaning, coherence, and resilience for the life being led. The value of this approach is threefold. First, it provides a conceptual foundation that places these existential qualities strictly in a non-theological, empirically testable format. Second, this perspective avoids the many pitfalls that accompany the psychological study of R/S constructs, such as the absence of any consensual definition of these terms and their lack of inclusiveness (19, 20, 21). Finally, it provides a level of parsimony for understanding ultimate human strivings.

The Numinous Defined

The Numinous is an individual-differences construct, an intrinsic motivational drive that people inherently vary on. Some are "low" on this dimension, having little inclination to larger realities, most are in the middle, while still others are "high", having a strong motivation to put value back into life by encouraging social entities to embrace the ultimate values of goodness, wholeness, individual dignity, and compassion. The fruits of these endeavors are to enhance the capacity of individuals, communities, and nations to act with greater freedom of choice and to engage the world with more passion and personal involvement.

The Numinous enables individuals to create a broad understanding of the universe that includes an eternal time perspective, a belief that ones' life is only one stage in a larger ontological process. Boyd and Zimbardo (22) demonstrated that this transcendental time perspective has a significant impact on psychological functioning and also represents a unique dimension of personality not contained in the Five-Factor Model (FFM) of personality (23, 24). Psychological time is an essential element of the Numinous. Having an eternal time perspective carries with it an understanding of a larger set of values and standards that transcend more common, secular models. These ultimate values are understood to inspire our best capacities. Thus, those high on the numinous can go "all in" with these ultimate values, committing their lives to their work, without counting the personal costs to these efforts.

It is the assumption of this model that the Numinous is a psychological quality that uniquely defines our species. It is a consequence of the exceptional cognitive powers that our species has (23). Our ability to think abstractly, broadly, and creatively on complex topics and ideas provides the neurological substrate to this motivation. Our consciousness, which includes being self-aware as active agents, creates its own psychological space, encumbered with its own unique set of needs. These needs include: 1) *infinite*: a desire to find durability for our actions, to know that despite being mortal our efforts will continue to bear fruit after we are gone; 2) *meaning*: a demand to find purpose and cohesiveness to life. There needs to be justifications for things that we do, the goals that we pursue, and the ultimate endings we seek; and, 3) *worthiness*: a belief that while we may individually be imperfect, that our involvement in life, our contribution to the human endeavor was "good enough." These three needs are the constituent elements of the Numinous drive and work together synergistically, leading us to fully engage life and to put new value into it, for the benefit of those both present and yet to come (11). The Numinous allows us to deploy an almost limitless capacity to act in a manner that is directed towards, and of ultimate value for, the survivability of the species.

The dimensions of infinite, meaning, and worthiness are essential existential concerns for all people. We all need to address and deal with these issues in our lives. How we address them, the perspective that we take for understanding these qualities in our lives, and the ultimate psychological effect they have on us is a function of how transcendent one is overall. The Numinous motivates us to take broader perspectives on life's processes and to identify more connections with others and communities. Ultimately, a fully expressed Numinous motive impels us to consider our lives and actions within an eternal time frame.

The ultimate fruits of the Numinous include *dignity*, the belief in the unique value and importance of human life; *hope*, an underlying trust in the innate goodness of life; *justice*, the need for fairness and consistency in interpersonal relations; *abundance*, a feeling that one has sufficient personal resources to fulfill ones needs as well as to provide value and support to others; and *fulfillment* (*eudaimonia*), in intrinsic experience of completeness that arises from a full engagement with life. The Numinous calls on people to give their very best to life and to be productive agents in the development of both personal and social potentials.

