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**EXPERIENCES THAT INFLUENCE THE HOPE OF PEOPLE IN HELPING
PROFESSIONS**

By

GEORGINA D. JANZEN



**A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree Master of Education**

In

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

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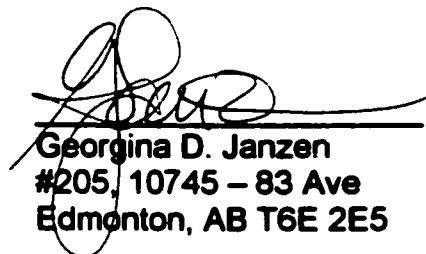
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ABSTRACT

There has been a substantial focus on the hope of patients or clients in recent years. The hope of the helper is also being recognized as an important factor to consider. It is vital to the helping relationship that the helper possesses hope. Those in helping professions are at high risk of becoming hopeless. Few studies have examined the helper's hope. This exploratory study examines the experiences that influence helpers' hope in their work.

In this study, seven persons working in helping professions were interviewed. For these participants, hope is partially defined as the possibility that change can and will occur. There was a relationship between hope and time. Participants had many different ways of accessing hope, including through hope-filled stories. A relationship between hope and mentoring was noted. Relationships with others also influenced participants' hope. Limitations of this research, implications for future research and practice are discussed.

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My family and friends

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My Participants

Thank you for sharing so generously of your time, your words, your hope. You shared your stories openly and eloquently. You have taught me some wonderful things about hope.

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CHAPTER I: INTRODUCTION TO THE STUDY

FOCUS OF THE INQUIRY:

This study addresses the question, "What experiences have influenced helpers' hope in their ability to help their clients?"

BACKGROUND TO THE INQUIRY:

Hope has increasingly been the focus of research over the past several decades. Researchers in the area of physical health have demonstrated the importance of maintaining hope when an individual is faced with illness and the need to cope, heal or recover (Aldridge, 1995; Benzein & Saveman, 1998; Gottshalk, 1985; Jevne, Nekolaichuk & Williamson, 1998; Nekolaichuk, Jevne & Maguire, 1999; Parse, 1999). Research has shown that efforts to increase hope have many beneficial effects. Hope may lead to people making more meaningful contributions to their own lives and the lives of those around them regardless of their current health, ability and/or life expectancy.

Hope has also been examined in the context of other helping relationships such as counseling. Torrey and Wyzik (2000) identified promoting hopefulness as a goal for community mental health centers providing services to those suffering from mental illnesses. Researchers such as Beavers and Kaslow (1981), Dufrane and Leclair (1984), Edey, Jevne and

Westra (1998), Jevne, Nekolaichuk and Williamson (1998), Manrique (1984), McGee (1984), Snyder (1995), and Tollett and Thomas (1995) have all spoken of the importance of hope in the therapeutic relationship. Schechter (1999) stated she believes "hope is essential to doing psychotherapy." for the therapy to be successful Both therapists, or other helpers, and clients must have hope for a different future for the client. There is consensus that in order to instill hope in clients, therapists must possess it themselves. The therapist needs to be able to model hope for the client and at times "loan" it to the client. As in the research on hope and physical health, there is a growing body of research examining the methods helpers might employ to instill or increase hope in their clients.

There has been a substantial focus on the hope of the client. However, the hope of the helper is also increasingly being recognized as an important factor to consider. Researchers such as Maslach (1982) and others (Elman & Dowd, 1997; Emerson & Marcos, 1996; Sexton, 1999; Yiu-kee & Tang, 1995) have noted that persons working in the helping professions are at risk of developing burnout in their careers. Maslach (1982) stated a "pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome." (p.3). Maslach believes that people in occupations that are frequently emotionally charged may be likely to develop burnout. By identifying the problem as relating to occupation, Maslach is hinting and later goes on to state that burnout is related to situational and contextual factors as much or more than it is related to intrapsychic ones.

This view that burnout arises from situational factors contrasts with a view of hope, which proposes that hope is related to meaning. That is, hope is related to the significance and import an individual attaches to a particular experience, more than it is related to the specific, fixed experiences themselves (Nekolaichuk, et al., 1999). In all likelihood, it is a combination of internal and external factors that affect experiences of hope and the development of burnout.

In her research, Maslach identified three dimensions of burnout: (1) emotional exhaustion, (2) depersonalization – or cynical attitudes towards clients, and (3) reduced sense of personal accomplishment – decreased feelings of accomplishment at work. If one considers Farran, Herth and Popovich's (1995) working definition of hopelessness, the conceptual closeness between burnout and hopelessness becomes apparent: "Hopelessness constitutes an essential experience of the human condition. It functions as a feeling of despair and discouragement; a thought process that expects nothing; and a behavioural process in which the person attempts little or takes inappropriate action" (p. 25). Burnout can be thought of as a type of hopelessness in one's ability as a helper.

According to Farran, Herth and Popovich (1995), the experience of hopelessness does not necessarily occur with one single event, but is the product of cumulating events, inner resources, personal reactions to those events, and external resources. Farran et al stated, although there are different ways in which the spiritual or transcendent process of hopelessness

occurs, the primary underlying process is thought to be characterized by an "inability to cry out to a Higher Power or to others around" (Farran, Herth & Popovich, 1995, p.30). Farran et al also view hopelessness as an irrational thought process. It is an inability to formulate goals for oneself, and to gather resources, to take action, to have a locus of control that contributes to the hopelessness (this may be either a high internal or high external locus of control), and to lack a sense of continuity between one's past, present and future. In the relational process of hopelessness, the individual has difficulty trusting others and expecting support. This may be due to a lack of supportive experiences with others in the past, or due to other painful past experiences. When one considers hopelessness from this framework, it is easy to see a connection between a lack of hope and the development of burnout in one's work.

In my professional career, hopelessness has been visible many times. I have worked with hopeless parents. I have worked with hopeless children. I have worked with hopeless social workers, police officers, foster parents, and counsellors. I have been pretty hopeless myself at times. But I had hardly ever worked with hope. So when I came face-to-face with hope in the first year of my Master's in Counselling program, I was spellbound, transfixed. I could hardly believe there was a place where hope was the focus of research and practice. I knew I wanted to learn more. I wanted to surround myself with hope. I wanted to immerse myself in hope. I knew I never again wanted to be one of those hopeless people I had been and worked with.

If I were to talk about key experiences in my professional life that influenced my hope, what would they be? The first one that came to mind was my relationship with "Tomas", a child I worked with at Child Welfare. Tomas was a twelve-year-old boy with warm brown eyes, an engaging smile and a fierce anger at the hand life had dealt him. He was furious with his parents for raising him in an abusive home. He was angry that he did not come from a good, 'normal' family. He was crushed that his family would choose to put him in a group home, would essentially choose his brothers over him. He couldn't see it was for their safety. He hurled angry words at all the people around him – his parents, siblings, teachers, classmates, group home staff, and me. But under that anger was an incredible amount of pain. I think I saw his pain from the first day I met him, so I found it easy not to personalize his anger. Somehow, we made a connection. In spite of all of his angry posturing and storming at being in foster care, Tomas liked me. Surprisingly, we had a good relationship. I think he trusted that I was trying to act in his best interest. He felt understood by me when I validated his anger and agreed life hadn't been fair to him. When I acknowledged his feelings, he would stop raging, at least for a while. From the beginning, I felt 'pulled' by him. I saw more than just a rotten kid who physically and sexually abused his younger siblings. There was a basic level at which I simply accepted him and that was in some ways, enough for him. So my experiences with Tomas gave me hope that I might be able to help. That was a fairly unusual experience for me at Child Welfare.

I can think of two experiences with foster parents that diminished my hope in my ability to help. They stand out quite vividly in my memory. I often had very little faith that the homes I was taking children *to* were much better for them than the homes I was taking them *from*. First there was that home on the west end. It was a beautiful foster home *upstairs*. I remember the living room being decorated in soft peaches and browns. There were fresh-cut flowers in a vase on the coffee table. Warm sunlight wafted in through the bay windows. But downstairs where the foster children had their rooms was completely different. The walls were made of cheap paneling or cement; in spots the floors were bare cement. It seemed rundown and ugly, not nicely colour-coordinated like the upstairs. Other experiences with this particular foster mom led me to believe she was more in it for the money than because she cared about kids. Then there was "Jenny," who had a lovely old home in an old settled neighborhood in the River Valley. She was completely cold and emotionally unavailable to "Lily," the teen I placed in her home. She somehow believed it would be enough to provide for foster children's instrumental needs only. Lily was definitely not her favorite, either. Not much that Lily did was to Jenny's liking. She did not care about the poetry Lily wrote. She cared that Lily had skipped school again or not done a chore or whatever it was that Lily had done or not done wrong that day. Lily begged me to move her from Jenny's, and I could not because I had no other place to move her to. When I did finally move her, it was not much of an improvement, as I recall. Those experiences really made me feel hopeless about my ability to make a

difference. I felt that the system I worked in kept me from doing anything effective, one way or another.

Despite the facts that it is vital to the helping relationship that the helper possess hope, and that those in helping professions are at high risk of becoming hopeless in their work, few studies have explored or examined the helper's experiences of hope, either for self or for the client. Therefore, I am proposing a study to examine the experiences that have influenced helpers' hope for themselves in their professional roles.

CHAPTER II: REVIEW OF RELATED LITERATURE

In this chapter, I will introduce the reader to the research I reviewed prior to this study. I reviewed a number of books and articles that dealt with more theoretical aspects of hope. This was done to give me a framework for understanding hope. I saw how others had conceptualized it, the ways in which they had delineated the different components of hope and the different factors related to or acting upon hope. I saw how others created three-dimensional representations of the processes of hoping. Reviewing these articles gave me a starting place, a way to begin to make sense of what my participants might have to say about hope.

In addition to learning about how hope had been conceptualized by others, I spent some time reviewing research to find out how hope had been studied. As I noted in the introduction (see Chapter I), I found very little research that dealt with the helper's experience of hope. Instead, I reviewed a number of articles about clients' or patients' experiences of hope. There were a few articles that related to the helper's perspective, such as Benzein & Saveman (1998) and Clark (1997), which are included below.

The Risks of Helping: Burnout, Compassion Fatigue and Vicarious Trauma

Because little had been written about hope and the helping experience, I also examined some of the research on burnout, compassion fatigue, and

vicarious traumatization. I thought understanding experiences related to hopelessness might provide insight into processes related to hope. Looking at what leads to despair may help ferret out what leads to hope or what influences hope. Maslach's (1982) conceptualization of burnout is discussed in Chapter I.

Burnout has been studied in many different contexts and careers. I have chosen to focus on a few studies of burnout among persons in helping professions, particularly in mental health and counselling. Emerson and Markos (1996) identified burnout as the single most common consequence of practicing therapy, and reviewed signs and symptoms that a counsellor is impaired and is likely to be harmful to his or her clients. They stated, "Mental exhaustion manifests itself in negative attitudes toward self, work, and life itself. These symptoms can be seen in ourselves and colleagues in the expression of anger, boredom, cynicism, loss of confidence, impatience and irritability, a sense of omnipotence, paranoia, denial of feelings, rigidity of perception, and sometimes increased physical ailments" (p. 111). Depression was cited as a common indicator of burnout, as was substance abuse. The authors argued that counsellors have a responsibility to both clients and colleagues to take appropriate action when they notice the signs of an impaired counsellor.

Yiu-kee and Tang (1995) used a number of self-report inventories to study burnout among mental health professional in Hong Kong. They argued that the very nature of mental health work, with its emphasis on emotions and

problems, easily leads to burnout. They used an existential approach, and hypothesized that "purpose in life and the motivation to find meaning would have an inverse relationship with burnout" (p. 223). This was partially borne out by their research; burnout was correlated to a low level of purpose in life. They suggested those interested in mental health professions consider early in their career how to develop and maintain meaning and purpose in their careers, as well as develop realistic expectations about their work.

Compassion fatigue has also been cited as a risk of working in a helping profession. In a recent article, Pfifferling and Gilley (2000) defined compassion fatigue as a form of burnout that "manifests itself as physical, emotional and spiritual exhaustion." Compassion fatigue is a term that has been applied to those working in health professions such as doctors and nurses, although it is an experience not limited to these professions. Whereas burnout leads to less empathy for and withdrawal from clients or patients, Pfifferling and Gilley assert that compassion fatigue is the result of caring too much and giving too much of oneself to patients. Helpers sacrifice themselves and work longer and harder to help their clients. This leads eventually to feeling hopeless, vulnerable, deeply affected by patients' or clients' stress; finding changes, even small ones, hard to adjust to; and perceiving a lack of support from colleagues and significant others.

Closely related to compassion fatigue is the phenomenon of vicarious traumatization (VT). In fact, the research on compassion fatigue and vicarious trauma often overlaps (see, for instance, Sexton, 1999). VT occurs when

"individuals who empathically interact with people who have experienced trauma become traumatized themselves as a result of their contact."

(Kadambi, 1999, p. 1). Researchers such as Pearlman and Saakvitne (1995) have studied this phenomenon extensively. They believe VT is the natural result of doing one's job well when working with people who have experienced severe trauma, such as war, natural disasters or severe physical, sexual, mental or emotional abuse. When therapists develop empathy for their clients, understand their worldview and engage fully in a caring relationship, they are at risk of developing vicarious trauma (Kadambi, 1999; Pearlman, 2001; Pearlman & Saakvitne, 1995; Sexton, 1999). Helpers may experience emotional or psychological, interpersonal, and behavioural changes. Fears, depression, irritability, suspicion of others, sleep disturbances and changes in important personal relationships are but a few of the signs that a helper has developed vicarious trauma.

While it is beyond the scope of this paper to discuss compassion fatigue or vicarious trauma in depth, an introduction to these topics makes clear both the risks inherent in working in the helping professions and the importance of hope for the helper. A loss of hope clearly has implications for helper and client alike. Research suggests novice therapists and workers with their own trauma histories are also more vulnerable to vicarious trauma than experienced therapists or those without personal trauma histories (Pearlman & Saakvitne, 1995; Sexton, 1999). In the research on both compassion fatigue and vicarious trauma, suggestions for overcoming the phenomena

center around finding meaning and purpose in one's life and work, balancing personal and professional lives, developing or maintaining positive connections with others, and taking time for self-care, including enjoyable physical, social and/or spiritual activities.

