Patients with cancer believe that hopefulness is essential to allowing them to cope with the cancer experience, and adolescent patients with cancer have been described as particularly vulnerable to the lack or loss of hopefulness during treatment (Fochtman, 1979; Lewis, 1984; Morrow & Wilson, 1981; Snyder et al., 1997; Susman, Pizzo, & Poplack, 1981). Hopefulness is an internal quality that emerges in the process of interaction with others (Fromm, 1968). Nurses and other caring healthcare professionals are able to positively influence hopefulness in adolescent patients with cancer and, in so doing, may improve the outcomes of these patients and diminish their suffering (Hinds & Martin, 1988; Hinds, Martin, & Vogel, 1987). Hopefulness can energize an individual or a group; for that reason, adolescents who are hopeful are more likely to take action on their own behalf or respond to the care efforts of others (Hinds, 1988a; Stotland, 1969).

To ensure that the interaction between adolescent patients with cancer and their care providers is optimally beneficial, it is necessary to know what adolescent hopefulness is (i.e., its defining characteristics), what process is responsible for adolescents’ achieving hopefulness during treatment, how nurses and others can facilitate the process, how to sensitively and accurately measure adolescent hopefulness and assess it clinically, and how to create and maintain a care environment for adolescents that is supportive of hope. The purpose of this article is to describe the evolution of a program of research about adolescent hopefulness that started with efforts to define and measure the concept and is now beginning to test strategies to positively influence the hopefulness of individual patients and their care environment.

**Defining Adolescent Hopefulness**

At the time this research program began, remarkable, systematic efforts to define hopefulness had been completed but were limited almost entirely to adults (e.g., those who were seriously ill or hospitalized for psychiatric disorders, prisoners in concentration camps) (Gottschalk, 1974; Perley, Wingert, & Placci, 1971). In addition, these research efforts typically relied primarily on self-analyses, literature reviews, analyses of written materials, and selective clinical observations rather than on direct interviews that solicited the perspectives...