The Logoplex as a Framework for Understanding Hope

By understanding hope within the context of the Numinous facet of Meaning provides a conceptual context for describing the various types of meaning orientations that people hold. Piedmont (17, 26) has developed a model of meaning making termed *the Logoplex*. The Logoplex is a circumplex model that parses the types of meaning styles along a circular continuum defined by two independent dimensions. The model appreciates the inherent multidimensionality of meaning formation and outlines styles of meaning which are both quantitatively and qualitatively different. A graphical representation of the model is presented in Figure 1. The two independent dimensions that define the meaning making space are *Transpersonalism versus Materialism* and *Relationalism versus Intentionalism*. The circular ordering identifies how these two dimensions combine to create specific types of meaning orientation. Implicit to this model is the concept of time perspective (e.g., 22) which reflects the time frame a person is using for creating meaning. Time perspectives can be very short (e.g., I need to pay my rent next week, so I must get these monies together now), to moderate in length (e.g., I am working on my master's degree and it will take me two years to get it), to long (e.g., I plan on working in my vocation for all my adult life), to, ultimately, eternal in nature (e.g., I believe I have an immortal soul that will enable me to continue existing after I have died). The time perspective associated with a particular meaning is referred to as its *event horizon*. The longer the event horizon, the more resilience and psychological stability a person will experience in the face of existential challenges and physical hardships.

The first dimension of the Logoplex is Transpersonalism versus Materialism and represents Frankl's (27) motivational construct of "will to meaning". It is the drive to create a personal sense of meaning and purpose. There are two components to overall meaning. The first is a recognition that "life is a time gestalt, and as such becomes something whole only after the life has been completed" (Frankl, 27, pp. 99-100). This perspective enables one to view life as an emerging entity that fills a need in nature. Second, as Frankl (27) stated, "being human is directed to something other than itself" (p. 102). Transpersonalism allows an individual to construct meaning that transcends his or her immediate sense of time and self. In contrast, Materialism maintains a focus on the immediate and the concrete. The materialist

perspective represents what Hart (28, p. 20) referred to as *hyparxeolatry* "the worship of subsistence in and of itself, or the sort that misers and thieves and those who would never give their lives for others." Such individuals place a premium value on their lives, which is seen as having ultimate importance. As such, they are not willing to risk harming or losing it under any circumstances. There is a strong self-focus here, where the emphasis is on personal safety and security. Meaning here is found only in terms of mechanical, tangible operations that follow prescribed paths; there are limits in vision, purpose, and meaning.

The second major dimension is the Relationalism versus Intentionalism domain. The Relational orientation represents a drive for involvement and connection with larger social groups. It is a personal response to care for larger organizations or institutions and to see that they are affirmed. This instinct for social care reflects what Adler referred to as *Gemeinschaftsgefühl*, or social interest. In contrast, the Intentional orientation reflects a much more self-centered, interpersonally cynical position. Intentionalism represents a desire to put the interests of the self above other considerations; one's own personal needs are seen as being paramount.

These two domains define the Logoplex, and it is their interactive patterns that produce four distinct quadrants that represent various combinations of these two dimensions. Before providing an overview each of the quadrants and their implications for hope, there are two important aspects of the model that need to be discussed. First, the horizontal diagonal in Figure 1 distinguishes between classic psychology and traditional notions of mental health and well-being from the more existential perspective that focuses on optimum levels of personal flourishing. Classic psychology understands well-being as a capacity to love, work, and play. Mental health represents a state where no symptoms exist. When considering the Numinous, this definition is greatly expanded to include a broader perspective on life that includes values, priorities, and beliefs that stress individuals' responsibilities and essential role in the larger flow of life, what we refer to as the transpersonal. Optimum flourishing represents the creation of a lifestyle that encourages personal fulfillment, *eudaimonia*, and flourishing. Concepts such as self-actualization (15) and sense of coherence (29) provide typological descriptions of the transpersonal state. The timelines associated with this perspective are much longer and more likely to include an eternal time perspective.