Understandings of Hope

To begin to understand the concept and phenomenon of hope, I began where many others have started out – by reading Marcel's (1962) essay on hope in "Homo Viator." Marcel theorized that hope springs from adversity. He argues, "The truth is that there can strictly speaking be no hope except when the temptation to despair exists. Hope is the act by which this temptation is actively or victoriously overcome" (p. 36). He goes on to explicate the difference between hope and wishing and optimism. Hope is uncertain and without arrogance, not certain the way optimism is, yet based in reality, unlike wishing, which he states is fantasy-based. He also identifies spiritual, temporal and relational aspects in the nature of hope. There is patience in hope, and a future-oriented sense of time. According to Marcel, hope exists in relation to another, someone or something outside oneself. He views hope, absolute hope, as inseparable from faith. It is a faith in the Divine, a willingness not only to endure adversity, but "if these things come about, must (he) not be ready to adore the divine will in them?" (p. 47). This gave me a foundation and a perspective from which to approach hope.

It seemed, in reviewing the literature, that each writer, researcher or group of researchers had a slightly different conceptualization of hope. There was also no consensus on a definition of hope. This seemed to result in researchers using a variety of different methods to investigate hope.

Therefore, my review of the literature will be through the lens of method.

Three types of research were evident in the literature; (a) studies that defined hope, (b) studies that described the processes of hoping, and (c) studies where efforts were made to measure hope. I have chosen not to align myself with only one definition or process of hope, but rather to be open to seeing which parts of each framework might explain different aspects of my research. What follows is a discussion of several different models of hope and the different methods researchers used to study various dimensions of hope.

Hope has been studied both quantitatively and qualitatively. However, the focus of this literature review was on qualitative studies, and what follows is a very brief review of some of the quantitative ways hope has been approached. The purpose of limiting the review in this manner was to focus in on the studies most closely related in methodology or content to the current research project. From the quantitative paradigm, researchers such as Herth (1991) and Snyder (1995) have developed scales to measure the individual's hope. These scales have attempted to quantify hope in order to measure the amount of hope an individual or group has, as well as to measure changes in hope levels. Researchers have used different hope scales to determine if there is a biological basis of hope, to attempt to predict goal-setting

behaviour, persistence, and coping strategies. Hope scales have also been used to explore correlations between hope and such concepts as happiness, self-esteem, psychosocial development and perceptions of personal control (Parse, 1999).

Nekolaichuk, Jevne and Maguire (1999) used the semantic differential technique to describe a conceptual model of hope within the context of health and illness. Using a blend of quantitative and qualitative methods, they developed a three-dimensional model of hope. The first dimension, entitled "personal spirit," deals with the subjective and evaluative components of hope. This factor focuses on the personal dimension of hope. "Risk" is the second dimension, which is situational in nature. It encompasses the predictability of the situation and the boldness on the part of the person to act in the situation. The interpersonal dimension of hope was labeled "authentic caring," and relates to the credibility and comfort within interpersonal relationships, and their influence on hope. Where an individual's hope is located in their model depends on each of the three dimensions, taken together. Individual differences in the experience of hope are shown in the different locations of hope in the three dimensional model. This model was developed in an attempt to retain the qualitative experience of hope. They also wanted a model that did not approach hope in a linear fashion, on a continuum with hopelessness.

The majority of qualitative studies of hope were descriptive in nature. The investigators most often used the methodology of case study, grounded

theory, critical incident technique or phenomenology, although on occasion, an alternate method, such as ethnography, was utilized. I will review each of these four methodologies along with the studies that employed them. Following that, I will review research that has used other methods such as ethnography and descriptive studies to examine hope.

Case study research about hope assumes that a single case or a small number of purposively selected cases can provide important information about some aspect of hope. The case(s) is studied in-depth, to learn as much as possible about it. The researcher hopes to come up with some new knowledge about hope, but is not necessarily looking for the essence of the experience that will be invariant across cases, nor is she seeking only the 'critical' incidents related to the case. Case research is appropriate when there is something unique about a particular case or selection of cases, or the focus of the inquiry is on a specific issue, as opposed to a specific case. (Case study research is discussed more in Chapter III.)

Ruvelson (1990) used herself as a case study to learn more about the need to balance hope and hopelessness in her work with mental health clients. She used two case examples from her own clinical practice to illustrate the need to balance hope and hopelessness in the therapeutic relationship. She stated focusing on arousing patient hope to provide "short-term relief" frequently arose out of therapists' needs rather than clients'. It often came at the expense of the therapeutic relationship and the long-term benefit of the client. She argued that clients needed to be met where they

were at, including in their hopelessness. At the same time, the therapist must hold hope until clients are ready to grasp it for themselves.

Bernard (2000) also used case study method to examine the experience of hope in a domestic shelter worker. She used a series of in-depth interviews and an observation period to gather data for her case study. Bernard's study added to the body of research that indicates that hope is fostered during times of adversity, is a "contagious energy," and has the ability to heal. Her work also showed that hope is needed when helping women who have been abused. Lastly, Bernard asserted that organizational factors can affect hope. Her participant indicated that being supported, provided with adequate resources to do her job, and having the challenges of the job being acknowledged by the organization contributed to her hopefulness.

Clark (1997) used herself and her work with an alcoholic client as a case example. She discussed how her efforts at providing hope to her client heightened her own capacity to hope. She noted that six years after working with that particular client, she continued to work in the addictions field. She stated, "I still like the work and find it hopeful. It is also true that I don't need infusions of hope the way I did in the past. Perhaps I need hope less because so many alcoholic clients have allowed me to gain so much extra hope; perhaps it is because of my own continuing maturation. Probably it is a combination of both." (p. 20)

Other approaches using case material, such as grounded theory and phenomenology, have also been utilized to study hope. A central tenet of grounded theory (Creswell, 1998; Merriam, 1998; Moustakas, 1994) is that the theory must be grounded in and derived from data from the field and not developed a priori. The theory is developed and refined as data is collected. Several researchers from the field of nursing have used grounded theory (GT) approaches to researching hope. Ersek (1992) used GT methodology to explore the ways in which adults undergoing bone marrow transplants for leukemia maintain their hope. Through her research, she developed two processes of maintaining hope: (1) dealing with it, and (2) keeping it in its place. These are somewhat conflicting processes which Ersek explained by using the "dialectic of maintaining hope" (p. 886). She notes, "each of these disparate strategies was used in the service of the same goal, although neither tactic was in itself sufficient" (p. 886). The synthesis of these two processes allows the person to maintain hope by managing and limiting the threat on his or her life, while still acknowledging the threat exists.

Cutcliffe (1995) used grounded theory to examine how nurses inspire and instill hope in patients with HIV. He derived four key concepts in an integrated framework of instilling and inspiring hope: reflection in action, affirmation of worth, creation of a partnership, and the totality of the person. Reflection in action refers to the nurses' own self-awareness and reflection in their work – their acknowledgement of personal biases, prejudices, issues and agendas when working with HIV patients. Affirmation is essentially the

nurse's communication of the patient that she deems him or her worthwhile and as having value. The essence of 'creation of a partnership' refers to a democratic decision-making process involving the nurse and patient. The final core variable, totality of the person, is "the consideration of the patient in a holistic sense." Cutcliffe stated nurses are able to instill and inspire hope in their patients when all of these four processes are in place.

Critical incident studies assume that there are specific incidents that stand out as important or significant to the individual, that have influenced that individual's feelings, thoughts, perceptions and/or behaviours. If the focus of the inquiry is on the specific, critical incidents that have impacted the hope of a person or persons, critical incident technique may be the method employed. The results can lead to specific changes in the way a particular situation is handled. For example, Wong-Wylie's (1997) study of patient-physician interactions (see next paragraph) could have easily been used to target specific physician behaviours to increase the number of hope-full patient-physician interactions.

Using the critical incident technique, Wong-Wylie and Jevne (1997) studied doctor-patient interactions to examine their influence on patients' hope. They identified five crucial requirements for hope-full instead of hope-less doctor-patient interactions. "Categories consisted of paired factors at opposing valences: (a) being known as human/being known as a case, (b) connecting/disconnecting, (c) descriptive/prescriptive, (d) welcoming/dismissing, and (e) informing/poorly informing" (p. 32). They found patients

who felt they were treated as human by their physician, who felt connected to and welcomed by their doctor, informed and given choices, perceived their interactions with their physicians as more hope-full than when the reverse was true. Wong-Wylie (1997) also studied interactions between HIV/AIDS patients and their families, to see how these interactions influenced the patients' hope. She looked for interactions that hindered hope or were hope-less, as well as those that enhanced hope or were hope-full. These two studies focused on the relational aspects of hope.

If the researcher wanted to understand the essence of hope, the key elements of a particular kind of hope that are common across individuals, and to develop a description of hope, phenomenological research methods are an appropriate choice. Phenomenology assumes there is an essence to any experience. Universal or general meanings are derived from individual descriptions (Creswell, 1998). Benzein and Saveman (1998) used a phenomenological-hermeneutic approach to study nurses' perceptions of hope in patients with cancer. "Two themes emerged: internal and external factors related to hope and the relationship between patients and nurses" (p. 10). Benzein and Saveman used their research to suggest strategies nurses working in palliative care might use to restore hope in their patients.

Similarly, Danielsen (1995) used a phenomenological approach to explore the hope of children living with cancer. She used interviews as well as pictures drawn by the children to illuminate and understand their hope. She presented her understandings of the children's hope as sections described as

"Approaching Hope, Hints to Hope, The Importance of Hope, Helping Children Hope, and Pieces of Hope." Although the children found hope difficult to explain at times, they had no trouble drawing or painting a hope picture and had complexity in their understanding and experiences of hope. Like many other participants in hope research, Danielson's participants identified spiritual and relational aspects of their hope.

Sutherland (1993) used phenomenology to explore the lived experience of hope among seven psychologists. She developed three themes from her research, (a) understanding hope in contexts, (b) the process of maintaining hope in adversity, and (c) the dynamic nature of hope. She found that hope was best understood in a context of adversity, and perceived trust, control and choice were embedded in the process of hoping. Sutherland also noted that relationships with significant others were important to an individual's hope. She asserted that "hope is vital to progress in psychotherapy," and offered a number of suggestions for psychologists to engender hope in their clients during the course of psychotherapy.

Keen (2000) used a phenomenological-hermeneutic approach to study the experience of hope in persons who had made profound changes in their lives. She used five sources of data from each co-researcher in her study; "(1) reflective writing about a personal experience of hope, (2) reflective writing about a critical incident in the process of change from a destructive and meaningless lifestyle to a constructive and meaningful lifestyle, (3) completion of a Significant Life Events Chart, (4) an in-depth semi-structured interview,

and (5) a small group discussion" (p. 66). She described the experience of hoping as a 'change in self,' which she delineated in five themes. Keen asserted that the change in self was essentially intrapsychic and preceded the change in lifestyle. However, the change in lifestyle occurred only when the change in self was accompanied or followed by negative environmental circumstances that had become unbearable. Keen's research also supported previous studies that have identified the spiritual and transcendent nature of hope, as well as some of its relational components.

In what has been described as a descriptive phenomenological study, Dufault and Martocchio (1985) conceptualized hope as having spheres and dimensions. In the patients they studied, hope was not a unitary thing or experience. They noted patients seemed to have generalized hopes, ones that were non-specific, broad and not time limited; and particularized hopes, hopes that were specific, clear and with an object. They identified six dimensions of hope: affective, cognitive, behavioural, affiliative, temporal, and contextual. These six dimensions are thought to operate within both general and specific spheres of hope. The affective dimension relates to the feelings and sensations in the hoping process. Activities such as thinking, remembering, learning, and imagining are part of the cognitive dimension of hope. The actions take by the person in relation to his or her hope constitute the behavioural dimension. Relationships and connectedness to others are the focus of the affiliative dimension. In the temporal dimension of hope, Dufault and Martocchio assert, "hope is directed toward a future good, but

past and present are also involved" (p.387). The contextual dimension focuses on the situations that influence, are a part of and surround a person's hope. Dufault and Martocchio believed that being aware of the different sphere and dimensions of hope would enable nurses to be sources of hope for the patients they worked with.

As indicated earlier, some researchers used methods other than case study, grounded theory, phenomenology or critical incident to study hope. Ethnography, which has also been utilized, has been described as "a description and interpretation of a cultural or social group or system. The researcher examines the group's observable and learned patterns of behaviour, customs, and ways of life" (Creswell, 1998, p. 58). Perakyla (1991) used an ethnographic approach to research the way medical staff and patients in a palliative care hospital. He spent about six months observing interactions between medical staff, patients, and family members in a university hospital in southern Finland. He identified different types of "hope work" that medical staff and patients do in this setting. Hope work is making clear the degree of hopefulness each person sees in the situation, that is, whether or not the person who is ill is believed likely to be cured or not. Medical staff, patients, family and friends often may not agree on the hopefulness of the patient's situation. Perakyla also stated at times medical personnel, through a lack of awareness of the import of their words, may have implicitly encouraged hope of a cure, when they would not have wanted to convey that message. Perakyla's detailed and descriptive study provides

some interesting insights into different types of hope communications in a palliative care setting.

Kanwal (1997) used descriptive methodology to explore hope in the psychotherapy of schizophrenia. He identified sources of hopelessness related to the experience of having schizophrenia, such as the hopelessness that can arise with a chronic illness, or from gradual alienation from significant others, from unpleasant side effects of medications, and what he termed, "learned hopelessness," that which comes from being treated by tired and overworked mental health professionals. Kanwal stated hope, along with respect and flexibility, was a crucial element in the relationship between mental health worker and client.

Using four different patient groups, Morse and Doberneck (1995) used their own theory of concept development to identify the abstract components of hope, and derived seven universal attributes of hope, which approximates a problem-solving approach; "(1) a realistic initial assessment of the threat or predicament, (2) envisioning of alternatives and setting of goals, (3) a bracing for negative outcomes, (4) a realistic assessment of personal resources and external conditions and resources, (5) solicitation of mutually supportive relationships, (6) continuous evaluation for signs that reinforce the selected goals, and (7) a determination to endure.

Morse and Penrod (1999) also used a model of theory construction to link the concepts of hope, uncertainty, enduring and suffering. They began with a theory of hope and used actual cases to test, refine and build on the

theory. They found that "Manifestations of enduring and suffering are innate, reflexive responses to the situation. These responses are not *strategies* chosen by the person: they are not deliberate. In the process of hoping, strategies are consciously considered and selected by the person. This deliberate, thoughtful processing and selecting a route are key characteristics of hope, which in part differentiates hoping from enduring or suffering." (Italics in original, p. 149.) They concluded enduring and suffering were an integral part of the process of coming to be hopeful in the midst of a personal tragedy, illness or challenge.

