

Commentary

Is there a place for hope in the imagined future of public health? A commentary building on Paolo Freire's sociology of hope.

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By examining hope through a sociological lens, this commentary frames hope as a critical sociopolitical tool for public health to address structural inequalities and foster healthier communities. We draw on Paolo Freire's pedagogies of oppression and hope, since they provide a 'praxis of hope'. We explore the concept of hope – explaining what it is, to then consider what it enables – conveying the ways hope is imperative to human flourishing and imperative in the imagined future of public health. We present a case for public health engagement in developing 'hope-based' practices and policies which means working with communities to identify the factors acting as oppressive forces and then, through critical consciousness development, working towards overcoming these in a move towards hope (and health).

The Imperative of Hope in Contemporary Times

Hope has long been recognised as central to human existence. Studying the presence of hope has been crucial to understanding how/why humans endure immense suffering. This commentary argues for a 'hopeful politics', that enable imagined positive futures conducive to public health. We exist in a period of history filled with misinformation, fake news, alignment with authoritarianism, democratic decline, wars, famines, crises, and dystopia - what imperative is there for hope? Examining hopefulness through a sociological lens, this commentary frames hope as a sociopolitical tool for future public health to address structural inequalities and foster healthier communities. Public health is ultimately based on hope: the hope that intervening with X (e.g. a policy or strategy) will lead to Y (e.g. improved health, disease prevention, reduced mortality). However, the persistence of health inequalities suggests the limitations of such interventions, or their reach. This becomes the focus of public health strategy and frameworks – how can we pay attention to inequalities by 'prioritising' populations? Given public health activity benefits certain populations disproportionately, we like Cairney's prompt to consider whether to fund more public health activities or to address inequity and thus improve public health? (Cairney et al. 2022). Using hope as a heuristic for thinking about different levels of choice and agency, our proposition is that equitable public health approaches need people to be able to envisage a prospective future - to be hopeful. We

mainly draw on Paulo Freire's pedagogies of oppression (Freire 1993) and hope (Freire 2021), as a methodology or 'praxis of hope', which Freire called *conscientização*, translatable to *critical consciousness development*. We begin with outlining what hope *is* then explore what it *enables* - showing how hope is imperative to human flourishing through examples linking hope to survival, revolutions and utopias (Desroche 1979). We then provide practical insights about how public health institutions and organisations might work with communities experiencing inequities in health outcomes to activate new practices leveraging hopeful futures.

Hope and the Imagined Future of Public Health

Philosophers like Nietzsche argue hope is futile; for Spinoza, it is a 'sad passion' (Gili & Mangone 2024, p. xv). Indigenous scholars argue to 'fuck hope' (Watego 2021) and feminist scholars to 'fuck happiness' (Gore 2020). Alternatively, positive psychology argues that emotions like hope and eudemonia are intrinsic and possibilities for all humans. This commentary sits somewhere in the middle, neither disregarding hope as impossible nor seeing it through overly-optimistic 'rose-tinted glasses'. We are not naïve to the social, cultural, economic, and political circumstances that perpetuate discrimination, exclusion, despair, and create oppressions. Indeed, several 'hope' scholars (Bloch 1986, DeNora 2021, Lueck 2007, Scribano 2024) advocate for better understanding the inequities that influence which groups are empowered to hope (or left in despair), which hopes are im/possible, and which are fulfilled (or dashed). Social theorists argue that freedom (a democratic principle) is both prerequisite for, and inextricably linked to, hope (Bauman 2004, Bloch 1986, Scribano 2024). Such theorists posit a hopefulness that allows individuals freedom to perceive a 'different' future and find purpose in reflecting on what is possible and worthwhile, including strategies to improve health.

The absence of hope, or diminished hopefulness, makes envisioning change futile, as there is no anticipation of a different future. Public health approaches require intended beneficiaries to envision a future, often longer-term, without certainty that actions taken will improve health outcomes. Abundant literature substantiates the social determinants of health (SDoH) and demonstrates that for population health, marginalised populations need structural-level change to be able to envisage a future. A sociology of hope offers theoretical infrastructure to design new, equitable policy that responds to SDoH and might enable oppressed populations to engage with future-oriented public health.

Critical Scholarship on the Utility of Hope for Public Health

Critiques of the utility of hope applied to public health suggest hope can be both empowering *and* detrimental (Ward et al. 2025a). For example, feminist praxis aims to examine ways of understanding the past and present to work toward a future of equality for health equity. Feminism, as a political, intellectual, and experiential praxis, has been described as embodying a politics of hope (Coleman & Ferreday, 2011), where hope is structural to feminism (Colebrook 2011). In this context, hope is not a synonym for positivity but a coping mechanism; helping individuals endure adversity and envision healthier futures. However, the commodification of hope, particularly in the 'hope industry' (Petersen et al. 2017) poses risks to the utility of hope for future public health. Working within unrealistic hopes can lead to what DeNora (2021) terms 'the cult of positivity' (p. 65), which seeks to control and influence how individuals think, behave, and hope (Brown 2015). We critiqued health policy during COVID-19 as 'regimes of hope' (Moreira & Palladino 2005) that reproduced imperatives of happiness and productivity, assuming everyone has equal chance of both (Foley et al. 2021, Lunnay et al. 2023).