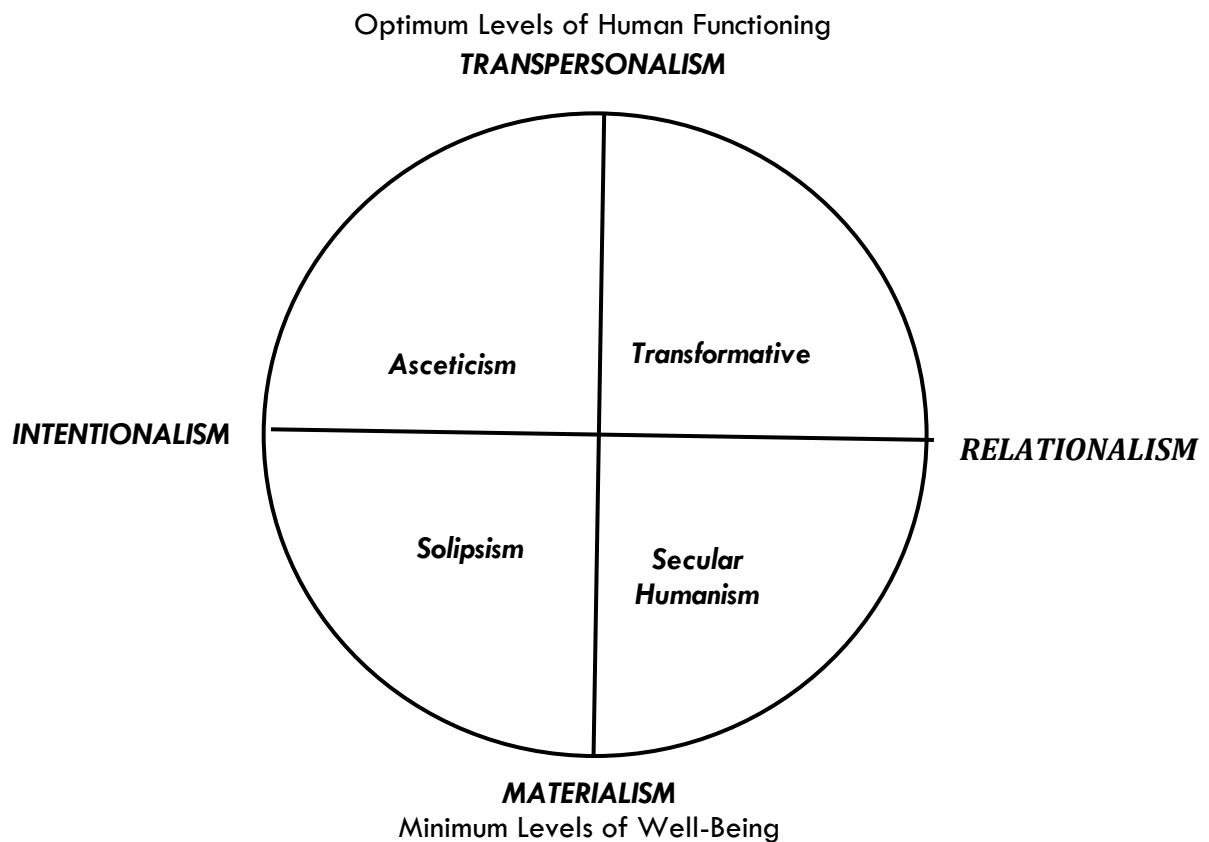


Figure 1. Logoplex Model.

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Second, this model appreciates the reality that meaning making is a complex, multidimensional construct; there are different dynamics operating among a variety of motivational dimensions. The Logoplex outlines how the various dimensions of meaning making combine to create different meaning orientations to life. The Logoplex represents a more typological approach to understanding meaning. By doing so, the Logoplex outlines aspects of meaning not previously discussed, particularly the transformative approach to meaning that those high on the Transpersonal and Relational dimensions (i.e., Transformative) possess. The four meaning quadrants (which must be considered as global types; one can create more specific typological groups by focusing on more specific parts of the circle) outline specific approaches to meaning. Each has its own strengths and weaknesses (see 17 for a more thorough discussion of this model). Consequently, what hope represents and the role it plays will vary along with the meaning style.

The *Solipsism* quadrant represents a very self-focused, materialistic approach to life. The concern for one's physical integrity and needs is paramount to individuals at this level. The focus is on obtaining immediate gratification for physical needs surrounding safety, satiation, comfort, and security. Meaning is intertwined with individuals' sense of self. Hope supports and reassures us that solutions for problems, resources for needs, and accommodations for security will be met. The lack of hope at this level is associated with a loss of personal confidence and perceived competence. When needs are not met, these individuals can quickly fall into fits of emotional dysphoria.