Reviewing previous literature and research, Farran, Herth and Popovich (1995) developed a model of hope that has four central attributes: "(a) an experiential process, (b) a spiritual process, (c) a rational thought process, and (d) a relational process" (p.6). In the experiential process, Farran et al considered the impact of the challenge, difficulty or adversity that necessitates hope. The spiritual or transcendent process of hope refers to transcending one's current situation by finding meaning or purpose in it, and by relying on a power greater than oneself, which may include but is not limited to being involved in some spiritual community. The third process is a rational thought process. Farran et al asserted that hope must be grounded in reality. There must be goals that motivate the person, resources to help achieve those goals, action towards the goals, a sense of control over oneself and one's destiny, and a sense of time. Lastly, hope is a relational process – it occurs between people. People influence one another's hope, and it is often

close, supportive relationships with others that enable people to make it through adversity. Farran et al viewed hopelessness as an experience that represents the opposite expectations as hope. Hope and hopelessness are closely related, but not identical experiences. They discussed hopelessness along the same four dimensions as hope – as experiential, relational, rational, and spiritual (see Chapter I).

Summary

In reviewing the different ways hope has been conceptualized and studied in various populations, it was apparent the question a researcher was attempting to answer influenced the method(s) he or she chose to conduct the research. Different methods also yielded different kinds of findings. Each of the different ways hope was conceptualized or studied seemed equally valid to me. This led me to believe there might not be just one right way to think about or study hope. Researchers developed models and methods that reflected their own personalities and their own ways of thinking or acting. What this suggested to me was that in the end, my findings and the way I structured the meaning of hope in my study would likely be influenced by what I had read and learned, by what my participants taught me about their hope, as well as by my own personality, past experiences and style of thinking.

The conceptualizations and methods discussed above influenced my approach to the present research in a number of ways. From the review, I

gained ideas about what kinds of themes might appear in my interviews.

While I was not certain what I would find, I had some ideas about what might be important to watch for or be open to seeing or hearing. The review prepared me to consider what my participants thought and felt about hope, as well as how hope was connected to their actions. It seemed likely, for instance, that relationships and spirituality might be important to my participants' hope, since many other researchers had found this to be true of their participants.

Having summarized some of the methods of researching hope and some of the findings of various studies, I now return to my understanding of the content of the literature, which I have summarized below. A number of themes have emerged from the qualitative literature. First, hope seems to be related to meaning. What makes an experience hope enhancing or hope diminishing often depends on the meaning the person attaches to the experience. Also, hope appears to be related to meaning on a philosophical level. That is, having hope seems related to and intertwined with having or finding meaning in one's existence. (Farran, Herth & Popovich, 1995; Keen, 2000; Marcel, 1962; Nikolaichuk, Jevne & Maguire, 1999; Parse, 1999)

Second, hope appears to be relational, in that it is influenced by one's experience of others. "Others" here refers to people, events, or anything in the external world, e.g., objects, animals, or environment (Farran, Herth & Popovich, 1995; Keen, 2000; Marcel, 1962; Wong-Wylie, 1997; Wong-Wylie & Jevne, 1997). Experiences with others that demonstrate others' respect and

care for an individual may enhance one's hope (Benzein & Saveman, 1998). Research studies have shown, for instance, that when patients are treated as "humans" and not as "illnesses," they are more hopeful about themselves and more willing to comply with treatment regimens (Gottshalk, 1985).

Third, hope affects human experience on a number of different dimensions. Hope is experienced at a spiritual level by many people (Aldridge, 1995; Farran, Herth & Popovich, 1995; Jevne, 1994; Marcel, 1962). It may relate to religious beliefs or practices, to one's belief in God, or some other dimension of faith. Hope is also experienced at a cognitive level (Farran, et al, 1995; Nekolaichuk, Jevne & Maguire, 1999; Snyder, 1994). Thinking – what one thinks and the way one thinks – affects hope and is affected by hope. Our actions also have a reciprocal relationship with hope (Snyder, 1994). Hope may lead us to act differently than we would have had we no hope. Our actions and their consequences can also impact hope – both of ourselves and the hope of others.

Hope is also experienced physiologically (Gottshalk, 1985; Parse, 1999). In a number of studies I have read, in addition to my own mini-project, participants have spoken about hope being energy or giving energy to do what one needs to do. Still other researchers have found hope influences physiological processes such as the immune system (Gottshalk, 1985; Parse, 1999). Those with hope, or greater hope, were often more likely to recover from illness or heal faster than those without hope. Hopeless people were less likely to survive their illnesses than hopeful people.

My own beginning thoughts of Hope:

In my life, hope has come to me in many forms. When I sing or pray or walk in the mountains, hope is part of the "grand scheme of things." At moments like these, hope is not about a specific experience, event or outcome. It is a sense, an awareness that there is meaning and purpose in my life. It is trusting the universe to give me the lessons I need to learn and the grace with which to learn them, without any proof or assurance that this is what will happen. My hope is that whatever happens in my life, it will somehow lead to something good in the end, whether for myself or someone else. It is saying to the Universe along with Marcus Aurelius, "for whatever comes my way, thank you, it was exactly what I needed right now," and genuinely believing that to be true. To the reader, this may sound a lot like faith, and with good reason. For me, hope and faith are connected; they are not separate experiences. Faith inspires hope in me, and vice versa. The difference as I understand it is that faith is mostly spiritual and/or religious in nature. Hope has a spiritual dimension, but has other, equally important dimensions to it.

Hope is also found in my relationships with others. I have hope in what I do, when a friend I used to supervise tells me how the way I supervised her touched her life. I have hope in my ability to help when someone, be it a friend or client, tells me s/he feels safe telling me anything or that I am easy to talk to. I have hope for myself when my supervisor at work tells me my

organization and attention to the details of my paperwork makes her life easier. It is at these moments that I *feel* hope.

There are times when hope comes from creative things I do. When I try a new technique with a client and it seems to work, that gives me energy. I feel I have something to offer, and the ability to make a difference in someone else's life. I also feel hopeful that I can learn, and that when I get "stuck" with a client working one way, we have alternatives. When a photograph I take or a card I make turns out better than expected, it gives me energy and renews me. Hope is all these different things to me.

CHAPTER III: METHODOLOGY AND PROCEDURES

PARADIGM:

When little is known about a phenomenon, qualitative research can often be used to develop a theory and framework from which to study and understand that phenomenon (Valle & King, 1978). Understanding human experiences requires a method that captures the richness and complexity of the experience for the individual. One such method is the case study method (Bromley, 1990; Edwards, 1996; Edwards, 1998; Merriam, 1998; Moon & Trepper, 1996). Moon and Trepper (1996) identify the essential characteristics of case study research as "(1) in-depth study of (2) a small number of purposively selected cases" (p. 394). Edwards (1998) describes this type of research as "one or more cases of a phenomenon of interest (that) are systematically examined with a view to achieving an understanding and developing or extending a theoretical framework" (p. 37). Individuals are viewed as much more than just the single cases that comprise a group statistic. Participants are approached respectfully, and the context in which their experience occurs is considered important for understanding the experience itself. As Edwards (1998) notes, the information from each case is taken seriously.

Merriam (1998) and Creswell (1998) define case study research more strictly than Edwards, Bromley, Moon and Trepper. They view a case study as an exploration of a *single* unit or a "bounded system" that is limited in time and space. A case may include an individual, a program, an event, group, classroom or site. A case is sometimes a phenomenon, but within certain parameters. Merriam goes on to say, "If the phenomenon you are interested in studying is not intrinsically bounded, it is not a case" (p. 27). She suggests that case study research is appropriate for questions that involve how and why.

From the qualitative perspective, much of the research on hope has used the case study method in order to gain a deeper understanding of the experience of hope from the view of the participant or co-researcher. When investigating a new or relatively unexamined phenomenon, detailed and unbiased descriptions are required. Cases are selected on the basis of their ability to provide a deeper understanding of something that was previously only superficially understood. Having reviewed numerous studies using case study method and/or case material, I chose to use case material for this exploratory study. This approach seemed best suited to gaining a better understanding of the hope of helpers in a way that would retain the richness and vividness of their experiences.

Because little is known about the experiences that impact a helper's hope in his/her ability to help, it is beneficial to begin with a small number of cases in an attempt to capture the key features of this phenomenon. The

cases need to be carefully selected and the resulting data scrupulously analyzed and interpreted. Findings then need to be placed in a context, given what is known about hope in other situations. The data needs to be compared and contrasted with theory, to see where it confirms theory developed in different contexts and to see where it extends theory in new directions.

METHOD:

In the present research, I have drawn on a number of qualitative research traditions to guide my methods. In keeping with the definition of case study given by Moon and Trepper (1996), I have chosen to look at a small number of cases rather than focus on one particular case in depth. I wanted to gain a greater understanding of helpers' experiences with hope. I wanted to find out if there were similarities in experiences across a number of different helping professions. By comparing cases, I hoped to gain a greater understanding of the experiences that may affect hope in any number of different situations. Another central tenet of case study is that the result is a rich, "thick description" of the experience (Merriam, 1998). My intention in this study was to present the findings in as rich and vibrant a manner possible, to avoid reducing the experiences to a form that would make what the participants had to say less compelling.

The presuppositions I began with were that helpers in a variety of different professions have had hope related to their work, and that different experiences they have had may have influenced that hope. I attempted to be

open to whatever participants presented as relevant to their experiences of hope. In this way, I hoped to allow "the data to speak for themselves."

I accepted the belief that outward events and inward experiences, memories and meanings of those events are all important elements of human experience (Creswell, 1998; Moustakas, 1994). I chose the phenomenological stance, which recognizes the presence of the researcher throughout the research process (Osborne, 1990). It was in keeping with this tradition that I have kept a research journal throughout this project, and included some of my own personal experiences with hope in the final report.

The end result is a hybrid approach to this research process, which Merriam (1998) describes as "basic or generic qualitative research" (p. 11). She goes on to state, "Data are collected through interviews, observations or document analysis. Findings are mix of description and analysis... The analysis usually results in the identification of recurring patterns (in the form of categories, factors, variables, themes) that cut through the data or in the delineation of a process" (p.11).

DATA COLLECTION:

As my primary method of data collection, I conducted unstructured interviews with each of the participants. Prior to the interview, I met with each one, gave them a copy of the "Invitation to Participate in Research About Hope" (see Appendix 'B'), and asked them to think about and come prepared to talk about the moments and/or experiences in their lives that affected their hope in their ability to help their clients. I also invited them to bring any

relevant documents, pictures, props, music that would relate to the question.

These other pieces of data were to be used to triangulate the information gathered during the interviews (Edwards, 1996; Moon & Trepper, 1996).

Collecting data from a number of sources can reduce the likelihood that the researcher's preconceived notions unduly influence the findings. Triangulation lends credibility and validity to the interpretations the researcher makes and the conclusions she draws. At this initial meeting, the participants signed the Consent form (see Appendix 'A') indicating their willingness to participate in the research.

Participants: In this research, people from a variety of helping professions were interviewed about experiences during the course of their lifespan that had influenced their hope they would be able to help others. Maximum variation sampling was used to provide the widest possible generalizability of the findings. There were seven (7) participants in all. Five participants were female and two were male. This is similar to many helping professions, where the number of female workers far outdistances the number of males. The participants included an in-home support program supervisor/aboriginal program coordinator, a child protection services supervisor who had been a frontline worker for over ten (10) years, a senior high school social worker, a family physician, a play therapist, an in-home family support worker, and the manager of a street outreach program. The age range of participants was from early 30's to early 50's. The sample

included people from several different ethnic backgrounds, including Caucasian, Aboriginal and Chinese.

A number of criteria were considered when selecting participants to interview. First of all, people were chosen from careers typically seen as 'helping professions.' They are also professions where burnout and compassion fatigue frequently lead to helpers leaving their careers for other work. In other words, participants were selected from professions where hope in one's ability to help is frequently challenged. The physician I interviewed noted that doctors have a higher than average suicide rate, which she believes is related to burnout and a lack of hope. Participants were selected based partly on their ability to remain in a helping role for a number of years. Minimally, they had been in a helping profession for four (4) years. The range was from four (4) to over 30 years. In professions such as in-home support and child protection services, workers often leave their jobs, at least in this prairie city, in two to three (2-3) years. The writer also attempted to choose participants who would be able to articulate their experiences of hope in a way that would lend itself well to the research at hand. Although one participant was well versed in hope research and could speak to it from a theoretical perspective, most were not. In fact, some reported they had not previously consciously considered hope and its role in their professional lives. In spite of this, participants identified hope as being important in both their personal and professional lives. The researcher also considered whether the participants approached to take part in the research presented as continuing

to be hopeful in their work. It was beyond the scope of the current research to look in depth at the experience of hopelessness in helpers, although some participants did discuss hope-depleting experiences they had. In part, hopelessness has been oft studied in examinations of such phenomena as burnout, vicarious trauma and compassion fatigue.

Data Collection & Analysis: When I started discussing with Dr. Jevne, the possibility of conducting this research, I began keeping a research journal, as well as a record of our correspondence and a collection of notes and quotes about hope. Whenever I became stuck or paralyzed in the research process, whether it was learning about methodology and methods, contacting a potential participant or writing the results, I returned to this research journal, and 'wrote through' each block. Moments of excitement, "aha's", as well as disappointments began to fill the pages. Mind-maps and rudimentary analyses first made their appearances in my research journal.

For my data collection, I met with each participant on two occasions. For the initial meetings, I met with the majority of participants in their workplaces. For one participant, the most mutually convenient place to meet was a small coffee shop. This first meeting was to explain the purpose of the research, to invite the person to participate, and to sign the consent forms. I also gave information about how the research data would be used and by whom. Each participant was invited to bring any additional articles (e.g., books, photos, music, papers, etc) that would be either important to his/her

hope or that would aid me in understanding the objects or experiences that affected her/his hope. I also gave the participants time to ask any questions they wanted to about me or about the research.

The second meeting consisted of a one to two (1-2) hour unstructured interview which was video and audio taped. Most of the interviews were conducted at a community mental health clinic located on the university campus. Two interviews were held at the participant's place of employment, because that was what suited the participants best. One participant suggested we complete the interview in my home. Following consultation with my thesis advisor, that was what we did. During these second interviews, I wanted to give as little direction as possible, to enable participants to feel comfortable discussing whatever they saw as relevant. I therefore kept the format unstructured. However, I attempted to ensure that each participant discussed his or her understanding and experience of hope, and experiences of both a personal and professional nature that influenced his or her hope in the ability to help others. We explored their beliefs about and experiences of hope, what it means to them and what role it plays in their life and their work. They were then given the opportunity to share experiences, thoughts, feelings and artifacts that influenced their hope. Keeping in mind the initial question, "what experiences influenced your hope in your ability to help," the participants were invited to discuss whatever they thought relevant. I attempted to provide minimal structure or direction during the interviews, in an effort to reduce the impact my own experiences, biases and preconceptions

might have on what each participant discussed. After each interview, I spent some time writing my thoughts, feelings and reactions to the interview in my research journal.

