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CHAPTER 1

Introduction

Our mission is to plant ourselves at the gates of Hope—not the prudent gates of Optimism, which are somewhat narrower; nor the stalwart, boring gates of Common Sense; nor the strident gates of Self-Righteousness, which creak on shrill and angry hinges (people cannot hear us there; they cannot pass through); nor the cheerful, flimsy garden gate of “Everything is gonna be all right.” But a different, sometimes lonely place, the place of truth-telling, about your own soul first of all and its condition, the place of resistance and defiance, the piece of ground from which you see the world both as it is and as it could be, as it will be; the place from which you glimpse not only struggle, but joy in the struggle. And we stand there, beckoning and calling, telling people what we are seeing, asking people what they see.

—Victoria Safford¹

Hope is a little studied concept in economics. Yet it matters. It is, as the poem above notes, more open-ended than optimism focused on the foreseeable future. It is a deeper sentiment and interacts with innate character traits. Still, there are many unanswered questions. Is hope in part genetically determined and, as such, a lasting trait that is resistant to negative shocks? The “joy in the struggle” phrase above comes to mind. Or, like several of the Big Five personality traits, is it more malleable over time? Hope relates to aspirations, but aspirations are tied to specific goals. Hope is the loftier concept, the broader and less defined objectives that specific aspirations aim toward. Is hope eroded when aspirations are not met?

1 Safford (2004). Reproduced with kind permission of Victoria Safford.

Why write a book on hope *and* despair and not just one or the other? Lack of hope is not a complete definition of despair, nor is lack of despair a complete definition of hope. Yet they are intricately linked. There are precise definitions of each in the psychology and psychiatry literatures; I am building from these with an emphasis on the definition of agency (which implicitly includes resilience) being integral to hope.² As a scholar, I think it is important to clarify these definitions. As a private citizen, I am increasingly concerned that the extent of despair in the United States threatens to undermine our civil society, our public health, and even our democracy.

What we do know is that hope matters to future outcomes. My starting point for this book is what I have learned from my research on the links between hope and future outcomes, and the channels by which that occurs (Graham et al. 2004; Graham and Pinto 2019; and O'Connor and Graham 2019). We know that hope is largely a positive trait that helps individuals manage—and even appreciate—life's challenges. Hope is particularly important for those who have less means and advantages with which to navigate those challenges.

Indeed, one of my most consistent yet counterintuitive findings is that the most disadvantaged populations are often more hopeful and resilient than more privileged ones, such as the happy peasants and frustrated achievers I found in Peru over twenty years ago (Graham and Pettinato 2002) and, more recently, my findings on high levels of optimism among low-income African Americans compared to despair among low-income whites in the United States (Graham and Pinto 2019). It is not clear if it is just optimism or hope in each instance, but the resilience of the respective populations and some more recent research on the longer-term outcomes of the latter suggest it is more likely hope than optimism.

2 As in the case of “hope springs eternal in the human breast,” from Alexander Pope’s *An Essay on Man* (1733).

Hope is central to the concept of recovery from mental disorders. Karl Menninger (1995) identified hope as integral to the profession of psychiatry—important for initiating therapeutic change and a willingness to learn and improving personal well-being. The psychiatric literature offers at least three reasons why hope is an important variable in mental health practice. First, it is both a trigger of the recovery process and a maintaining factor. Second, it is central to the concept of resilience. Third, it is central to human adaptation and psychotherapeutic change, consistently identified by both patients and therapists as a key factor in psychotherapy.³ Nevertheless, the concept itself, as well as its clinical and research implications, has received little attention in psychiatry, a field in which the presence or absence of hope may have especially profound consequences.⁴

I am not a psychiatrist or a psychologist, and I have much to learn. I come from the perspective of an economist who studies well-being, a concept that encompasses both hope and despair as extremes. In studying despair and related deaths in the United States in recent years, and comparing that to my earlier work on happiness, hope, and resilience among the poor in poor places, I am increasingly aware of lack of hope as a major problem in the United States. Of course, this does not apply to all people, but it is a growing and evident trait among the increasing numbers of people in despair in the United States. How and why does the wealthiest country in the world have so much despair? What are we missing?