Watego (2021) rejects hope in the context of First Nations people in Australia, arguing that it is futile to maintain hope while intersecting gendered and racial oppressions persist. Using the metaphor of

swimming underwater and needing to hold one's breath, Watego states, 'there is only so long that we can hold our breath, hold on to hope. Because hope is just a matter of holding on – it does not give oxygen to your lungs; it just stops the water from entering them. As a long-term strategy, it is bound to kill you' (p. 133). Similarly, Colebrook (2011, p. 19) identifies situations of 'hopeless hope', where holding onto hope is unrealistic while changes to structures that block hope seem insurmountable.

Freire's praxis offers a different perspective, which we propose has importance for imaging a future public health: he contrasts hopelessness with despair, which he describes as 'a form of silence, of denying the world and fleeing from it (Ward et al. 2025b). The dehumanisation resulting from an unjust order is not a cause for despair but for hope, leading to the incessant pursuit of the humanity denied by injustice' (Freire 1993, pp. 64-65). Building on Freire's ideas, hooks conveys lived experience of hopelessness for Black women to show hope (renewed spirits) is a catalyst for change: 'hopelessness creates longing for insight and strategies that can renew spirits and reconstruct grounds for collective Black liberation struggle' (hooks 1990, p. Note 8).

Using the term optimism instead of hope, Berlant discusses 'stupid optimism' (Berlant 2013) and 'cruel optimism' (Berlant 2011), and argues that individuals should not be held accountable for their cruel or stupid optimism; the focus should be on the social, cultural, and political processes that make hope and optimism difficult or unattainable. Although the present may feel 'cruel', attention should be directed toward envisioning optimistic futures. Focusing on optimism and hope can help create a different future for public health, as Coleman and Figueroa (2013, p. 58) suggest, enabling a 'look forward to extended conditions of possibility', whilst noticing that to create hopeful futures for all, we must understand the circumstances under which hope is absent and address structural barriers to hope (hooks 1990, 2003).

Sociology of Hope – Situating Hope within Structuring Structures

Sociology provides a framework for understanding hope as possibility. Bloch's *The Principle of Hope* (1986) and Fromm's *The Revolution of Hope* (2023) explore how individual hopes and aspirations are shaped within social structures. Phenomenologists recognise what Schutz (1962) referred to as collective reserves of 'recipes' that help us understand whether imagined futures and hopes are real or merely illusory. Critical realists like Bourdieu argue that aspirations for the future are constrained by social structures (Bourdieu 1977, 1985), creating a 'field of possibles' that limit hopes. These debates indicate two main components to hopefulness: first, the object of hope must have a 'real possibility' of being realised (no possibility means it is merely a wish or dream); and second, subjective uncertainty characterises its realisation (if success is guaranteed, there is no need for hope) (Svendsen 2024).

The effects of social structures on hope show how 'structuring structures' (Crossley 2022) influence the function, form, and hue of hopes (Ahmed 2010, Berlant 2011, Ward et al. 2025b). For example, DeNora (2021, p. 12) states: 'forms of hoping, and things hoped for, may be more or less accessible to different groups,' linked to the 'institutional and economic arrangements under which hope occurs' which determine whether it is 'worth' hoping, and this varies among groups based on social class, ethnicity, gender, etc. Back (2015) emphasises the need to investigate when, how, and why social conditions allow the emergence of 'islands of hope'.

Accordingly, we view hope as a socially-mediated human capacity with affective, cognitive, and behavioural dimensions, 'a restless, future-oriented longing for that which is missing' (Giroux 2001). We acknowledge individual agency has a role in expressing hopes, 'to experience ourselves as agents of potential as well as agents in fact' (McGeer 2004), we also recognise that structural conditions limit individuals as 'agents of potential'. If people believe that their present or future will yield only negative outcomes, they are likely to act per these expectations.

Snyder (2002) emphasises the significance of both goals and agency - of having specific objectives to strive for, and capacity to pursue them. While Snyder's theory of hope, likened to 'rainbows in the mind', originates from psychological theory presenting hope as a learned behaviour, it resonates with

sociological theories that examine how social structures enable or hinder agency beyond personal willpower or ambition, which affects the ‘varieties of imagined futures’ (Hall & Soskice 2001) available to individuals/groups. Freire makes a similar point, stating: ‘the hoped-for is not attained by dint of raw hoping. Just to hope is to hope in vain’ (Freire 2021, p. 17). With his characteristic eloquence, Bauman uses a metaphor from chemistry, likening the formation of water to the interplay between human agency (‘imagination’) and an awareness of one’s social circumstances (‘moral sense’) in creating conditions for hope: ‘As inevitably as the meeting of oxygen and hydrogen results in water, hope is conceived whenever imagination and moral sense meet’ (Bauman 2004, p. 64).