Six (6) of the seven (7) interviews were later transcribed by the researcher for the purpose of analyzing the content. I personally transcribed them to ensure the referential adequacy of each transcription, i.e., that the transcripts accurately reflected what was said in each interview. Doing my own transcribing also kept me 'close' to the interviews. It refreshed in my mind what each participant said about hope. It reminded me of the stories they told and the metaphors they used. I found myself laughing and crying again as I transcribed each one. It renewed the sense of gratitude I had for each interviewee, and what she/he shared with me. I was often reminded of the very personal and private nature of hope. Doing my own transcribing also helped me begin to formulate the categories and themes I would later use. In addition to listening to each of the interviews on audiotape, I watched the majority of them again on videotape. Wherever I was unsure or unable to hear what the interviewee said on audio, I used the videotape to crosscheck and fill in the blanks. The seventh interview was set aside to be used as a "benchmark" to see how well my analysis covered the various aspects of a helper's hope.

As I began interviewing, people started approaching me with suggestions of possible additional participants. Often a participant would suggest another person he or she thought would be good to interview.

Colleagues and friends also made suggestions when I described my research to them. I kept track of these names. However, I chose to stop after the seventh interview because I felt I had achieved redundancy. There seemed to be no new categories or themes emerging from the data I was collecting.

While interviewing and transcribing, I developed several mind-maps of hope, to help me organize my thoughts about what the participants were saying. Visual representations of hope have been used by other researchers, such as Nikolaichuk, Jevne and Maguire (1999), Wong-Wylie and Jevne (1997), and Dufault and Martocchio (1985). It is one way of condensing the data and identifying underlying themes, patterns or commonalities.

Once all of the interviews were transcribed, I read through each one, highlighting excerpts, or codes, where I understood the participant to be speaking about hope. At the same time, I wrote memos to myself about the content. These memos were brief summaries of the code I had underlined. I tried to capture what was being said in a word or short phrase. Sometimes I noted the category I thought a code might belong to. While reading the transcriptions and writing the memos, I also made notes in my research journal. When I noticed a pattern developing across interviews, this was recorded in the journal. I wrote down my thoughts and reactions, as well. Where relevant, these journal notes were later used in writing the analyses.

After I read, highlighted and wrote memos for each interview, I began developing categories for my analysis. This was a fluid process, with categories being changed and refined as I again reviewed each of the

interviews. A brief title was developed for each category and written on a 3' x 5' index card. These I laid out on the floor, where I could see each one. Using different coloured sticky notes – one for each of the six participants, I read through each interview again. For each section highlighted or given a memo, I placed a coloured sticky on the corresponding category card. Not all participants had a code in every category. This gave me a visual image of which categories were common to which participants, as well as the number of participants with excerpts in any one category. I would also return to interviews I had already completed reviewing when I became aware there was a code in it that fit into a newly developed category.

Each of these categories I kept in a file folder of its own with a title and I noted the number of participants with excerpts in it. I then returned to the transcriptions, to write down on an index card, the exact quote or a brief summary of each excerpt. This helped me ensure that the excerpts, or codes, I had chosen did fit together and represent a common idea. Through this process, I chose the codes to use in writing the analysis. I attempted to choose the individual code which best exemplified that particular category, which was the most vivid or succinct, to use in writing the analysis. This process enabled me to refine the categories even further.

After the categories had been developed, I began writing out the analysis. Beginning the writing process at this point served to keep me close to and familiar with each category. It enabled me to keep each code vivid in my mind, and kept me focused on the central idea of the category. Once each

of the categories had been developed and the codes for each category selected from the transcripts, I listed the categories and began searching for unifying themes under which to group them. This was a process of thinking, pondering, arranging and re-arranging, until a satisfactory number of themes were found to account for all of the categories.

Once I had settled on the final four themes, I checked again to ensure each category fit into one of the themes. I attempted to develop over-arching themes, which captured all of the basic qualities of the categories contained in them. In this way, I worked from specific to general in my data analysis. The individual codes were the most specific; the categories were clusters of codes that spanned across participants. The themes encompassed clusters of categories.

CHAPTER IV: FINDINGS

In this chapter, I will begin by introducing the reader to each of the seven participants. Next, I will provide an overview of the findings, followed by a discussion of the overarching themes that developed out of the interviews, along with the categories I developed within each of the themes.

Introduction to the Participants: Here are the participants, introduced in the order that they were interviewed:

"Sage"

I chose this pseudonym, as a symbol of the Sage this participant burns almost daily when she offers prayers, as a part of her spirituality. She is an Aboriginal woman in her late thirties with thick dark hair, a sharp sense of humor and sparkling eyes. She is a mother and grandmother. She works as a supervisor and coordinator of aboriginal services. She has been working in the in-home programs for the past four years. She has worked in families involved with child protection services, supporting them to make positive changes and communicate better with one another. In addition, she supports families that wish to gain more information about their Native spirituality, to speak to elders, attend sweats or take part in other aspects of Native culture and spirituality.

Sage volunteered to participate in my research following a discussion we had, where I described what I wanted to do for my thesis research, the kind of interviews I wanted to do, and the kind of people I wanted to hear from – that is, people in helping professions who were willing to share about their experiences of hope as helpers. Several themes were predominant in Sage's interview. First, was how hope frequently flourished when change occurred, and how hopelessness tended to grow when situations or people did *not* change. She also spoke eloquently of how being treated with kindness and respect fostered her own hope, and convinced her that this was of vital importance in her role as helper. Sage's experiences growing up with the involvement of the child protection system led her to want to change her own life circumstances and to want to help others change theirs. Sage also shared how her Native spirituality gave her hope and at times, strength beyond her own natural resources.

"Spartan"

Spartan's pseudonym was chosen for the apple of the same name; it is both tart and sweet, like she is. Spartan is a Caucasian woman in her late thirties, full of energy and a zest for life. She spent over a decade working as a frontline child protection worker, and in the past few years, has taken on the responsibility of supervising child protection workers. Spartan related how having a social worker become involved with her family upon the death of her mother led her to want to have a similar kind of career. She knew from a very early age that she wanted to be a social worker, and more importantly, she

wanted to do things even a little bit different and better than what she had experienced.

Spartan survived a number of life-threatening surgeries during her life, which gave her the message that there was a reason and a purpose that she was still alive. Spartan was a determined child, and convinced she could do most anything, if she tried hard enough and if other people were willing to teach and show her. For Spartan, hope was about being willing to try to change, striving, growing and learning from the lessons life offered you. Hope came from others' faith in her and their support of her. The personal difficulties she'd been through and survived, including death of family members, troubled teen years, and health issues, gave Spartan the message that if she could make it through, others could, too, and so to have patience and not to lose heart.

"Tower"

Tower is a fifty-something Caucasian woman, with a quick wit and infectious laugh. She works in a school setting with teenagers and their families. I chose her name because she reminds me of a tower of strength. She reported coming from a large, stable family, where she received the message that she could do anything she wanted. The achievements of her many siblings, as well as her children are a source of hope and inspiration to her. Tower has worn many hats in her thirty years in the workforce, most of them working with children and families. She has worked with Aborigines in

Australia, military families stationed overseas, as well as working in various parts of the social service, the justice and the school systems.

Tower indicated that in addition to the hope that came from her extended family and her own children, hope came from the clients she worked with and the progress that they made. She believes in the importance of respecting her clients as whole people, not just as the problems they are facing. For her, there is always opportunity for hope, opportunity to change does not just knock once. Humor, smiling and common sense also give her hope in her job. Tower stated she recognizes the difference between her hopes for her clients and the hopes they have for themselves, and she works at not imposing her hope on them. In some cases, Tower has worked with families over more than one generation, and been able to see the slow and steady changes that can occur over a number of years. This has served to reinforce her belief that change is always possible. Tower also draws strength from her spirituality, in such simple things as the prayers that are said each day in the school where she works.

Tower spent a significant amount of time preparing for our interview. She had re-read the "Invitation to Participate in Research about Hope," and made notes about her thoughts and what she wanted to share in the interview. She also brought with her a number of items she indicated were related to her hope. These included a pewter broach of an outhouse, a paperweight with the saying, "Every job is a self-portrait of the person who did it. Autograph your work with excellence," some red nail polish, a wooden box

given to her by some former clients, photographs of relatives and her immediate family, as well as books like "Angela's Ashes" and "My Mother Always Used to Say." Of all the interviewees, Tower spoke the least directly about hope in her interview, yet clearly had given it much thought and consideration. At times, the relationship between what she spoke about and hope was more implicit and inferred than explicit.

"Deana"

Deana is a Caucasian woman in her late thirties. Warmth and genuineness radiate out from her. Deana's struggle to exist under and desire to change the 'establishment' she works in reminded me of the passion of the 1960's. I thought of the musical group, Jan and Dean, which I (correctly or incorrectly) associate with that era, so I gave her a feminized version of the name 'Dean.' She is a wife, mother and family physician. While the medical system has at times been a source of hopelessness for her, she has found ways to bring hope into her work. She has experienced firsthand having to leave work due to stress. She chose to deal with that experience by finding the lesson she could learn from it, by transforming it into an experience that would make her a better physician. Following her belief that one person truly can make a difference, Deana set out to change the environment in which she practiced medicine, and the outcome has been no less than miraculous.

Deana dreamed of being a writer growing up, but decided she needed a career to pay the bills, so chose medicine. The growth that she experienced as part of overcoming depression has given her hope that her patients can do

more than survive, too. Why should they not thrive? Deana also told of how she has begun to find hope more easily now that she knows where to look for it. She finds it in Nature, in her husband and children, and in laughter. The responsiveness of her colleagues to her efforts to make her medical practice more hopeful have also fostered her hopes that positive changes in the larger medical system are possible.

"River"

River is a fifty-year-old Aboriginal woman, with a gentle spirit, wisdom and a warm smile. She grew up along the river on her Native reserve. She reminded me of a gently flowing river, with occasional rapids, sparkling water and sometimes surprise currents. She is a mother and grandmother, who works with children in residential care – that is, they are currently in custody of the government due to child protection concerns. She has also counseled adults – individually and as couples. River volunteered to participate in this research after hearing about it from another participant.

River described her mother as a significant part of her hope and an inspiration to her. She remembers her mother always encouraging her to learn and grow. Despite a very difficult childhood, River learned from her mother things can get better in the future, and to never give up hope that they will. When she feels hopeless sometimes she will remember back to how things were for her as a child. She'll consider how far she has come, and view this as evidence that the future can be different and better as well. River also shared that her spirituality gives her hope, as well as guidance in her work.

She has learned how to care for both her adult self and her child self, and feels the work she has done in this area gives her greater empathy and ability to connect with the children she works with. Stopping to have a cup of tea when life is difficult, which was part of her mother's coping strategies, is another source of hope for River.

"George"

The participants were given the opportunity to choose their own pseudonym. George took me up on this offer. Following a discussion about the story character, 'Curious George,' this participant chuckled and said he wanted George to be his pseudonym for the study. George is a Caucasian male in his early thirties with a ready smile and a warm, caring heart. George is a son, brother, uncle and in-home family support worker. He has a history of working as a helper and counsellor, beginning while he was in university. Although initially he did not have much faith in the ability of families to change, George became convinced it was possible after attending a supervision at his practicum placement, and seeing and hearing it for himself. He has been working in families for four of the past six years. George volunteered to be interviewed after a discussion about my thesis and about my desire to include male participants in the research.

For George in his work, hope was the possibility that things could be better, that families could change for the better. The experiences he had that confirmed this belief were for him the bricks in the foundation of his hope. Both personal and professional experiences he had served to strengthen this

belief. Hope was also connected to spirituality for George. He believes there is a purpose to our existence and a purpose to the experiences that we have. They are all part of our growth, what is needed to help us become all that we can be.

"Ken"

I had difficulty coming up with a pseudonym for Ken that was not going to, in my opinion, give away his identity. I was tempted to use the name of a philosopher or spiritual leader he mentioned during his interview, but was uncomfortable with those names. I chose to combine sounds in his name, and came up with 'Ken.' Ken is a Chinese man in his thirties. He is wiry, energetic and articulate. He is currently the manager of an outreach program that provides services to people living on the streets and involved in prostitution. He came to Canada as a child and later returned to China where he spent a couple of years working as a teacher. He cites this as a very significant event in his life. He was struck by the "bright hope" of the people he worked with in China, which contrasted starkly for him with the hopelessness for the future he often notices in youth in Canada. He worked as a peer counsellor during his university years and held similar kinds of positions after.

He did not start with a dream to work in a street outreach program. He states he kind of fell into the role. With his background and experience, he felt comfortable to speak about hope from both frontline and managerial perspectives. That is, he could relate hope to his experiences with clients, with supervising students and staff, and with working at a systems advocacy

level. It was Ken's comment that all his hope was not in one basket that prompted me to consider the various places each interviewee finds or holds his or her hope. He also commented that for him, hope may not always be visible, but it is always present. The people around him, family, friends and coworkers were sources of hope, both as "acute hope," which he described as hope in an immediately difficult situation, and "chronic hope," the hope for him that came from watching others live moral and ethical lives.

While all the participants used the initial meeting to ask me about my research and my reasons for conducting it, Ken was the most thorough in his questioning. I felt as if I had been interviewed, and it stimulated my thinking processes for the interviews that followed that meeting, both his and others.

Overview of the Findings

In this analysis, I hope to illuminate the different people, relationships and experiences that influenced participants' hope, the different sources of hope and the ways in which participants defined, felt and saw hope. Through their words and stories, I intend to show the similarities and differences between participants, as well as the evidence for the categories and themes chosen. The participants spoke eloquently about their hope, providing vivid examples often in the form of stories to show a moment when hope shone brightly, to explain how a change that occurred gave them hope, to recall how another person's words or deeds had affected their hope. They related how spirituality influenced their hope and gave them meaning and perspective.

They showed a myriad of places to 'deposit' hope and many creative ways of finding hope that could have remained hidden.

I developed four over-arching themes from the interviews. These are not clearly distinct and separate themes, nor are the categories in them discrete. There is a certain amount of overlap, which seemed to me unavoidable. For instance, interviewees defined hope as the possibility that people or situations could change. They then often gave examples in the form of stories. These stories frequently highlighted the relational nature of hope – that it is affected by our relationships with others. I chose to continue to treat these as different themes, despite the overlap, because I believed they were separate yet related. As indicated, in the first theme, I explore the connection between hope and change. Second, I look at how hope was influenced by a belief that there is a 'bigger picture,' that our lives have meaning within the grand scheme of things and that our actions have purpose. Third, I take the reader down the trail of hope, looking for the places participants store and access hope in their lives. Lastly, I consider how relationships with oneself, with others and with the systems people live and work in relate to hope.