Despair in the United States today is a barrier to reviving our labor markets and productivity. It jeopardizes our well-being, longevity, families, and communities—and even our national security. While the COVID-19 pandemic was

3 See Bonney (2008); Ong et al. (2006); Hayes (2007); and Schrank et al. (2008).

4 Schrank et al. (2011).

a fundamental shock, it merely exacerbated an already growing problem of despair.

This despair results in part from the decline of the white working class. It contributes to our decreasing geographic mobility and has political spillovers, such as the recent increase in far-right radicalization. At the same time, other population groups are also suffering, for different reasons. Over the past few years, for instance, suicides increased among minority youths, and overdoses increased among Black urban males in 2019–20 (starting from a lower level than whites but at a higher rate of increase), in large part due to the introduction of fentanyl, a particularly lethal opioid derivative, but also due to rising anxiety rates (still coupled with optimism among many) that came with the COVID-19 shock.

There are many underlying longer-term problems: joblessness and/or labor force drop out; drug addiction; poor health; lack of adequate safety nets and affordable medical care; and inadequate publicly available education for rapidly changing labor markets. All of these are policy problems that have viable solutions, and yet none are, in my view, solvable without hope. And unresolved despair is already evident in the rising numbers of deaths of despair, in our high levels of labor force dropout, and in our divided and radicalized politics.

One reason for the despair is that the costs of “failure” are so high in the United States. The prohibitive cost of health care—and the links between employment status and health insurance when joblessness is at an all-time high—is a key factor eroding hope in the face of failure. Despair describes the plight of many who are ambivalent about whether they live or die. The latter impacts risk-taking, as in behaviors that jeopardize health and longevity.⁵ Entire communities can

5 I thank Nancy Hey for her thoughts on this topic, as well as her reference to the following on risky behaviors: <https://whatworkswell-being.org/blog/happy-people-wear-seat-belts-risk-taking-and-well-being/>.

experience this helplessness, especially when confronted with difficult choices and change. They are often stuck in two worlds: one in which the old ways that held meaning are disappearing and the other in which the changes needed to succeed seem impossible in the absence of support. Death (slow or fast) becomes the simplest choice to stop the pain. Drug use and suicide are internal expressions of this, while expressed misery, frustration, and anger—which have security implications when widespread—are external ones.

A fundamental point of inquiry in my research is whether hope can be restored in populations where it has been lost. This is particularly important for the next generation. The children of those already in despair need hope and a vision for the future to avoid the fate of their parents.

In the context of rapidly changing labor markets in the low- and medium-skill job arena, a traditional high school education alone is no longer enough to make a decent living or to have stable employment. And while certain education options other than a college education can make a decent job achievable in the labor markets of tomorrow, without hope—and mentors who can support that hope and explain available options—many in the next generation will end up without the necessary skills necessary to do so. My surveys of low-income adolescents in Missouri, discussed in detail in chapter 5, make this sad reality all too clear. Understanding how to introduce hope into these same populations, so that they believe in and invest in their futures, is a critical part of the solution to avoiding another generation in despair.

Objectives of the Book

This is an unusual topic for economists, and my research is, by definition, exploratory. I seek to expand on established parameters and use a mix of econometric analysis of large N survey data and in-depth field surveys. I also draw from

what we know from other disciplines, especially psychology. My aim in this book, though, is to demonstrate the potential benefits of incorporating hope into economic analysis, including into the analysis of human well-being. While this is relatively unknown territory, the empirical evidence that demonstrates that hope can improve people's life outcomes and that despair can destroy them is robust enough to merit a deeper exploration.