The *Secular Humanism* quadrant similarly contains individuals with a hypoxeolatric orientation, but these individuals have a more developed social sense about them. They recognize the value of social organizations, groups, and institutions and their ability to provide for the greater good for not only individuals but for communities as well. Secular Humanists have a deeper appreciation for the

value of the social world in its own right and they can perceive the general benefits it holds for all people. Hope in this category reflects a belief in the potential value of social institutions to provide for both the greater good of the community but also in its ability to provide both directly (by distributing resources to individuals) and indirectly (by creating safe communities) to the well-being of community members. When hope fails, it leads to a very cynical and misanthropic orientation: The Secular Humanist comes to see members of the community as being unworthy of any type of social largesse.

The Asceticism quadrant represents a level of meaning making that is qualitatively different from the previous two levels. Here, individuals have a more transpersonal view of the universe. They see themselves as part of a very large community; they live in at the intersection of the physical and transcendent universes. They understand that their greatest fulfillment is found in their relationship with some transcendent reality. While they believe they are part of a broad community of people (perhaps both living and dead), their focus with the transcendent remains very personal and singular. For these individuals hope is found in wisdom and insight; the ability to understand and engage the larger realities to which they give their fealty. Hope is perceived as being fulfilled once they find their eternal reward. When hope fails here, there is a crisis in meaning. When their transcendent reality collapses and no longer provides meaning, these individuals become lost, and they may not have the ability to find social support and assistance from others. They become like an explorer without a map and compass and come to experience a deep sense of existential void.

Finally, the Transformative quadrant represents the broadest level of meaning making. These are individuals who have an expansive sense of transcendent meaning and express this understanding within a defined community. These individuals are able to “go all in” for life; fully and unreservedly giving of themselves for the betterment of their group. The goal of this involvement is to call others to higher standards, they become moral standards set on becoming agents of social transformation. This is all done without counting the personal costs for these investments. When taking an eternal time perspective, there is little need for personal safety and security because their current lives are seen as but one stage in a larger ontological process. Hope is experienced as the exciting process of calling others to growth; the belief that their transcendent values can provide fulfillment, nurturance, and

personal growth to those that they serve. When hope fails here, Spiritualists encounter a crisis of relevancy. They question, not the righteousness of their values and actions as instruments for growth, but their own personal ability to plant these seeds in their community. Love may be the answer to many social ills, but the issue is whether the Spiritualist has enough love to give, or whether they are the right one to engage the community.

While hope is an essential aspect of living for all people, what hope represents will vary depending on the level of meaning people develop for themselves. Hope powers our efforts at building our lives, it supports and encourages people to directly address challenges and threats by making clear the costs of avoiding these trials and the benefits of overcoming them. Hope sustains, supports, and clarifies the goals we have chosen. Yet, while it can help people to find their way in life, its ability to be a resource for others does depend on the level of meaning. The more one opens to the universe of possibilities, becomes enmeshed in communities, and recognizes the potential value of the human collective, the more hope becomes not just a resource for individuals, but is a potentially redeeming quality for humanity.

Practical Considerations

There exist at least four, significant threats to hope, that because of their existential nature, repeatedly and enduringly resurface in the psychological experience of individuals. These four threats assail efforts to engender hope when it lacks any numinal qualities, and for this reason, help to lend credibility to the enormous adaptive potential of meaning that includes a transpersonal dimension. Mortality as a threat to hope is pervasive in that human beings are aware early in their development that death is on their horizon, and the fact that mortality exists at all reminds us that our sheer lack of control over dying forces, despite our attempts to beat back it back through healthcare cures, humans recognize that it will overtake our efforts to prolong biological life indefinitely. Second, poverty is another threat. Gandhi said that poverty is the greatest violence that exists against humanity (30). Poverty renders impossible the ability to provide basic survival: protection from natural elements, disease, threats from other people. Despite the best efforts by individuals and societies, poverty remains self-evident and a seemingly impossible reality to eliminate entirely. The third threat is tragedy. By definition, tragedy is a story that does not end well. The human capacity to construct narrative into which our lives play a role is a powerful capacity to then create meaning that guides our goals and

aspirations. Part of the potency of tragedy lies, of course, in the real possibility that it can happen to anyone, even those who appear insulated from it. Absurdity, the final threat to hope, and in a way may be an inevitable outcome of the previous three: There are experiences in life that just make no sense, whatsoever, and defy any coherent explanation undermining our ability to create a stable sense of ultimate meaning.