Themes

I. Hope and Change

One pattern that emerged from the transcripts of each of the interviews was the link between hope and change. When each participant defined hope, they included in their definition a comment about hope being the possibility that

things could change, particularly that they could change for the better. In addition, many of the stories shared that were related to hope involved change in either a person, persons or the situation. Furthermore, the participants who shared stories of hopelessness often identified a lack of change as a source of hopelessness. When considering change, most participants explicitly stated they believed it was important to acknowledge and accentuate even the tiniest of changes their clients made, and to view these tiny steps as hopeful and inspiring.

Definition of Hope:

During the course of the interview, each participant was asked what hope was to him or her. All of them included as part of their definition a comment about the belief that change was possible. Part of what hope was to them included the belief that people and/or situations could change. George stated, "Hope to me is... specifically in regards to the work I do, the belief that individuals and families can and will get better in spite of or in the lack of any evidence that they will. 'Cause if the evidence is there, there's no need for hope." Deana stated, "Hope for me is the belief that something can shift for the better." Deana and George also mentioned how important they think it is to have hope. Deana felt that not having hope was actually damaging to clients, not just neutral. George stated if he had no hope that clients could change, they likely would not change. For some, the hope that they could help others experience change and improve themselves or their situations

came from their own personal experiences. This is poignantly captured in the following excerpt from Sage,

"I think I've mentioned this one to you before, but it's when I was living at the convent. We were on our way to the city, from the camp. And riding in the bus, and one of the nuns asked me if I wanted to stay in the girls' dorm – the big girls' dorm or the little girls' dorm. And that gave me hope because it was like, for me it felt like the first time somebody cared about what I wanted. That felt like the first time I had a choice. And that gave me hope that my life could improve, because it was really hard up to that point."

Other participants gained hope that people and circumstances could change by watching those around them. Ken found hope as he watched his parents change, develop and grow throughout their lifespan. He also drew hope from his experience of watching the social welfare and legal systems change in response to the problem of child prostitution. Similarly, Tower added to her hope that circumstances and "the system" could change when she was allowed to become a certified child protection worker without having a bachelor of social work degree.

In addition to this central idea that hope was related to change or the potential to change, participants incorporated metaphors, objects, relationships and philosophies into their definitions of hope. For instance, hope was laughter, plants, flowers, music, nature, one's children, a beacon, like running, something on the horizon and a desire to just keep reaching and going.

The corollary to the view that hope is a belief that people and situations can change was that hopelessness arose when people or situations did not

change. The participants who spoke of hopelessness frequently related it to an experience of someone or something not changing or improving. People in this study tended to feel hopeless when they were not able to affect change; when they felt they were not able to 'make a difference' with the people they were trying to help. George related the following story of a time when he felt hopeless about working with families,

"... The very first family I worked with... It was a bit of a crisis situation. They had apprehended the child and then they returned her home, an eleven (11) year-old-girl. And I was sent out to go and meet with mom and set up some goals and start working towards those goals. And I got there at the time that we'd set up and mom wasn't there. And it was this – and this is in comparison to all the other families I've worked with – squalid little, two-bedroom, the entire apartment was three rooms. There was sort of a kitchen-slash-dining room and then a bedroom here and a bedroom there. No doors on the bedrooms. There was an old kitchen table and two chairs, mattresses on the floor, 25 watt light bulbs, three outlets in the entire apartment. And curtains drawn and a smell of diapers and rotting food and flies. And one of the roommates - I didn't know there were roommates - let me in and explained that mom had gone to the store and would be back soon... And you know, I just asked her some questions. Like what was, did she live here? 'Yes, oh, I live here. I'm so-and-so's roommate.' ...

And mom showed up and was just very angry with me for even being there, saying that she didn't want me there, that there was nothing she needed to work on. So I said, 'you know, what's your understanding as to why child welfare was involved?' And she says, 'Well, you know. They're saying that I'm not looking after my kids and that I don't feed them...' And she basically said, 'Yeah. It's all true.' I was just – I kind of shook my head. And she'd been lending her eleven (11) year-old daughter out to her friends to have sex with. Not even friends, *acquaintances*. You know, she was - they're were on welfare, and the little bit of money they brought in you know, for food, she would often choose to feed her friends in the neighbourhood, to make meals for them, and her kids would go hungry. ... And she made it really clear that she didn't want me there and she actually resented the fact that I was there. What she had said was, 'When I was a kid and this shit was happening to me, nobody came around from child welfare.'

And (pauses), and I remember that. And I keep remembering that as the years go by. At the time, that piece didn't sink in. That piece about her hurt didn't really sink in. And I slipped in, and she said, 'No I want you to get out of here.' So I left. I'm walking down the stairs and then she *hit on me*! And I'm like, 'Oh my God. I got the wrong job.' (laughs) ... Go back to writing workshops. And on the way to my car, I bumped into the social worker, who was coming by to see mom. And he said, 'You know, did you meet mom?' And I said, 'Yeah, she wasn't there when I got here, but she showed up later, and she told me she didn't want me there.' He goes, 'Well, yeah. I was kind of afraid that would happen. We actually picked her daughter up again.' I don't know where it was. And he said, 'What do you think I should do?' And I said, 'I don't know, man, I'm not a social worker.' He's 'I'm thinking of pulling the kids.' I just said, 'I don't know what else you can do.' And they did. They ended up apprehending the kids. And I went home just feeling like shit. I'm thinking, you know, *how* can somebody do that?

And I was still casual at the time. I called my supervisor the next day, and I let him know what happened. And he said, 'Do you want any more families?' (They laugh) And I said, 'No, not right now, thanks.' What I didn't say was, "cause I never want to do this again.' Yeah, and I was just scarce for a while."

The stories and reports suggest that early helping experiences are influential in the development of hope in one's ability to help. My own experiences at Child Welfare were often not particularly hope-inspiring. I did not hear of hopeful stories from other workers, at least there are no stories that I can remember. I had very little hope that my work there would positively affect families. Similarly, George's early experience was a despairing one and he was reluctant to take on more families after that. As a result of that experience, he had little hope in his ability to help families he might work with in the future. Yet it is reasonable to expect that as a beginning worker, just honing one's skills, hopeful experiences might not be that plentiful. Without hope borrowed from co-workers or mentors, helpers who are new to the

profession may be likely to begin to feel hopeless in their ability to help on the basis of their early helping experiences.

Hope = The Possibility That People or Situations Can Change:

Even after they had finished giving their definition of hope, participants continued to discuss how seeing changes occur influenced their hope in their ability to help. They gave many instances where they had changed themselves, where they witnessed others, or where they saw circumstances or systems change. This they took as evidence that change was possible for their clients, and that they could therefore be hopeful when helping clients. At times, a single experience of seeing change happen was enough to facilitate hope. Sage, in discussing how her experiences at college influenced her hope, indicated how changing herself gave her hope for helping others,

"... I got really good marks. And it was more than just about the marks, because the assignments are very personal... and I know I put my heart into it... and I thought that if – while I was going to college, I was going to counselling to deal with some of that stuff – that if I could clean myself up as much as I could, then I would be better at helping people. So that gave me some hope, too."

Deana described how changing herself by going to counselling while on stress leave impacted her relationships with some of her patients,

"...when I came back, there was a whole bunch of people I'd never been able to get to go for counselling that all of a sudden could. And I think it really helped that I could say I'd been there. This is what helped me. ... And I can say that, and the way I can say it now, though, because I embody it, it's so much more compelling."

As indicated earlier, hopelessness developed or was more likely to be experienced when there was no change in people or situations. George

explained that at one point he was not interested in working with families, because he had no hope they would change. He felt "...from my own experience and vicarious experiences through friends and things like that, that families either had it or they didn't. And for the most part, they didn't, and there wasn't much you could do about that."

Sage summarized the theme well when she said, "It's also good to see that a lot of things have changed since I was in care.... Kids are getting, for the most part, their emotional needs met. You know, they go to counselling and all that kind of stuff, and have those issues taken care of. And then there's the flip side. There's some things that never change ... and that brings me down".

A Little Goes A Long Way:

The majority of those interviewed related the importance of noticing even small positive changes in their clients or in a situation. Acknowledging the small changes clients were making was a way of engendering hope for both client and helper. Tower, sharing about a client who worried and felt hopeless about her ability to parent when her son did not come home one night, stated,

"And she's had a rough life... She's Hep C (has hepatitis C), she's missing a finger and she doesn't know how. Woke up one day on the street and it was gone... but her hope is that she will raise her children not to have a life like she's had. ...I just told her today, 'Already you've been successful in that.' Her son didn't come home last night, but he was here at school this morning....So you know, to give her some hope that she has been successful and she will continue to be. She doesn't have to stop. It's not the end. There's lots of ho- there's lots of opportunity for hope. And she's been successful, and that only proves that she can be more."

Sage spoke of how important it is to her to acknowledge the small steps,

"And I think each one of those little experiences could be miracles in themselves. I think we miss that a lot. ... That's something that I really try to really pay attention to in my work. You know, any little progress that I see in a family and in a staff ... Any little progress, any little, tiny, tiny shift. I really try to bring attention to that."

Sage's comments allude to the fact that what may appear to be small changes to others, may in fact be large and difficult for the client to have accomplished. This may be related to what has been referred to as having realistic hope (Dufrane & Leclair, 1984; Edey, Jevne & Westra, 1998; Parse, 1999). That is, it may be important for helpers to have realistic hopes for their clients and not expect too much or too soon. It seems that one way some of the people in this research study maintain their hope in helping is to focus on any small successes that their clients have. Often, small changes are enough to make a substantial difference, a belief that is at the core of solution-focused counseling (Berg, I.S., 1994; McConkey, N., 1998).

II. There is Hope in Seeing the Bigger Picture

A common thread throughout the interviews was the participants' choice to view the challenges in their lives as lessons being given them by the Universe, God, a Higher Power or a similar concept. One way they made it through difficulties without losing hope was by looking for the lesson they could learn from their experiences. Participants also drew strength and hope from their spirituality. Whatever they believed and practiced regarding spirituality, the bottom line was that this was a source of hope. They believed

their lives and their work was meaningful. By staying open to evidence that this was indeed the case, they could continue in their roles as helpers. They believed they could make a difference, and they hung onto stories and experiences that showed they did. In the stories they told, hope often appeared only after the passage of time. Patience to wait for the hope was required, and the faith that things really could eventually change for the better even if there was no immediate change. Each of these aspects of hope in the grand scheme of life will be examined in turn in the following sub-sections.

Hope, Faith & Spirituality:

Six of the seven participants interviewed discussed the connection between hope and faith or hope and their spirituality. Spirituality was an individual experience. Two of the interviewees cited their Native spiritual practices as hopeful. Another spoke of how the Morning Prayers in her Catholic School gave her hope in her work. Ken drew on a number of spiritual sources including the Bible, Buddhist writings and the words of Confucius. Sometimes, faith and spirituality lent particular hope to an individual and sometimes it gave general hope to him/her (Dufault & Martocchio, 1985). In general, spirituality gave participants hope for themselves in their lives, and in humankind. Specifically, it gave hope in particular incidents/moments, especially during difficult times. Tower spoke of how the daily prayers in the morning in her school gave her hope. She reported she always found a useful bit of wisdom for that day in the Morning Prayer. Sage used prayer on specific occasions to help her get through difficult experiences or to obtain guidance

in how to handle a particular situation. As can be seen by the examples given, there is some overlap between spirituality and culture for some of the interviewees in this research. For Sage, her native culture and heritage guided her behaviour. She found meaning in daily smudges and prayers, and in attending sweatlodges, sundances and other ceremonies. Cultural factors helped shape the contours of participants' spiritual beliefs, and the way they practiced their spirituality.

Finding Meaning: Hope is Making a Difference:

Related to the previous theme were the participants' reports of locating the hope in one's work by finding the meaning in it. Being able to make a difference in someone else's life was one way to remain hopeful in one's role as a helper. According to Ken,

"...oftentimes, unsolicited 'thank you's' to me is very indicative of how much hope there is that remains sort of invisible. Because whenever someone – you know, and it's easy to say, 'Oh, thank you. Here's a thank you card.' You throw it away. (makes a tossing motion.) ... and you don't make space for that stuff and have an opportunity to come back to it, and realize, 'You know what? This person here achieved their hopes and dreams, and that's directly related to what you've done.' So if the value of a life is limitless, then your actions on that life is also limitless. ... Then it's not so small, is it?... So when you look at the 300 other lives, you – then I feel, 'Oh, Geez. This is hopeless. You know, these people are going to die. They're never going to make it.' What about that one life? ...if you believe in the sanctity of life, then to me, there can be no compromise to say that... if you've helped one person, you've made a difference."

Deana spoke poignantly of how one person's comment gave her feelings of aloneness in her profession meaning, "One of them said to me, 'You're a way-show-er. You're on the right path, and it's alone because you're a way-

show-er. Stick with it.' And that just gave me enough confidence." Similarly, Spartan asserted that what had sustained her as a child protection worker for all the years she had been was her passion for her job, the excitement of meeting new people and "the excitement that I can make a difference and the families themselves can make a difference." This finding supports the assertion of writers such as Victor Frankl (1959/1984), that having meaning in one's life is necessary to avoid despair.

The Relationship Between Time, Patience and Hope:

Although none of the participants stated directly that sometimes hope took time, in the course of the research, especially in the stories of hope, I noticed that the passage of time was often a precursor to the appearance of hope. In a number of stories, what began as a story of hopelessness or potential hopelessness became a source of hope over time. It is vitally important to note that had the individual not had the patience to wait for positive results or not been open to changing the story or experience from hopelessness to hope, the experience itself would not have been as hopeful, or hope-inspiring. In fact, often years passed before evidence of a positive change was visible to the helper. Spartan recalled a story where the hopeful ending came eight years after her initial contact with the family,

"It was a domestic violence situation. We had no previous involvement and Crisis had apprehended this young boy. I think he was about eight. And so I got involved at that point. And he returned home, but things just constantly increasing. And every time I saw mom, she was always black and blue. And so, again, the boy ended up in care, somehow. And this was like, fifteen years ago, but it still sticks with me, too, very clear. And then when I, we brought the matter into court, because I

wanted him to stay in care and provide some supports to the family, try to resolve some of the concerns and issues. But we weren't successful in getting a temporary guardianship order, so we had to settle for a supervision order. But I thought, I can still do some work with this.