A Praxis of Hope for Public Health

Employing Freire’s ‘praxis of hope’ to create hopeful futures must involve analysing the causes of hopelessness, followed by action to cultivate hopeful futures (Freire 1993, 2021). The goal of elucidating ‘the art of good hope’ McGeer (2004) envisaged, if mobilised for public health, is not to present or reproduce neoliberal ideologies that reinforce individual responsibility for hopefulness irrespective of SDoH inequity. Rather, it is a sociological mechanism for public health policy actors and practitioners to recognise the intersecting agentic and structural factors that influence hope and design agentic, hopeful practices. To develop meaningful and potentially achievable or ‘realistic’ hopes (Gili & Mangone 2023), requires the development of critical consciousness. Freire suggests consciousness hypothetically allows individuals to identify responses to the structural conditions that facilitate or hinder their agency to realise hopes. In effect, Freire envisages a ‘critical hope’: ‘my hope is necessary, but it is not enough. Alone, it does not win. But without it, my struggle will be weak and wobbly. We need critical hope the way a fish needs unpolluted water’ (Freire 2021, p. 16). This Freirean notion of ‘critical hope’ aligns with similar concepts that hope scholars advocate for as being relevant tenets within a praxis of hope and its application, such as hopes that are realistic and responsive (McGeer 2004), sound (Lazarus 1999), and emancipatory (Braithwaite 2004). These components of a praxis of hope also comprise a framework for co-designing public health approaches with communities.

In summarising the relevance of a Freirean praxis of hope for future public health, we note that different experiences of life circumstances differentially impact imagined futures and affective reactions to and within them (Foley et al. 2024, Huppertz et al. 2022, Lunnay et al. 2023). Suckert (2022) refers to this as ‘constraining conceivable futures’. In exploring how groups might identify oppressive forces and think critically about them to cultivate hope, Freire argues that ‘limit situations’ are not ‘the impassable boundaries where possibilities end, but the real boundaries where all possibilities begin’ (1993, p. 72), nor ‘the frontier which separates being from nothingness, but the frontier which separates being from being more’ (Freire 1993, p. 72). Freire’s ‘limit situations’ highlights the responsibility that ‘institutions’ hold for generating despair. If communities are prompted to recognise limit situations, public health can catalyse critical consciousness. Public health practitioners could work with communities to identify their limit situations and toward ameliorating or overcoming them, through critical consciousness development.

Freire (1993) asserts that dominant forces, which he refers to as oppressors, subjugate individuals by constructing a world that is taken-for-granted, leading people to accept its conditions as natural. According to Freire, oppressors shape the world in their image by creating ‘myths’ about reality to maintain the status quo. Examples of myths include beliefs in the ‘free market’, the necessity of the productive worker, and the notion of the consumer with free choice. This mythologising of the neoliberal world serves to ‘destroy in the oppressed their quality as “considerers” of the world’ (1993, p. 112), diminishing people from subjects to objects.

A praxis of hope for public health empowers ‘the oppressed’ through critical consciousness-raising. We argue that public health practitioners and policy actors can and should be the key facilitators in enabling communities to ‘see the unseen’ sources of oppression and ‘act on’ what remains unacted, and through this process, help to identify and respond to oppressive forces. For example, sales or excise

taxes on products are common public health approaches but such ‘sin taxes’ disproportionately impact low-income households (Snowdon 2018), diminishing hope. Instead, public health could explore avenues that build hope. This might include regulating misinformation produced by corporates within harmful industries, such as seductive online gambling apps or ‘dark apps’ (Petticrew et al. 2020, Roy-Highley et al. 2024), and banning product marketing targeted to particular population groups, such as banning betting advertisements in community sporting clubs and high-sugar foods promotions on public transport.

How Can we Build a Future Hope-Based Public Health?

Theoretically, social institutions can build hope, through healthy public policy (Cairney et al. 2022). Social institutions including governments, the judicial system, law enforcement, and the labour market can create hope by fostering conditions conducive to improving personal, familial, and community living standards (Pleeging et al. 2021), creating conditions for health equity. Working with a praxis of hope, we argue that public policy can support the move from oppression to hope (and health) across society, and in particular across marginalised population groups. This aligns with Rawls’ concept of a ‘realistic utopia,’ which advocates for establishing a just society enabling reasonable hopes (Svendsen 2024, p. 71).

Both theoretically *and practically*, public health practitioners can employ the praxis of hope as advocated by Freire, through empowering communities to develop hope and hopeful practices through policy change and co-developing approaches to move from oppression to hope.

Acknowledgments

We would like to acknowledge our research collaborators for intellectually stimulating conversations on previous research studies that led to us to pursue scholarship on the sociology of hope, including Professor Megan Warin and Kristen Foley.

Funding

Whilst this manuscript does not include any empirical data, the ideas for the paper have their genesis in a study funded by the Australian Research Council under their Discovery Project scheme (DP190103434)

Conflicts of interest

We have no conflicts of interest to disclose.

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