There are many unanswered questions. For example, what causes what? Do the same genes that are linked to innate levels of well-being—such as the 5-HTTLPR serotonin transmitter gene—also link to hope? Does hope result in individuals having more positive interactions with their environments, in the same way that those with higher levels of the serotonin transmitter have more positive interactions, thereby supporting the transmission of this gene across generations?⁶ How persistent are these within-person psychosocial traits? Are they resilient to negative shocks as individuals navigate their environments? Are they persistent after young adulthood, like IQ, or malleable into the older ages, like the Big Five?⁷ Although we are far from answering these questions, our initial research results are provocative.

We also know—from our research and that of others—that culture and community play a role in the persistence of these traits across certain population cohorts. In the United States, African Americans, particularly low-income ones, are more optimistic than low-income brackets of other races, and the gap is particularly large compared to low-income whites. De Neve and colleagues (2012) also find that African Americans have higher levels of the functional polymorphism on the serotonin transmitter gene (5-HTTLPR) than whites, His-

6 De Neve et al. (2012).

7 See Borghans et al. (2008); Benjamin et al. (2012); and Heckman and Kautz (2012).

panics, or Asians. The same research finds that 5-HTTLPR is protective of stress leading to depression, which may help explain the remarkable resilience in this same racial cohort. While these findings are new and remain to be tested further, they are potentially part of the explanation.

Our most recent work finds that African American optimism and resilience—and the gap compared to other groups—held even during the COVID-19 pandemic, which disproportionately affected them.⁸ Our survey research—and that of some others—also finds that African Americans are more likely to believe in the value of higher education than low-income whites, even though it is often more difficult for the former group to achieve it.

Latin Americans, meanwhile, are consistently more cheerful and optimistic than respondents in other regions with similar levels of income, traits that persist when controlling for a host of other potentially confounding factors, such as religion, crime rates, and inequality. Our surveys of Peruvian young adults in low-income communities find remarkably high levels of hope and education aspirations, which yield better future outcomes in the education, health, and social arenas.⁹

While generalizing about particular population cohorts and/or races is difficult and often inaccurate, a driving channel is the high levels of hope among these two groups and the strong links it has to one's determination to surmount obstacles (such as discrimination) and to improve one's situation. As such, it is a concept that also includes agency and resilience.

Another question is whether hope (and optimism) are always good things. On the one hand, hope and resilience

8 <https://www.brookings.edu/research/well-being-and-mental-health-amid-covid-19-differences-in-resilience-across-minorities-and-whites/>.

9 This is discussed in detail in chapter 3 and in Graham and Ruiz-Pozuelo (2022).

are critical tools for navigating adversity. Certain well-being markers, such as high levels of cheerfulness and daily happiness in the face of deep poverty, may preserve mental health. But on the other hand, those qualities are associated with low expectations and adaptation to bad institutional arrangements and conditions, such as high levels of discrimination and high rates of crime and corruption.¹⁰ Can we test this empirically?

Related to this question, which is also noted in the poem above, is whether hope for the long term—and associated aspirations—is different from raw optimism. While this is a difficult question to answer, we have explored it to the extent we could. The same low-income African American respondents who reported high levels of optimism also reported low levels of satisfaction with their finances and the cities they lived in, suggesting this is not a “Pollyanna” effect. In our Peru surveys, meanwhile, we tested three different types of aspirations—educational, occupational, and geographic (migration to better opportunities)—among our young adult respondents and found that hope and aspirations operate differently from raw optimism and reflect differences in traits like self-esteem, impatience, and willingness to partake in risky behaviors. Raw optimism has a less consistent association with our outcome measures. The work of some other scholars, discussed in the next chapter, corroborates these findings.

We also used the longitudinal nature of the Peru study to see how persistent aspirations were within individuals over the three-year time period, when our respondents ranged in age from eighteen to twenty-one. While a relatively short period of time, it is also a time of change, in which adolescents are transitioning into adulthood and make many critical choices that can permanently influence their futures.

¹⁰ Graham (2011).

We found that aspirations were indeed “sticky” and that our respondents with high aspirations were on track to complete their education goals by our second round. Finally, in addition to exploring how aspirations varied with individual characteristics, including the ones noted above, we had extensive information on their childhood experiences and the characteristics of their households—including the nature of their relationships with their parents—and could explore how those affected their hopes for the future.