But I had to go tell this young boy who had been staying at the A_____ Home. If you remember what the A_____ Home was like, it was all these nuns who give out lots of hugs all the time. I mean, I know they had some other concerns, but they always gave out hugs all the time to everybody. Whether you were a social worker or a child, it didn't matter. So this is where this young boy was staying, so he always got lots and lots of hugs. And so, when I had to go and tell him that I had to bring him home, he was just really upset. He shed some tears, but then he stood up and shook my hand, and he said, 'Thanks, Mrs. Spartan. I know you did what you could. I was just hoping to get a break from the violence.' He said, 'But my hope now is that this will make some change and that things will get better still.' And I mean, it was just, it was so hard. I mean this little eight-year-old boy that was trying to be so much like a man, just standing up and shaking my hand, and saying 'Thank you, I was just hoping for...' So, and I thought, wow. I mean, that's really powerful, too. So, it, um, yeah, just got at the emotions and I thought, 'Oh!' driving him off to his home. And of course mom and dad are just opening (sic) him back into the home with open arms and loving in their eyes. And of course a few weeks later we're back in there again, taking him out. But he's – it was just always that hope.

And then... I was subpoenaed to criminal court, about 10 years later, because they were making this man a dangerous offender. And I'd seen the mom and the boy again. And I hadn't seen them for 10 years. And I'd seen him a little bit, I mean, quite often when I first had the case, and then before I transferred, I saw him quite a bit. But I'd always seen mom and she'd always looked so tired and just really haggard and bruised and thin and tired. And just not well, and the boy didn't really seem happy either. But, just when we were in court, when I'd seen... mom and the boy again, they were just like two different people. I mean, they just had spirit in their eye because they'd gotten away from this man a number of years before the dangerous offender criminal trial was. So, and just how well they looked and how healthy they were and how more settled they were. And, yeah, and how this young boy had remembered everything that had happened and just again thanked me. 'Thank you again for all your support.' And I just thought, wow, isn't that nice! So I mean, that's one case that just is so clearly – sticks out"

One of the stories Tower shared carried a similar theme about hope and the passage of time,

"What are some of the real perks? Like the perks that *me*, the perks that are the other people. Um, the knowledge that people can change. And they *really* can, and to have that faith, and that people recognize what, what you've done for them. The knowledge that people can change. I have a really, a really significant story about that. There was a little girl who was in A _____ when I first met her. And she was on the streets at about 12. And then I followed her through – 12 years, yeah she was young, but she was walking, she was working ____ Street at that point in time. I met her again at YDC when I was doing some cover-off there. And she was feisty, but a good kid. And then I met her again when I was working Income Security out of S _____. She was living in _____ ville, had some of her kids with her and was trying to raise them, and then I left there and I came to the school district. And... one of my first clients was her oldest daughter who was now in grade 9, and now, her son is part of this program that I have here, and is also my godson. And she has come so far. I really believe that the education system didn't meet her needs. She didn't learn to read 'til three years ago. And I think that she had so much pride that when she couldn't do the schoolwork, she just walked away. "I'd rather be bad than stupid." Um, and that's really significant. She's highly learning disabled but has fin- you know is now able to read. But all those years that schools were sending nasty notes home to her, "Your kid is suspended and you better sign this and pa-" She couldn't read them anyhow. But she's raised – her oldest daughter is 23. Her boy's 14, her next boy's 13. No, fifteen, fourteen, and she has a 13 year old, a 12-13 year old child who is quite FAS, and is quite difficult. But her son is part of this program here. Um, parent-teen conflict. He has a diagnosis, but he has a learning disability as well. He can't read. So that's what we're working on. But she has been, um, she's been *not* dealing for 4 years, and she's been straight it'll be two in July this year. And she wants so bad to parent, and she's trying so hard to parent. And she's – it's a battle. Um, what she's struggling with right now, is how much does she let her children know about her history. ... Of course, they're asking. They're demanding. And their behaviours are demanding some answers from her. Um, the drug use. She's Hep C and quite ill. And I'll meet her at the hospital. She'll phone and say she's leaving to go to the hospital and I'll go and I'll meet her at the hospital at night-time. And the next day, I'll run into her kids here and they don't know why she's been in hospital. And we - you know, our struggle right now is how much she can tell them and still (pauses briefly) want them – you know, want them, still want their respect, etc., so. But you know, she's

come so far, and I think they see it. But just to know that people can change and they will change and with the right supports, they can. She's a real strong advocate for her kids. She's been a very strong parent."

Finding Hope by Being Open to Life's Lessons:

One significant way most of the participants whose interviews were transcribed remained hopeful in their lives and in their work was by viewing difficulties and challenges that they faced as opportunities to learn. They chose the perspective that things happened in people's lives for a reason, that there was wisdom to be gained from the experiences one was going through. Participants indicated this perspective for both themselves and their clients. "Deana," who experienced a period of depression and had at times wondered whether she would ever return to work, described her experience of realizing she was going to make it through the difficulty she had been having,

"Suddenly, I knew I was going to be okay.... It was when my psychologist... had me figure out where the pain I was feeling was in my body. And then she had me try to play with it and see what I could do to take the pain away....when I stopped fighting this, it was sort of a rock in my pelvis, and all of a sudden, I just started caressing it and it just disappeared... I was just flying. I was leaping... it wasn't in the resistance. It was actually, the key was to learn what I needed to learn and just be willing to look at it a different way... So, in retrospect, I'm very, very grateful that it happened... it was actually a really good learning experience and I'm grateful for it in the end. ... The other moment for me was, I was reading a book called, 'Taking Your Soul to Work.' And she talked about Arthur, the Arthurian legend and the dark night of the soul, that the knights go through, where they actually have to go through a trial by fire to get stronger in order to go out and do something for the world that many other people couldn't do... I thought, I can do something with this (her depression and stress leave). I can take this and instead of it being a humiliating, humbling experience, which so many of my patients come back from depression and that's

what it is for them. I needed it to be more. I needed it to be something I could transform and do really good stuff with."

George related the following,

"It's because of the challenges that we're presented with individually and as a species, as a culture that we have or need hope. And just seeing that over and over again, knowing that when I go in and I work with a family, or when I help a friend through some shit that they were going through, that they come out the other side better. Like not just better than they were when they were going through the shit, but better than they were before the shit even started."

There seemed to be a recognition that not only could bad things happen to good people, but that there was something that could be gained from those experiences. Hard times were not purposeless or pointless. Believing there was something one could or perhaps needed to learn from the experience enabled participants to remain hopeful in the work.

III. Paths to Hope

The participants in this research stored their hope in many different places. To borrow a metaphor from banking, they had a number of different hope accounts. They used metaphors and symbols to describe hope, and to keep it present and visible in their lives. Some of them actively sought out hope, moving to a new perspective if they could not readily see hope from their old one. One predominant way of holding hope and keeping it near them was to weave it into stories that they could tell and retell, to inspire hope in themselves and others.

Accessing Hope: "My Hope Is Not All In One Basket":

One interesting finding of this research was that participants 'stored' their hope in a number of different places. Only one participant, Ken, spoke explicitly of having hope in different places and being able to access or find hope from a number of different sources,

"Hope is readily available... I think that I have *learned* to see hope. I've learned to access hope, without jumping through a whole whack of hoops. Or better yet, here's the other analogy: I've learned to get to – my hope isn't all in one basket."

Tower demonstrated in a very explicit manner how she stored hope in many different people and places by the objects she chose to bring to the interview. Hope could be found in a broach she wore, her nail polish or the clothes she wore, in books she read, in family and friends, even in the way she decorated her house. She related the following story to show how common sense gave her hope,

"...this is a story about 'James,' and this is knowing the whole person and knowing where to stop and not to just keep going. James was about a 14 year old tow-headed scrawny kid who was in grade 8 at the junior high school, and he lived with his mom, 'Mona,' and she was a big tough woman. She worked at a bar sometimes. Most of the time, she was having a splint on or you know, trying to avoid going to work. And she just had James. And she had an older son, and I forget his name, and he was in jail. And he was coming out of jail shortly. They lived in an apartment on ____ Street. And Mona and James lived there, and James hardly ever went to school, and he was you know, a real concern and getting into trouble and this kind of stuff. And um, Mona's son came home from L_____, the jail there I think, yeah... and down the hall from them lived a gentleman who was um, a transvestite prostitute? He was a cross-dresser and he was a prostitute. Anyhow, he lived in the apartment down the hall and Mona would let James go there all the time. And she didn't really know this man well, except that when her son, her older son, came home from jail, this man took an

attachment to her son and started sending them both flowers. And Mona thought it was hilarious.

And I didn't think it was really funny at all and I was quite concerned about – not so much the older son, but definitely with James. And I, Mona and I talked about how safe he would be with this man, and she didn't need to get flowers from this man because he was courting her sons and you know this kind of stuff. And I was really concerned and I'd go over there and I'd spend a fair bit of time with her, and she just thought it was hilarious. But we did sit down one day and we talked about how James – what was safe, what wasn't. What he could do if he was unsafe, and just you know, all the protection issues, and you know, her plan was 'if he ever laid on a hand on him, I'd just break his face.' 'Well, then it would be too late, Mona. You know, I mean by then the hand's been laid, and your solution is not adequate.' So we went through this over and over again.

And one morning I went to pick Mona and James up to take them to school for a conference on James' you know, James progress or whatever. And I was driving them to school, and Mona was in the seat beside me. And it was a snowy morning and I went 'Ohhh. Snow's coming down and what am I doing picking that...' not feeling real, real positive about this whole day. And James is sitting behind me, or he's sitting behind us, and I had bucket seats in the car. And Mona said, (imitating Mona's booming voice) 'So where the hell were ya last night, James?' And he was, 'I was down in So-and-So's apartment.' And she said, 'He better not have laid a hand on you, did he?' you know. And, 'I told you not to go there...' So they're having this argument about where he was last night. I don't know why she didn't know where he was, but they're having this argument about it and James said, 'Oh, shut up, he's just fine. He didn't hurt me.' And he said, 'And he even gave me a manicure.' And his mother said, 'He gave you a what?' 'He gave me a manicure.' James stuck his hands between the seats of the car and showed us his nice manicure that this other fellow had given him. And so his mother's laughing, 'Well, why'd you let that faggot do that? Hahahaha.' And James sitting in the back seat said, '...And he even pushed back my testicles.' And I'm thinking, Oh, God. Sexual abuse investigation, I'm going to have to go and call the – Oh! You know, and I'm thinking. And I'm driving down the road and it's snowing. And Mona's in her seat, going, 'hahaha. That musta hurt. That musta hurt.' (Tower slapping her thigh and mimicking Mona). And she's laughing, and I'm thinking, Oh, God. Investigation. And James is sitting in the backseat, examining his hands. And I turned to him and I said, 'James, show me what he pushed back.' And he said, 'these, right here.' (points to her cuticles, laughing) And I knew it, I knew it! It was cuticles, not testicles. And so I thought, thank God, what a relief. What a relief! It's not his testicles, we don't have to go to this.... So that's

look at the whole picture. Don't' think that you have to march into everything and do, you know, do everything for everybody. Just a little bit of common sense here and we will get through it. So maybe that's one of the, one of the things that gives me hope, is just having some common sense. But it was only his cuticles..."

Everyone interviewed mentioned hope coming from different parts of his or her lives, different people and experiences. People had hope stashed away in many different places. Hope was woven into stories. Hope was folded away in personal memories, in important moments where they felt loved, cared for or respected. Hope grew along with the trees and flowers. Hope sometimes shone with the sun, or rested on the horizon. Hope popped up unexpectedly in moments of creativity or spontaneity at work, and energized participants there. Sometimes, hope appeared on television, in shows that highlighted the good parts of human nature. Hope chimed in the kind words or deeds of others. Hope could be held in relationships with co-workers, in their support and in the example they set by the way they work and live. Hope was lovingly braided into relationships with family members, both good and bad. The good relationships sustained people, buoyed their spirits, and brought them hope for the journey. The difficult, challenging or negative relationships or experiences reminded the participants that things can change, and sometimes motivated them to change.

Hope was not always equally accessible to all participants. Some, like Spartan, Ken, and Tower, spoke of hope always being there. Ken, for instance, spoke of how hope was always present, but not always visible.

Sometimes, he needed to change his perspective or move to see the hope.

George stated,

"... for myself... it's a combination of a capability and a choice to see the hope. When I'm working with a family, I think it's a skill to see the hope and to point it out to them. To see it for yourself. To use it to keep motivating you to keep working with the family. ... just the fact that they're still together as a family ... Obviously, they still have hope for something. And it's a matter of finding that with them and helping them tap into that sense of hope...and then working with them to get there... which in turn...reinforces my sense of hope in the work, generally and specifically."

Others, like Sage and Deana, spoke of being hopeless at one point and gaining hope through a series of events or experiences. The fact that Ken, Tower and Spartan felt that they had always had hope seems to contrast some with Marcel's (1962) view that hope springs out of 'captivity' or difficulties that humans face. All of the participants found hope to be currently accessible to them. They could find it if and when they wanted or needed to.

Weaving Hope into Stories:

Stories were one of the most prominent ways participants understood, experienced or saw evidence of hope in their lives. Each of the participants told at least one story to illustrate experiences that influenced their hope in their ability to help. It seemed that one way people were able to access hope when they needed it was to remember, review or re-tell the story. These hope-filled stories could come either from personal experiences or from experiences they had had at work. Both types of stories seemed to be effective at inspiring hope. The participants sometimes used the stories to

provide hope to others, such as co-workers or trainees. The stories were often of some positive change that occurred that they witnessed or were instrumental in facilitating. Spartan illustrated this well with her story of hope as a beginning social worker,

"One of the first cases that I ever worked on, and this new, bright-eyed social worker, and I met this 15 year-old-girl when I was working in (town), and she was just so rude and angry and just like hated the world. The first time I met her, she said, 'I won't see you again, because I'm turning 16 in six months and I'm going back home to my mom's in B.C.' And this young lady and her siblings had been in care for like, 14 years, and in the same foster home. ... there was five siblings, I think, and they're all in the foster home and ended up back to live with mom for a short time. But mom was drinking again. So that the three older ones stayed and the two younger ones went back to the foster home. So... she'd been back in the foster home for a number of years.

So she's meeting me for the first time, because her social worker was moving. And she was just like, 'Oh, you may as well not even come out. And I'm not even going to develop a relationship with you because I'm going to leave when I'm 16, and I know that I can.' And just finding out where that anger was coming from and what was happening for her and why she wanted to move back to her mom. Just to make a long story short, I discovered she wanted to play on the basketball team, but she lived on a farm. And it was a small town, so she would need transportation you know, after school, because the practices, because the buses wouldn't wait. So, I said, 'Well, no, I'm going to get you on.' 'Oh, you can't,' she said, 'my foster parents won't let me.' And so I was talking to them, and they're an older couple who were very set in their ways, and said, 'Oh you can't. She'll be dead in the ditch or pregnant or something.' And I thought, no she won't, not from playing basketball! (laughs)

... just when I first said to "Paula" 'No, you're going to be on the basketball team, we're going to make it happen,' she said, 'Oh I can't believe it.' And I said, 'No!' You know. 'You don't know me, and you don't know what I can do. We're going to do it!' And just to see her like, her eyes got that little sparkle and she's like, 'Okay, well, good luck!' (laughs softly) And it was a very challenging, and I didn't get a lot of support from the foster parents at all or from my supervisor. She's saying, 'Spartan, just let things sit where they are. This young lady's been in this home for 15 years or however long. No, let her go. She

wants to go in 6 months. But don't disrupt.' And I'm going 'No!' You know, I talked to the coach and I said, 'it's gonna happen.' And he said, 'Well I'm not going to get her hopes up and you shouldn't have got her hopes up, because I know that this is a big challenge. And it's been promised before and no one's been able to come through.' And I said, 'Well, I'm going to. I will, somehow.' And again, to make a long story short, we got her on the team.