Major health emergencies are the epicenter of existential crises that can involve all four threats. Patients confronting serious illnesses are often confronted with issues of mortality, functionality, and future quality of life issues. Occasionally, some patients may even feel that they are being punished by some larger deity or process for past behaviors. These emotions can lead to feelings of dread and doom that may complicate any treatment effort. While managing the specific disease processes that a patient presents may be the most straightforward aspects of treatment, these other personal issues are also very much involved and relevant to the treatment process. Physicians and the medical staff are certainly well prepared to deal with a disease process, but many are frequently not trained to manage these larger, existential issues. Yet, the quality of relationship between patient and healthcare member was critical for promoting hope and positivity in patients (31).

Mostofsky and Piedmont (32) noted that there are three dimensions to health issues. The first is the *disease* aspect, the actual physical pathognomic process itself. The second is the *illness*, representing the patient's perspective of the disease and how it is believed to impact him/herself. Finally, there is the *predicament*, which is how the disease process, the patient's perceptions of the disease both impact the larger psychosocial world of the patient. This latter element includes the patient's larger existential beliefs and anticipations of the outcome of treatment. All three are present, to varying degrees, for every patient with every problem. However, with serious issues, such as cancer, neurological disorders, chronic disease, the larger issues around ultimate existential issues become quite salient. Patients will look to their treatment team to help them manage the issues of mortality, meaning, and worthiness that come to dominate their mental outlook. How these issues are managed will have direct implications for treatment compliance and effectiveness (e.g., 33).

While patients worry about managing the disease process, the existential issues are always quite

salient and omnipresent throughout treatment. Such issues are frequently couched in religious terms and speak to larger theological and philosophical issues that medical personnel are not trained to deal with or may be very reluctant to engage the patient on such sensitive topics. As such, healthcare providers may just avoid these conversations, even though they have many direct effects on the treatment process. The concept of the Numinous and the logoplex model associated with this drive, provide a more empirical, scientific approach to managing these larger existential issues in a manner that is more acceptable for health workers. It avoids theological issues surrounding faith and metaphysics and instead offers a more practical, universal method for managing these existential concerns in realistic, pragmatic terms easily acceptable to patients regardless of their own faith connections, or lack of them.

But the existential dimension cannot be relegated to a minor role in the healing process. The issues of infinitude, meaning, and worthiness need to be confronted directly in order to provide patients with a sense of hope. Hope that their medical condition can be treated, managed, and cured (34). Hope that family members and friends will be made aware of the patient's feelings of connectedness, and that loved ones will be provided for financially and emotionally (35). Olsman (36) reviewed the medical literature on the role of hope in treatment and found the strong positive impact that creating for a patient a sense of hope was integral for motivating the patient for treatment compliance, boosting morale, enabling him/her to see and embrace new ways of living that may be required after the crisis is ended. Hope soothes ultimate existential concerns surrounding mortality, the meaning of the disease, and one's sense of personal worthiness.

Olsman also noted that hope is created and developed in relationships, with peers similarly affected, with family, and most importantly with medical staff. In-hospital treatments may require the need for the creation of a hope-centered context that provides support for patients and helps to minimize those dynamics that operate to undermine hope (e.g., mortality, tragedy, poverty, and absurdity). Olsman (36) has noted that medical staff have an important role to play and can do it effectively in just simple ways, health care providers should build their relationship with patients by focusing on solicitude. Solicitude includes compassion (recognizing the patient's suffering) and empowerment (recognizing the patient's strengths) ...Such an approach is furthermore important

because relationships have the potential to foster hope. Failure to address these concerns will only leave patients feelings isolated, confused, and emotionally upset.