The frame for this study of hope is the economics of well-being, a field I have contributed to from early on. It has developed from the study of the determinants of reported happiness across individuals and countries to a more sophisticated science, which incorporates approaches from several disciplines, including the biological sciences, and explores the interaction between innate traits and the environment in determining well-being. We now measure several distinct dimensions of well-being, ranging from experienced/hedonic well-being (momentary) to evaluative (over the life course) to eudaimonic (meaning and purpose in life). A growing body of research also explores what well-being causes in addition to what causes well-being.¹¹

We have less experience measuring hope. For the most part, we have relied on available questions in large N surveys, such as the Gallup data.¹² In the Gallup data, right after the Cantril ladder of life question, which asks respondents to compare their life to the best possible life they can imagine on an eleven-step ladder, there is a follow-up question that asks respondents to place where they think their life will be in five years on the same scale. While it may be an imperfect question, it seems to capture two elements of hope: the

11 Graham, Eggers, and Sukhtankar (2004); De Neve and Oswald (2012). More of the well-being literature is reviewed in chapter 2.

12 I received the Gallup data in my capacity as an (unpaid) senior scientist there.

belief that things will be better in the future and the ability to do something about that future. The first is part of the question; the second is suggested by our findings, which are that people with higher scores on the future ladder tend to do better in the years following their interviews. While this may be due to realistic expectations, that does not explain the high scores of deprived populations, such as low-income African Americans.

Other hope questions simply ask respondents if they have hope for the future, on a similar if not exact response scale. Hope for the future is also often used as one in a series of questions to see if adolescents are depressed or not, such as the Center for Epidemiologic Studies Depression Scale, which asks respondents if they felt hopeful for the future all the time, often, some of the time, or none of the time. Regardless of the question differences, the patterns in the respondents' future behaviors suggest they all capture the same concept. And, indeed, in our own surveys of low-income adolescents in Peru and Missouri, we included two different hope questions (the Cantril ladder question and the twelve-item scale that Abler et al. [2017] developed for adolescents in South Africa) and found similar response patterns for both.

My recent research has explored how and why well-being—and well-being inequality—matters to individual outcomes, as well as to the consequences of low levels of well-being, particularly the absence of hope. That work was initially triggered by experiences working in Peru and other developing countries and noting upon each return that poverty in the United States seemed so much more hopeless than in places that were more deprived in a material sense. This seems to have roots in our high and increasingly higher levels of inequality of income and opportunity. The same strong individual work ethic that underlies the American Dream also includes tolerance for high levels of inequality and often stigmatizes the poor and those who fall behind.

I began my empirical exploration by comparing how levels of well-being—in addition to income and opportunity—were shared across the rich and poor in the United States. My findings were stark. I found that the gaps between the rich and the poor on reported stress and smiling were twice as large in the United States than Latin America, with the U.S. poor being the group least likely to smile and the most likely to be stressed of the four groups. And the gaps in believing that hard work would get you ahead were much larger between the poor and the rich in the United States than Latin America, where there was no significant income differential in these responses (Graham 2017).

I delved deeper into differences across income/race groups in the United States, with a focus on the poor groups. This was in 2015, approximately the time of the St. Louis and Baltimore riots, and prior to our awareness of the deaths of despair among less-than-college-educated whites. I found that poor Blacks were three times more likely to be higher up on an eleven-point optimism scale than poor whites, with Hispanics in between. Poor Blacks were also half as likely to report stress on a given day than poor whites and less likely to report pain. Given that the objective conditions of the former are far worse, the findings reflected resilience as much as reality. These results were *not* a result of reporting or scale bias, as the same low-income Black respondents were more negative than whites when assessing their financial situations and living conditions.