It meant moving her from that foster home, though. And we found her another couple, whose son played on the boys' team, and they took her in on like a room and board situation. And so we had practices and it was so wonderful. Because according to basketball laws or rules, you're not allowed to practice until a certain time, like October 31st or something. And, so, Paula's basketball team had a practice at like, 12:01 on October 31st. And so I showed up at you know, which was a half hour away from my home, at midnight. 'Okay there she is practicing.' Just because they wanted to bring everybody in. And she was so happy, waving, 'Hi!' And so she finished Grade 12, and her marks went (gestures up), they skyrocketed. She became like an A student, and her self-esteem. And she just looked wonderful. And she ended up winning a scholarship to university or no, to was it college, or whatever, for journalism. So she won a basketball scholarship, and got into journalism. Now she's – well, she's a lawyer now, but just a few years back, she was interviewing Magic Johnson and things, but that was always her hope too, was get involved somehow in the professional basketball. So she was so excited to be able to interview like one of *the best* basketball's – so, that for me was just, 'Okay, if I can do that, I can do anything!' You know, too!"

Spartan's story illustrates how important it is to hope and to remaining hopeful that the individual be able to perceive his or her actions as making a difference, as being meaningful, both personally and in the larger scheme of life. This link between finding meaning in one's work, making a difference and being hopeful was present with all of the interviewees, and will be discussed in more detail in another theme.

Actively Seeking Hope:

Some participants discussed how at times, they actively sought hope in their lives. This was not the case for all those interviewed. Others seemed to

wait for hope to make its appearance to them. *Those who actively sought hope were more likely to be the participants who also said that hope was always present and available to them.* This active seeking of hope could take place within the person or in the external world around him or her. Ken related how he sometimes used traditional spiritual teaching to help access hope,

"...in terms of relating that to hope, that there is always hope. Sometimes you have to *move to see it*. So, if I'm in a place where I feel hopeless, then, to me, it's very easy for me to look for hope external to myself, that are reflected in...I'll use the system level advocacy example. With P-CHIP...at one point in time, people were hopeful something would be in place. It is *now*. So obviously, change *can happen*. And your hopes and dreams can materialize themselves."

He went on to say,

"I mean, those (referring to religious and philosophical texts) are constant sources for me. But it doesn't have to be those things. It could be pretty much anything. ... If I go outside and see a child, you know, running around playing...that is something that's enough to provoke a sense of 'Hey! Let's look at some of the things that are not so visible for you right now.'... And so that's just an example of a stimulus that could make me say, 'Okay, let's appreciate. Let's look at what I've got, where I'm at' ..."

Spartan actively sought hope in each of the families she came in contact with in her work. She felt there was something positive to be found in every situation, in every family, in every idea suggested. Sometimes, she noted, you had to look harder to find the positive, but it was always there. Tower sought to remain hopeful in her role as a helper to teens in high school by spending time with "middle of the road, everyday" kinds of children, in particular, her nieces and nephews. These examples reflect that participants searched for hope in both their personal and professional lives and experiences. One skill

that might insulate or inoculate helpers from becoming hopeless in their jobs could be to make a practice of actively seeking hope in their lives and their work.

Symbols and Metaphors for Hope:

In addition to stories, the participants often conceptualized hope, saw evidence of it or experienced it through symbols and metaphors. Tower was the only interviewee to actually bring what she referred to as "props" to the interview. Among the items she brought was a humorous 'outhouse' broach, which she stated she wore when she felt she was facing a situation that was laughable, that was "crap." She also brought a small, decorative wooden box she had been given by a family years previously. It reminded her of their successes and gave her hope for the current clients she was working with.

Many different metaphors for hope were given during the course of the interviews. Ken saw hope as a point on the horizon that one had the choice to move towards or not. He stated he saw hope as being personal power based. For him, running was also a metaphor for hope. George stated that hopeful experiences he had were "bricks in the foundation. This is the basis of hope." He saw the process of instilling hope in his clients as a stock exchange,

"... what helps feed that (referring to his faith and hope in humanity and in the world) is the work I do, and what helps feed it in the work I do is the hope I sort of skim from the families I work with... You know, I'm providing them seed money... they've got a little bit. They need a little bit more to start things going. So I will give that to them. And I mean, I won't take all their hope when I leave. I just take a little bit of

the profits. Sort of my share. Sometimes I feel it's more than my share, but they still have tons left over."

Spartan shared that a movie symbolized what hope is to her,

"I was just thinking of this movie, 'the Shawshank Redemption.' And it's one of my very, very favorite movies... for me that movie is about hope. And hope with the individuals in there, that 'I'm not always going to be in this jail, I'm gonna...' The little work that they did everyday, to chip at his wall to make that big escape. 'Cause it was all part of his bigger plan, that he knew some day, that 'I'm gonna get out of here.' And he never, never gave up on his dream ... And his buddy, there, too, that kept getting 'rejected' (makes a motion of stamping on a paper) and every time he applied to get out, too. And just the hope that he never lost. Or that ... throughout the movie he did, but he regained that hope and thought, 'this is what, this is what I'm going to do.' And then he got out and thought about suicide, and thought, 'no, I'm not. I'm going to do this, and I'm going to go find my buddy.' And it was just such a wonderful film. And I thought, that's what hope is! And that's hope that things will get better, and it's those tiny little steps that we make sometimes, and some bigger ones the next time. And... the hope that they had in each other. And I think that's just part of what keeps me going in this job as well. It's just the passion, and the desire and the constant working through some of the changes, and just the people that I meet and knowing that there is some goal in mind and some end in mind. And each little chipping away at the walls is going to make a big difference, whether it's a big hole or the start of something."

The use of symbols and metaphors was another way participants could keep hope visible in their lives. At times, it represented a kind of vicarious hope, because it was a hope that did not come from their direct personal experience. Yet this vicarious hope was still influential enough for them to bring it up during the interview as a way they were able to stay hopeful in their work.

IV. Hope is Influenced by Relationships

One thing that was very clear throughout the interviews was that participants' hope was influenced by their relationships, both with themselves, and with others. These others included family, friends, fellow professionals as well as clients. Hope shone in the accomplishments of siblings and children. When participants were treated with respect, their hope in their ability to help others grew, as it did when they showed respect for themselves. A few identified the importance of knowing their own limits and recognizing they could not help everyone. They drew hope, additionally, from the talents, stories and lives of their coworkers, and aspired to instill hope in others through their stories. For some participants, the systems they worked in also affected their hope.

As the reader begins this section, he or she will notice a certain amount of overlap with previous themes and categories. This is due to the fact that the relational nature of hope influences many other aspects of hope. It is, for example, in relationships with others that the hope that things can change is often most evident. The connection between hope and mentoring is mediated by our relationships with others. The hope that comes from giving and receiving respect is evidenced, as well, in participants' relationships. While keeping these various categories separate creates some repetition, I have chosen to retain them. This was done in an effort to highlight these different aspects rather than risk losing them by including them all in the theme of hope and relationships.

Giving and Receiving Respect Fosters Hope:

Nearly all of the interviewees spoke explicitly of the importance of respect in their helping relationships. They spoke of the need to be genuine, nonjudgmental, and to treat clients respectfully, as whole human beings capable of making appropriate choices for themselves. In the following excerpt, Tower explains her philosophy,

"I really, really, really believe in an interdisciplinary approach, looking at the person as a whole person. Respecting them as a whole person. A mutual respect is not hard to gain when you truly do respect your clients. And it's not that difficult. If I've ever felt that I haven't had a respectful relationship, I've gone back and examined my approach, or what I've done. Because mutual respect is kind of an automatic thing. It comes quite easily as long as you're true in your – you know, the respect that you give."

Previous researchers, such as Benzein and Saveman (1998), Jevne, Nikolaichuk and Williamson (1998), and Wong-Wylie and Jevne (1997) have all noticed clients' hope being significantly impacted by the presence or absence of respect in their relationships with their helpers. In this research, it seems that these helpers' hope was also influenced by the respect they gave their clients. Seeing others treat clients with a lack of respect or believing that he or she had acted disrespectfully at times detracted from the interviewee's hope in her/his ability to help. Respecting each individual was central to participants' ability to continue as helpers, as exemplified by the following statement from George,

"My belief that I'm worthwhile and that everybody is worthwhile is what makes me go out every morning... instead of staying in bed and bemoaning my existence and the fact that the world is going to shit.... That's what gets me up and keeps me doing that stuff... I guess that's the basis of the hope, is you know, helping people find that for

themselves or see that in their children or their spouses or whatever. And to *do* something with it."

Hope is Connected to Relationships with Others:

Much of the previous research on hope has identified the fact that hope is often in relation to others and that one's relationships with others influence one's hope (e.g., Farran, Herth & Popovich, 1995; Marcel, 1962; Wong-Wylie, 1997). Nearly all of the participants interviewed talked of how their hope had been affected by their relationships with others. Receiving support from family, friends and coworkers gave participants hope for themselves. Being treated with kindness and respect by others also engendered hope. Interviewees with children or grandchildren cited them as sources of hope. Tower related how when she was growing up, her mother had always told her she could do anything she wanted. She also indicated her siblings and their accomplishments were a source of hope for her. Ken, too, stated he felt hope was interpersonal, it was in others - family, community, society, and environment. Deana stated prior to her depression, she had never seen her husband as a source of hope,

"... I really knew both of us have that capacity to endure, stick through and be together. But what I never really trusted – it was that aloneness feeling again. I didn't really trust that I could be just totally fallen apart and be feeling incompetent and that that would be okay. And so that was another... big moment for me. A really ground-breaking moment that has allowed me to move forward, was... when I had no choice but to do that. And he was so wonderful and so there for me. And so it really made me ask, who else do I discount? Who else do I really think couldn't be there for me, that I push away?"

There were times when family was a drain on Sage's hope. These tended to be when either her family chose to remain stuck in unhealthy patterns or when she experienced a loss of connection with her family.

More than one participant mentioned relationships with coworkers or supervisors as sources of hope. Tower found receiving constructive feedback from colleagues helpful in her work and sought it out. The respect of her colleagues gave her hope for her work, as well. Sage stated,

"I think something else at my work that gives me hope is just seeing the people that I work with, you know. A lot of them are quite gifted, as well, and they really care and try to do a good job ... like a lot of times with _____ (her boss), what I get from her is that I think the families (referring to their clients) are our priorities. And she really shows that in a lot of different ways. And ... I really take that in, too, when she shows that, because... it takes me back to when I was in the same spot as families are in. So... I feel really hopeful when I see that. And I find it healing and nurturing, just to hear that stuff."

Mentoring as a Vehicle for Hope:

The term, 'mentor,' came up only once during the course of this research. However, nearly all of the participants spoke of instances where either they gained hope from a colleague or supervisor, or where they attempted to instill hope in someone else. In the art of mentoring, someone more experienced provides guidance, information and/or support to someone less experienced, a novice, protégé or "mentee" as the person is sometimes called in the literature (e.g., Cohen, 1995; Covan, 2000). The mentor can be a role model, demonstrating effective ways of solving problems or handling situations. The mentor can provide information or guide the protégé in his or her search. Cohen (1995) identifies some of the aspects of mentoring as developing a

trusting relationship, providing information, offering specific advice, facilitating, introducing alternatives to the protégé, confronting and challenging, modeling, motivating, and encouraging initiative. The value of the mentor relationship has been noted in many fields from medicine to counseling to teaching. It seems that one overlooked function of a mentor is as a source of hope for the colleague. The participants in this research spoke of how watching others and learning from others gave them hope in their own abilities. Spartan and Tower, both reported using hopeful stories of their work to provide wisdom and encouragement to other workers. Spartan advised me after telling her story about Paula and the basketball scholarship, that she uses the story when training and supervising child protection workers, in an effort to show them that child welfare intervention in families can lead to positive outcomes. After telling a story about one of her experiences with a family, Tower ended by saying, "(these are) just lessons that I've learned along the way when I – that have stayed with me as so strong and so important, and I've captured those, and I've tried to kind of share them with some of the others, because I'm not going to be around that long. And I think that, you know, they're good lessons." George explained how observing a coworker helped him regain his hope for helping families after his first experiences left him hopeless,

"How did I get past that? ... (A co-worker) ended up presenting (in group supervision) a family that she was working in, and things weren't going well, and she was just feeling horribly overwhelmed and was weeping... the supervisor... just asked, 'What's going well in the family?' And I just thought, Wow. What an interesting question. Nothing's going well! Can't you see that?... And she stopped and she sort of took a beat... she started with a couple, you know, feeble

things. Like, well ... the kids are being fed, they're getting nutritious meals regularly... they have a house over their head ... And the more she talked, the more energized she got, and the more happy she started to look.... And the bad things that were going on were still going on, but now there was this other piece that needed to be considered, that needed to be attended to. And just the fact that we were attending to it seemed – made everything seem more hopeful."

Ken found mentors outside of work, for how he wanted to live his life. He spoke of how different people in his life influenced his hope. As indicated earlier, he spoke of how watching his parents mature gave him hope. He told how the founder of the program he works in was a source of inspiration to him. He said, "...despite the fact that she's older, she'd continued to do, I think, work that's active... She was writing her dissertation while she was you know, doing all that stuff (referring to her founding the street outreach program)...And I look at all this stuff and I think, this is an inspiration to me."

Ken also spoke of the effect of seeing others act in moral and ethical ways,

"To subscribe to the principles of morality and ethical behaviour, and I think to learn from others about this, and to be given an opportunity to influence others to act in a moral way ... If you think that more and more... people in your life are moral and ethical ... then you can go to these people to be an inspiration, to be a source of hope when you need to."

One of the ways Ken stated he kept hope visible in his life was to look at how others lived and draw hope from the example they set.

The "System" Influences Hope:

The relationships participants had with co-workers and supervisors were influential to their experiences of hope as helpers. However, even beyond that, the "system" in which they worked also influenced their hope in

their ability to help. Deana, for example, experienced a great deal of hopelessness because she found the medical system to be unresponsive to the needs of student doctors and more importantly, to the needs and safety of patients. Having an impact on that system by changing her work environment increased her hope in herself as a doctor and as a person who could make a difference in the world. Changing one small part of that larger medical system gave Deana hope that the whole system could also be changed. During our interview, she told me of an opportunity she had to speak to a hospital board member who was interested in implementing similar hope-based changes in some of the local hospitals as she and her fellow medical professionals had made in their clinic.