The Numinous provides three important ideas related to hope: First, it is an ontological framework for understanding why hope and its inclusion in treatment is important. Second, it overviews how people come to create their own existential systems and provides insights into the psychophysical outcomes of these systems. Finally, it can provide strategies and techniques for engaging patients in a conversation that will promote a meaningful conversation on wellness that includes better treatment acceptance and supports adaptive efforts at personal acceptance and wholeness.

Using the Numinous to Promote Hope

Understanding hope within the context of the Numinous provides interpretive depth for understanding the role and value of hope for sustaining our psychological stability and balance in life. It provides a context for understanding the varied expressions of hope and the types of goals hope directs us towards. The Logoplex can serve as a framework for making hypotheses about how people construct ultimate meaning in their lives and the existential goals that are most important for defining their lives. Traditional psychotherapy has so far developed tools and methods for creating hope that originates from the solipsistic and secular humanistic quadrants of meaning. For the most part, meaning that is related to any transpersonal dimension was either taboo to address directly or was the specialized domain of spiritual teachers or religious clergy. This is no longer the case. At the same time, there is a poverty of language to adequately describe or explain how meaning can be enriched or how hope takes different contours depending upon the numinal qualities it overlaps with.

Meditation is now frequently prescribed as an effective means of reducing stress (solipsistic) as well as improving interpersonal relationships (secular humanistic). At the same time, confining meditation to these two quadrants of meaning is now controversial precisely because any transpersonal meaning was intentionally minimized in western medicine so as to not turn off secular gatekeepers of medical practice. Kabbat-Zinn (37), arguably the figure who helped shape the modern mindfulness movements more than anyone, has now shared openly that he intentionally avoided introducing any Buddhist terminology or metaphysical assumptions into mindfulness-based

stress reduction during its early inception for fear that his medical colleagues would reject it as fluffy, non-scientific, or new age Transformative. Spiritual traditions now lament this fact as a reality of cultural appropriation within western medicine (38). The logoplex helps to resolve this controversy because it includes transpersonal meaning as a valid pathway of psychological functioning, one that is not only individually adaptive, but is expansive to include whole communities that cross cultural and spatial locations. The transpersonal quadrants, because they reflect higher levels of the Numinous, enrich psychological language along with navigational tools for including both spiritual meditation and spiritual experiences as psychological pathways of hope. It helps to explain, further, why there is a trend in research that meditation is more potent when it either includes an explicit spiritual focus or if the individuals who practice meditation score higher on numinal qualities (39, 40). When these quadrants are excluded, any psychological theory is necessarily limited in its explanatory power, and the fullness of the human experience is likewise ignored.

Conclusions

Hope is a key human quality that endows people with the stamina, force of will, and endurance to achieve goals of great personal importance. Its presence can build resilience, character, and satisfaction for our lives. Its absence can result in feelings of dread, fear, and personal unworthiness. It is understandable why hope is discussed widely and included in both metaphysical and scientific circles: It is an essential quality that enables humans to reach their fullest personal realization. It is not surprising that hope links up so well with the Numinous, which is about our needs to provide value to life through our own efforts, to create durability to our efforts, to find a cohesive sense of personal meaning, and finally, to find an inner sense of worthiness and acceptability despite our real and imagined weaknesses and limitations. Hope is a fruit of successful Numinous strivings. It supports our existential efforts to fully engage life.

While medicine is strongly focused on the “disease” aspects of presenting physical conditions, there are other aspects of treatment that also must be addressed in the healing process. These issues include how patients understand the ultimate meaning and potential impact of the disease on their sense of self. Referred to earlier as the “predicament,” these larger concerns have important implications for clients’ treatment compliance, health-care decisions, and response to interventions. These ultimate concerns ought not be

avoided in the clinical context. The empirical nature of the Numinous is relevant to health care personnel and the Logoplex is a useful model for understanding patients' ultimate concerns. It provides a new and useful language for dialoging with patients on their existential concerns. The stakes for doing this are high. Fostering higher level Numinous feelings creates a sense of hope for patients, enabling them to manage and tolerate interventions that may be painful, debilitating, and/or terminal. Hope creates possibilities, even in circumstances with limited outcomes (41). Hope

allows for the creation of a personal integration that is accepting and empowering, especially in one's final stages of life (34). Failure to create and sustain hope leads to patients developing a personal sense of terror in the face of their mortality that can shake the emotional underpinnings of patients, family, and health care staff. A consideration of the Numinous, we believe, will enable medicine to create a truly holistic approach to personal care from birth through death that appreciates, supports, and creates a resilient context of hope and health for the individual.