I explored the historical and cultural underpinnings of these differences. The role of community is an important part of the resilience story for minorities. Baptist churches—which tend to emphasize the collective rather than the individual—are an essential part of many African American communities. Extended families and Catholic churches play a similar role for Hispanics. Many of these communities were built on empathy, as minorities have collectively had to

battle a system of discrimination and injustice. Even when we conducted research on the ill-being of prime-aged men out of the labor force (OLF)—a desperate group with high levels of opioid addition and poor objective health indicators—we found that African American males stand out *within* this group for taking pride in giving back to their communities (Graham and Pinto 2021).

It is difficult to measure the influence of community precisely. For example, we find that African Americans are the racial group most likely to report that religion is important in their lives. Although we control for religiosity in our regressions to make sure it is not driving our optimism findings, there are many unobservable qualities related to religiosity that we are unable to control for. It is quite likely that these matter to the story of optimism and resilience—and its grounding in broader communities.

Once the deaths of despair data came out (Case and Deaton 2015), it became clear that these deaths were more prevalent among low-income whites than other racial groups. We matched the patterns in our data on lack of hope, and stress and worry, and the county-level data from the Centers for Disease Control and Prevention (CDC) on these deaths. We found strong associations between our markers—and lack of hope in particular—and propensity to deaths of despair, at the level of individuals, race, and place (Graham and Pinto 2019). Those patterns remain robust until the present, demonstrating the potential of well-being metrics as useful tools for taking societies' temperatures, so to speak, and providing warning indicators of potential crises.¹³

Our latest work explores the mental health effects of COVID-19 and the impact on trends of deaths of despair (we are using EMS first-responder data until updated CDC data is

13 See, for example, <https://www.brookings.edu/interactives/wellbeing-interactive/>.

available). We find an almost doubling of overdoses and related deaths and a smaller increase in suicide deaths (Dobson, Graham, Hua, and Pinto 2022).¹⁴ What is remarkable, though, is the persistence of African American optimism and resilience—even during the pandemic. Low-income African Americans remain the most hopeful race/income cohort and report better mental health than their white and Hispanic counterparts.¹⁵ While minorities did report an increase in anxiety and reported depression in 2020 compared to 2019, this increase did not translate into a decrease in reported hope levels.

These differentials in hope seem to transfer into different belief structures. Low-income African Americans and Hispanics are more likely to believe in the value of higher education than low-income whites, for example. Recent work on Historically Black Colleges and Universities (HBCUs), which disproportionately serve low-income minorities, shows that students achieve high performance with far fewer resources than their counterparts in the public and private sectors, in part because they play a critical role in providing role models and mentors who help bolster hope and self-esteem.¹⁶ Our surveys of low-income adolescents in white and Black neighborhoods in Missouri, meanwhile, find that though graduation rates are lower at predominantly African American schools, those graduating students are more likely to pursue higher education than whites.

Standing in sharp contrast to this hope and resilience are the high levels of despair—and related deaths—among

14 These trends seem puzzling, but it may well be that intentional overdose deaths replaced some suicides. In addition, as the highest suicide rate is for older men (particularly white males) and many older men died of COVID-19 in 2020, that may also have affected the suicide rate. Our EMS data analysis aligns closely to the trends in the preliminary data on mortality for 2020 that the CDC released in July 2021. See Dobson et al. (2021).

15 Graham et al. (2022), *PLoS one*.

16 <https://www.brookings.edu/blog/brown-center-chalkboard/2021/01/18/when-it-comes-to-student-success-hbcus-do-more-with-less/>.

less-than-college-educated whites in declining communities across the country. These high levels of despair are most prominent in places that were previously hubs for manufacturing and mining firms. Labor force dropout is high in these (largely white) communities—and typically higher than the nationwide average of 20% of prime-aged males out of the labor force.

Our research finds that this group has poor mental and physical health and high levels of opioid consumption. A higher percentage of prime-aged males out of the labor force remain in their parents' homes or census tracts than other labor force groups, one reason for the declining levels of geographic mobility in the United States.¹⁷ With poor health and no hope or aspirations for the future, these individuals are unlikely to move to where jobs are, even if they are reasonably close. They are the starkest manifestation of the decline of the working class and seem to be vulnerable to media manipulation and to the priming of nativist and racist messaging.¹⁸ These patterns suggest that, to solve this public health crisis, understanding hope is as critical as understanding despair (this is documented in detail in our Brookings report on despair and recovery, which I led in 2021).¹⁹

A note of caution is the possibility that optimists simply mispredict or are perennial Pollyannas.²⁰ Or they may just be adapting to difficult circumstances because they have no other choice. Much of my earlier work on the happiness of the very poor in poor places suggested this to be a common phenomenon—something I termed “the happy peasant versus frustrated achiever problem” almost two decades ago (Graham 2009).

17 Graham and Pinto (2021).

18 Edsall (2021a; 2021b).

19 <https://www.brookings.edu/research/addressing-americas-crisis-of-despair-and-economic-recovery/>.

20 Odermatt and Stutzer (2019); Schwandt (2016).

Yet now that more sophisticated methods allow us to distinguish between momentary moods and sentiments—such as contentment—and cognitive life-course evaluations, we find major differences across these types of scores in the same cohorts. The very poor may report to be “happy” in the former sense, perhaps because they had seen their friends or had enough to eat that day, but when asked about their life satisfaction as a whole or other evaluative questions, the same respondents scored much lower, scores that accurately reflected their lack of ability to make choices about the kinds of lives they want to lead. As such, the “happy peasants” may have been happy in the momentary sense but not with their overall lives. This is distinct from hope, although, as I mentioned above, the high levels of resilience among poor Peruvians and their strong belief in education and better lives for their children suggest that their responses also reflect some elements of hope. We did not ask specific questions that explored their levels of hope at the time since the study was conducted in 1990, when the well-being field was in its early stages.

More recently, my findings—including on hope leading to better outcomes and longer lives, and on the terrible outcomes associated with despair—suggest that, on average, hope is not a fleeting trait or a misprediction about the future; it serves as a driving force in life outcomes (O’Connor and Graham 2019; Graham and Ruiz-Pozuelo 2021). Inevitably there may still be eternal optimists who are out of touch with reality, but they are likely the exception rather than the rule.

A key question of this book is what can we do with this knowledge? Can we restore hope in populations where it has been lost? Are the lessons from optimistic and resilient populations generalizable to other populations? Can interventions enhance hope?

We have some evidence that the answer is positive. Haushofer and Fehr (2014), for example, found that simple interventions

in very poor places—such as providing households with a small asset like a cow—resulted in better outcomes a year later, with the driving channel being hope. Hall, Zhao, and Shafir (2013) conducted an experiment in soup kitchens in Trenton, New Jersey, and found that participants who had been triggered to think of a time when they felt good about themselves outperformed those who had not received a prompt in a simple game-playing setting, with the difference being the participants' increased effort in the games. (Given the setting, the authors do not have data on the duration of the positive effects of their intervention.) More recently, a broader set of well-being interventions, as in the work of the What Works Centre for Wellbeing in the U.K. and the Santa Monica Well-Being Project, have shown that simple activities that get isolated respondents into purposeful activities in the community can have major impacts on individual and community well-being.

All of this points to the need to explore hope's causal properties, its potential as a distinct well-being dimension, and whether it can be learned in populations and places where it is lacking.

Guidepost to the Book

Chapter 2 provides a brief review of the study of well-being in economics and discusses the potential of hope as a separate and new well-being dimension. I also describe some new work (much of it my own) on using well-being metrics to better understand the causes and patterns in death of despair. I use my last Princeton Press book, *Happiness for All: Unequal Hopes and Lives in Pursuit of the American Dream*, as a starting point for discussing the inequality of well-being—and how that relates to the stark decline of the working class in the United States. I then review new empirical evidence from my recent work, using well-being metrics as a tracking

tool for vulnerability to despair-related deaths and the recent experiences with using well-being interventions to improve the lives of the isolated and desperate. I have collaborated in many of these latter efforts. I also introduce important factors that we know less about, such as differences in communities and cultures across races (which in part explain the large well-being gaps across them) and what we know and do not know about the generalizability of the positive lessons from some communities and cultures to other ones, where hope has been lost. I also review some of the new literatures on the genetic determinants of hope and the neuroscience of despair.