References

- [1] Menninger, K. (1959). Hope. *Bulletin of the Menninger Clinic*, 51(5).
- [2] Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing* (3rd ed.). Johns Hopkins University.
- [3] Norcross, J. C., & Lambert, M. J. (2019). What works in the psychotherapy relationship: Results, conclusions, and practices. In J. C. Norcross & M. J. Lambert (Eds.), *Psychotherapy relationships that work: Evidence-based therapist contributions* (pp. 631–646). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190843953.003.0018>
- [4] Scioli, A. (2020). The Psychology of Hope: A Diagnostic and Prescriptive Account. In Steven C. van den Huvel (Ed.), *Historical and multidisciplinary perspectives on hope* (pp. 137-164). Cham, Switzerland: Springer.
- [5] Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Clinical and Counseling Psychology*, 42, 861–865.
- [6] American Psychiatric Association. *The diagnostic and statistical manual of mental disorders, fifth edition-text revision (DSM-5-TR)*. American Psychiatric Association.
- [7] Snyder, C. R. (1994). *The psychology of hope*. Free Press.
- [8] Erikson, E. H. (1950). *Childhood and Society*. Norton.
- [9] Allport, G. W. (1950). *The Individual and His Religion*. MacMillan.
- [10] Frankl, V. E. (1959). *From death camp to existentialism*. Beacon Press.
- [11] Tillich, P. 2000. *The Courage to Be*, 2nd ed. Yale University Press.
- [12] Heidegger, M. (2000). *Introduction to metaphysics* (G. Fried & R. Polt, Trans). Yale Nota Bene. (Original work published in 1959)
- [13] James, W. (1994). *Varieties of religious experience*. New York, NY: Random House. (Original work published 1902)
- [14] Jung, C. G. (1963). *Memories, dreams, reflections*. New York, NY: Knopf Doubleday Publishing Group.
- [15] Maslow, A. H. (1971). *The farther reaches of human nature*. New York, NY: Viking Press.
- [16] Piedmont, R.L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five-factor model. *Journal of Personality*, 67, 985-1013. <https://doi.org/10.1111/1467-6494.00080>
- [17] Piedmont, R. L., & Wilkins, T. A. (2020). *Understanding the psychological soul of spirituality: A guidebook for research and practice*. New York, NY: Routledge.
- [18] Piedmont, R. L., Fox, J., & Toscano, M. E. (2020). Spiritual crisis as a unique predictor of emotional and characterological impairment in atheists and agnostics: Numinous motivations as universal psychological qualities. *Religions*. <https://www.mdpi.com/2077-1444/11/11/551/pdf>
- [19] Funder, D. C. (2002). Why study religion? *Psychological Inquiry*, 13, 213-214. <https://www.jstor.org/stable/1449329>
- [20] Piedmont, R. L. (2014). Looking back and finding our way forward: An editorial call to action. *Psychology of Religion and Spirituality*, 4, 265-267. <http://dx.doi.org/10.1037/rel0000014265>
- [21] Sloane, R. P., Bagiella, E., & Powell, T. (2001). Without a prayer: Methodological problems, ethical challenges, and the misrepresentations in the study of religion, spirituality, and medicine. In T. G. Plante & A. C. Sherman (Eds.). *Faith and health: Psychological perspectives* (pp. 339-354). New York, NY: The Guilford Press.
- [22] Boyd, J. N., & Zimbardo, P. G. (2006). Constructing time after death: The transcendental-future time perspective. In L. Strom & M. A. Thalbourne (Eds.). *The survival of human consciousness: Essays on the possibility of life after death*. Jefferson, NC: McFarland.
- [23] de Raad, B., & Mlačić, B. (2017). The lexical foundation of the Big Five Factor Model. In T. A. Widiger (Ed.). *The Oxford Handbook of the Five Factor Model* (pp.191-216). New York, NY: Oxford University Press.
- [24] Digman, J. M. (1990). Personality structure: Emergence of the five-factor model. *Annual Review of Psychology*, 41, 417-440. <https://doi.org/10.1146/annurev.ps.41.020190.002221>
- [25] Baumeister, R. F., Bauer, I. M., & Lloyd, S. A. (2010). Choice, free will, and religion. *Psychology of Religion and Spirituality*, 2, 67-82. <https://doi.org/10.1037/a0018455>
- [26] Piedmont, R. L. (2004). The logoplex as a paradigm for understanding spiritual transcendence. *Research in the Social Scientific Study of Religion*, 15, 263-284.
- [27] Frankl, V. E. (1966). Self-transcendence as a human phenomenon. *Journal of Humanistic Psychology*, 6,97-106.
- [28] Hart, D. B. (2019). *That all shall be saved: Heaven, hell and universal salvation*. New Haven, CT: Yale University Press.
- [29] Antonovsky, A. (1987). *Unravelling the mystery of healthy*. San Francisco, CA: Jossey-Bass.
- [30] Vliet, J. V. (2020). An Ontology of Human Flourishing: Economic Development and Epistemologies of Faith, Hope, and Love. In Steven