Chapter 3 summarizes the research on the hopes and aspirations of low-income young adults in Lima, Peru. The panel nature of the data allows us to explore how hope leads to better outcomes and the relative roles of within person traits—which are persistent in our data, versus the socioeconomic and community environments that these young adults live in. It shows how different kinds of aspirations—educational, occupational, and for migration opportunities—influence behaviors and outcomes in different ways, and the role of parental or mentor support in that process. I also address the question of how enduring aspirations are in the face of negative shocks. While our time period is not long enough to answer this definitively, our findings clearly point to persistence in aspirations and their role in better long-term outcomes.

Chapter 4 focuses on the field surveys of young adults in low-income Black and white communities in St. Louis County, Missouri—a central heartland state in the United States (which shares borders with seven other states!). These surveys include essentially the same questions as the Peru survey but adapted for the U.S. context—and for the COVID-19 experience. While we only have one round of surveys available at the writing of this book, they provide extensive background and contextual information on the respondents and their

future aspirations. We also have the support of the local school superintendents to provide us with broader information on the typical trajectories of students with the same socioeconomic and racial characteristics of our respondents, such as the above-cited school data on Black graduates pursuing high school at a higher rate than white ones. I also discuss the differences across races in the roles of parents as mentors and in supporting their children's aspirations.

The discussion helps inform our understanding of the crisis of despair and vulnerability in our society and attempt to provide some glimmers of hope for addressing it. It also highlights the pressing need for low-income young adults to have hope and a vision for the future to make the investments they need to participate in challenging labor markets (now even more uncertain due to the COVID-19 shock) to avoid the fate of the high percentage of prime-aged adults without a college education who have dropped out of the labor force and have high rates of despair and associated behaviors.

Chapter 5 builds on all of this and asks the difficult question of whether hope can be restored in places where it has been lost. I posit that the lessons from the hope and resilience of deprived minority populations can be applicable in other ones, but I also discuss the challenges of doing so. I provide detail on successful interventions to enhance well-being work among the isolated and address the additional efforts necessary to use the same approaches to make more lasting changes to people's outlooks for the future.

Chapter 6 summarizes the findings and makes the case for establishing and using hope as a distinct well-being dimension, in addition to the hedonic, evaluative, and eudaimonic dimensions, because of its direct channel to enhancing future outcomes. I make a related case for increasing the inclusion of questions about hope in data and analysis in economics and possibly other social sciences, as well as in policy discussions.

While hope is not a usual topic of either economics or policy discussions, our society's high levels of despair—now worsened by the COVID-19 shock—have led to new attempts to measure depression, anxiety, and other kinds of ill-being. Such questions are increasingly included in surveys conducted by agencies such as the Federal Reserve, the Bureau of Labor Statistics, the U.S. Department of Health and Human Services, and the CDC (I have been asked to review many of these). I try to make the case that better understanding the determinants of hope—which also entail assessing trends in hope as well as in ill-being in current surveys—is a critical antidote to the increase in these trends.

Finally, I conclude with a discussion of why addressing despair in our society—and restoring hope in populations where it has been lost—is critical to our country's future. Despair is currently eroding our civil society and democracy, damaging our health and longevity, and serving as a major drag on our society's productivity and potential. There are many pragmatic and feasible ways to address this problem. Yet, without hope, people are unlikely to participate in them and recover. As such, I offer an unusual but critical solution to the problem. While it resembles raw optimism, its basis in the tools offered by economics, psychology, and other social and medical disciplines attributes to it the additional agentic properties that are so important in distinguishing hope from “the prudent gates of Optimism, nor the stalwart, boring gates of Common Sense; nor the strident gates of Self-Righteousness, which creak on shrill and angry hinges . . . nor the cheerful, flimsy garden gate of ‘Everything is gonna be all right.’”

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