- C. van den Huvel (Ed.), *Historical and multidisciplinary perspectives on hope* (pp. 239-261). New York, NY: Springer.
- [31] Prip, A., Møller, K. A., Nielsen, D. L., Jarden, M., Olsen, M. H., & Danielsen, A. K. (2018). The patient-healthcare professional relationship and communication in the oncology outpatient setting. *Cancer Nursing*, 41(5), E11–E22. <https://doi.org/10.1097/NCC.0000000000000533>
- [32] Mostofsky, D. I., & Piedmont, R. L. (1984). *Therapeutic practice in behavioral medicine*. San Francisco, CA: Jossey-Bass.
- [33] Forcina, V., Vakeesan, B., Paulo, C., Mitchell, L., Bell, J. A. H., Tam, S., Wang, K., Gupta, A. A., & Lewin, J. (2018). Perceptions and attitudes toward clinical trials in adolescent and young adults with cancer: A systematic review. *Adolescent Health, Medicine and Therapeutics*, 9, 87–94. <https://doi.org/10.2147/AHMT.S163121>
- [34] Schiavon, C. C., Marchetti, E., Gurgel, L. G., Busnello, F. M., & Reppold, C. T. (2016). Optimism and hope in chronic disease: A systematic review. *Frontiers in Psychology*, 7, 2022. <https://doi.org/10.3389/fpsyg.2016.02022>
- [35] Broadhurst, K., & Harrington, A. (2016). A mixed method thematic review: The importance of hope to the dying patient. *Journal of Advanced Nursing*, 72(1), 18–32. <https://doi.org/10.1111/jan.12765>
- [36] Olzman, E. (2020). Hope in healthcare: A synthesis of review studies. In S. C. van den Heuvel (Ed.). *Historical and multidisciplinary perspective on hope* (pp. 197-214). Cham, Switzerland: Springer.
- [37] Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12, 281–306. doi:10.1080/14639947.2011.564844
- [38] Surmitis, K., Fox, J., & Gutierrez, D. (2018). Meditation and appropriation. *Counseling and Values: Spirituality, Ethics, and Religion in Counseling*, 63(1), 4-16.
- [39] Dorais S, Gutierrez D. (2021). The Effectiveness of a Centering Meditation Intervention on College Stress and Mindfulness: A Randomized Controlled Trial. *Frontiers of Psychology*, Oct 21;12:720824. doi: 10.3389/fpsyg.2021.720824. PMID: 34744885; PMCID: PMC8567013.
- [40] Wachholtz A.B., Pargament K. I. (2005). Is spirituality a critical ingredient of meditation? Comparing the effects of spiritual meditation, secular meditation, and relaxation on spiritual, psychological, cardiac, and pain outcomes. *Journal of Behavioral Medicine*, 28(4), 369-384. doi: 10.1007/s10865-005-9008-5. PMID: 16049627.
- [41] Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.