Ken took hope from the fact that the child protection and justice systems changed in response to the need to help and protect children involved in prostitution. He spent several years working with other community and government agencies to craft that piece of legislation. This reinforced his hope in those around him, as well as in the systems in which he works. Tower recognized how sometimes the child welfare system she was working in detracted from her hope. Changing her 'location' to a job in the school system renewed her hope in her ability to help. The system and its influence on hope are greater it seems than the sum total of one's relationships with colleagues. It seems like such an important consideration in one's hope of helping. The helper may be willing to help and the client may be willing to accept the help offered. But if the system does not support this, these efforts to change or

improve the client's situation may come to naught. When the system people worked in changed in response to the needs of clients and/or staff, these helpers were more hopeful they could make a difference in their work. This finding is similar to Bernard's (2000) finding that organizational factors influenced the hope of the domestic shelter worker in her case study.

The Importance of Self-Care:

I found it very intriguing that the five women who were interviewed specifically mentioned self-care as being very important to remaining hopeful, yet the two male participants did not mention this. The women spoke of the need to take time for themselves, to engage in activities that they enjoy and that are for their physical and/or mental health. They believed they, their families and their clients all benefited when they took care of themselves. By having a life outside of work, they were able to avoid being consumed by their clients' problems. Deana explained it thus,

"... if you go in the room and you're exhausted and tired, people can pick up on it. They really can. So, doing a better job of looking after myself, for my own nutrition and exercise, and besides the fact that they can look at you and say, 'Okay, you don't have as much of a weight problem as you did a year ago.' Or whatever. Again, the legitimacy. It's me. I feel a lot more hopeful, because I know it can be done. And you're not asking anyone to do something that you're not really believing is important yourself... that's true leadership to me, is embodying what you speak of."

When their own needs were met, the women interviewed were better able to meet the needs of the people they worked with, as well as their own families.

Self-care helped them see beyond their clients' problems to possible solutions

and to the reasons for hope. Tower learned early in her career, from a coworker, the importance of being more than her job,

"... he said, 'If all I can see is their problems (referring to the children he worked with in a residential setting), I'm quite useless to them. And when I'm involved in their lives so deeply, all I can see is their problems. Then I'm quite useless to them.'"

There is any number of reasons this split between females and males might have occurred. One is that a lack of experience on the part of the interviewer led to these apparent differences between the men and women who participated. Had the interviews been conducted in another manner, the two men may have readily identified self-care as an important influence on their hope. Another is that self-care is important to these women's hope, but not specifically to the men's for no reason other than sheer individual differences. A third reason could be that women are frequently socialized to be caregivers and caretakers in our society, and therefore have to put more effort and emphasis on self-care than men.

Know Your Limits:

For three of the participants, knowing their own limits was one way they were able to remain hopeful in their ability to help. They believed they could not help everyone or every one of their clients. There was a time to acknowledge the limits of one's own expertise and rely on the abilities of others. Knowing they could not realistically help everyone insulated them from the discouragement when they were ineffectual in helping someone. It gave them permission to refer the client to someone else either with more expertise

or simply someone different. Tower, for instance, cited an example of an occasion when the son of a former client, and her godson, became involved with her program. He indicated a belief that she was more aligned with his mother than him, and was reluctant to work with her. Recognizing her inability to have good rapport with the son due to her connection with the mother, she chose to have another social worker provide him with individual counselling. Spartan stated she believes that recognizing and acknowledging her limits as a supervisor is both respectful of her staff and provides good modeling for them. In being human, she gives them permission to be human, too. In not having all the answers, she creates space for them to find their own answers and to learn how and where to search.

Whether there is a connection or not, three of the four participants who reported that hope was always present in their lives also indicated the need to know one's own limits.

CHAPTER V: DISCUSSION AND RECOMMENDATIONS

Findings:

In this chapter, I will discuss what were for me the key findings of this research. I will briefly outline them and explain why I felt they were important. I will also discuss the limitations of the present work, as well as the implications for future research and practice. Previous research on hope has often delineated the link between hope and one's relationships with others. This was also borne out in the current research. However, since it has been thoroughly researched and well discussed by others, I have chosen not to focus on that aspect in this discussion. The relational dimension is well documented and accepted as foundational to counselling (Jevne, Nikolaichuk & Williamson, 1998; Lambert & Bergin, 1994; Lambert & Cattani-Thompson, 1996; Nelson & Neufeldt, 1996). The reader can consider the relational dimension of hope the hub from which the key findings of this research extend.

The first key finding of the present research was the connection I noted between hope and change. Participants defined hope, in part, as the possibility that things could change for the better, or that people could and would change. Making changes in their own lives gave some participants hope they could help others change. This seemed to stand out as somewhat different from the literature I had reviewed. As Dufault and Martocchio (1985) pointed out, hope is not one-dimensional. Hope involves many things –

thoughts, beliefs, experiences, etc. However, change was not identified as a key element of the hoping experience, per se. As indicated in the literature review (see Chapter II) much of the previous research involved hospital patients with various diseases or terminal illnesses (see for example, Benzein & Saveman, 1998; Dufault & Martocchio, 1985; Morse & Doberneck, 1995; Morse & Penrod, 1999; Wong-Wylie & Jevne, 1997). Part of what encompassed hope in these populations was a 'confident yet uncertain expectation of a future good' (Dufault & Martocchio, 1985). In the present work, change generally seemed to lead to hope or to more hope. Change was seen as evidence for hope. Sometimes it was simply the fact that a change, even a tiny one, had occurred that inspired hope, not even that the initially desired outcome had been achieved. In some ways, it seems like mere common sense that hope for helpers would involve seeing a change. In general, helpers are working with their clients to help them *do something*, to create some change. That is different from coping with a life-threatening illness or working with people who are terminally ill.

In the helping professions, there are sometimes derisive comments made about 'wounded healers,' people in helping roles who have been through trauma themselves. The notion is that these people enter a helping profession as a way of coming to terms with their own past histories, and that they are possibly 'using' their clients to work through their own issues. In some instances, this may well be the case, and helpers certainly need to be aware of their issues and when these are affecting their ability to help.

However, another possible explanation for the 'wounded' becoming healers is *they have hope that things – people and circumstances – can change*. They have faith and hope that others can change because they themselves changed for the better. Their hope springs from their own experiences of surviving, healing and overcoming their trauma histories. They are also capable of being genuinely understanding and empathetic with their clients. They may know all too well how difficult it can be to change or how hopeless it can seem at times, yet because of their past, they can instill hope in their clients.

The present study complements Keen's (2000) most recent research. As mentioned earlier, Keen noted that the processes of hoping preceded an individual's efforts to make profound changes in their lives. She developed five themes of the experience of hope; choosing life, believing change was possible, becoming aware of their own strengths and potential, refocusing their lives, and understanding that life has meaning and value. These processes were involved in hoping and in the internal changes Keen denotes as 'change in self.' These processes, along with unbearable life circumstances led the individuals in her study to make lasting life changes. In this research, participants both began and ended with hope. They began with hope that things could change, that their clients, for instance, could change. The changes they witnessed in their own lives, the lives of others around them, or in their clients similarly promoted hope for these helpers. Taking these two studies into consideration together suggests that it is vitally

important for clients that helpers possess hope at the outset, and that helpers understand that hope and a crisis are likely required before their clients can make lasting changes.

The second finding that stood out for me was the relationship between hope and time. In some situations, the passage of time was what determined whether a story contained hope or hopelessness. What began or initially seemed to be hopeless became hopeful or hope-inspiring later, often after years had passed. The relationship between hope and time has not been discussed or explored much in the literature on hope.

In the present study, the participants 'hung in there' and chose to be open to reinterpreting experiences in a more hopeful light at a later date. It seems this served both them and their clients well. It also seems to me something that speaks to their faith in humankind and their willingness to hope and have faith that their acts will be helpful, if not in the present then in the long run. There is a spiritual quality underlying their hope. In our results-oriented society, people are often not prepared to wait years for evidence that the help given in fact was beneficial and made a positive difference. Not being willing to wait patiently, even years, for results does a disservice to both the helper and the client.

That participants had many different ways of accessing hope was the third key finding of this research. Participants had many different places they kept hope. This idea or concept has been addressed in different terms in previous research (e.g., Dufault & Martocchio, 1985; Farran, Herth &

Popovich, 1995). Patients' hope was influenced by their interactions with medical personnel, family, friends, external events – like the appearance of a rainbow when they'd asked 'the Universe' to give them a sign', and their own internal experiences. Similarly, in the present research, when hope was not readily accessible in one area of their lives, participants often turned to other areas. One predominant way participants kept hope accessible was through the use of stories.

This was not, however, done explicitly and intentionally for the most part. It seemed to happen more intuitively. Only two participants spoke directly of knowing where to look for hope or of being able to uncover the invisible hope. It would be interesting to know if helpers who became hopeless were also skilled in tapping into different sources of hope or not. I also wonder what impact it would have to teach helpers how to 'open different hope accounts' and to make deposits in them. (This may sound initially like confidence or optimism, but I do not believe it is. Human beings are unique and so a helper can never be *certain* that his or her efforts will be effective. An acceptance of the help offered and partnership between the helper and client is required but by no means ever guaranteed. A helper's hope is a necessary but not sufficient component in the helping relationship.) What would happen, for example, if a counsellor who was feeling hopeless in her work with a client went to a colleague and said, "I need to hear about some of your successes, some of your miracles, some of those experiences that gave you hope in your work"? Future research might uncover whether intentionally

seeking and accessing hope in different areas of one's life helped ward off burnout and despair for those in the helping professions.

Lastly, I would like to mention what I see as the relationship between hope and mentoring. In this research, a number of participants spoke of how seeing their colleagues 'do good work' – e.g., be effective, treat clients respectfully – gave them hope in their roles as helpers. Several also told me they share stories of their own work as a way to provide hope to new workers. Stories of past successes with clients were relayed as a means of inspiring others to have hope that their actions, too, could make a difference. It seemed that part of the role of mentor involved helping the protégé develop hope in his or her work, in addition to what are thought of as more typical tasks of mentors such as providing guidance, information and support. Furthermore, one could also go so far as to say that if, as the body of research on hope indicates, relationships with others are important influences on hope, then merely the relationship between the mentor and protégé could be a source of hope.

Implications For Future Research:

There are a number of questions that the present research raises. Earlier I mentioned the need to examine the differences between helpers who have remained hopeful in their roles and those who have not. Participants in this research mentioned some sources of hopelessness, such as a lack of change, a lack of respect or working within a system that seemed

unresponsive to the needs of the people it employs and serves. More research identifying who stays hopeful and how is clearly needed.

I had a number of questions that developed out of this entire research process. What ultimately makes the difference between the hopeful helper and the hopeless one? Is it in number or kinds of experiences? What can be traced to individual, intrinsic characteristics or personality styles? What role does early life experience play? If helpers are willing, can they be shown how to access hope? Can we learn how to "inoculate" against the loss of hope? I was also quite curious about the fact that for some participants, hope had always been present, whereas for others, hope grew where there previously had been none. It seems likely that if hope is always present for you, you are unlikely to become hopeless in your work, whatever that may be. If one has been without hope, there may be a possibility hope could disappear again in the future.

It would be helpful to look at some helpers who lost hope and see if there were particular places where their hope was absent. In addition, researchers could explore if there were any qualitative differences between the experiences of those who lost hope and those revealed in the present study. It would also be beneficial to explore further the relationship between hope and time, to begin to understand how and when the passage of time affects a person's hope. More developmental studies of hope might uncover the answers to some of these questions.

Implications For Practice:

I believe there are a number of implications for practice rising out of this research. Workers new to the helping professions may not be aware that results and change often takes a long time. What this could mean for helpers who are just beginning in their careers is that they may need to 'borrow' hope from others until sufficient time has passed for them to have collected hope stories of their own. One way of garnering hope may be to actively seek out hopeful stories from colleagues and mentors. They may also ward off despair by finding different ways of accessing hope, such as looking for evidence of it in their own personal lives, or in the lives and stories of family and friends.

For more experienced workers, this research suggests the benefits of sharing hopeful stories with others. The stories can serve to reinforce one's own hope as they are told, as well as provide a kind of temporary, vicarious hope to those without sufficient time or experience in the field to have their own hope stories. Related to that is the value of age and experience that is all too often unrecognized in our society. We need the inspirational stories that seasoned workers can provide to keep us going during dry spells, as well as when we are just starting out.

Although I chose not to speak of the relational component of hope, this research is a reminder of the basic inherent benefits of treating self and others with dignity and respect. Participants spoke of how they were affected when they saw other workers treating clients respectfully. Our actions ripple out, not only to our clients, but also to colleagues and into the larger

community. By respecting self and others, we have the opportunity to create an underlying invisible thread of hope in our communities.

Limitations of the present research:

Merriam (1998) states that a qualitative case study has the following characteristics: it is particularistic, descriptive and heuristic. Particularistic refers to the fact that case studies should focus on a particular phenomenon, situation, event, or program. A case study is descriptive if the end product is a rich, "thick" description of the phenomenon being studied. The term "heuristic" means that case studies illuminate the reader's understanding of the phenomenon under study" (p. 30). The present research is not particularistic in the way Merriam states case studies should be. Hope is the particular phenomenon being considered, but it is being examined in a variety of contexts, and the focus is not on hope itself, but on the many experiences that may influence a helper's hope. The descriptions are also not of a single phenomenon. Lastly, I have not selected a single, bounded unit to study, but rather have examined the many experiences related to hope for persons in helping professions. These factors limit the knowledge about hope that can be gleaned from the present study.

There are many different helping professions besides the ones included in the present study. A sampling could include counselling, other areas of social work, nursing, teaching children and adults, and working with developmentally challenged or special needs populations. In all of these professions,

consideration of what keeps some workers hopeful in their roles as helpers would be beneficial to explore. Due to the constraints of time, cost, and the scope of this research, people from these professions were not interviewed regarding their hope in their ability to help. Certainly, it would be valuable to include such participants in future research. Although there would likely be many similarities in the basic processes and experiences of hope, some important differences might be discovered. A key to hope for teachers, for example, might be when there is evidence of learning. For someone working with disabled individuals, the focus might be on acknowledging small steps and finding hidden sources of hope. In addition, it could well be argued that interviewing more than one person from each professional would strengthen the findings obtained in the research. In addition, this research includes only participants from a mid-sized Canadian prairie province city.

The selection of participants partially involved my own perceptions about who appeared to have remained hopeful in his or her role as helper and who might be a good candidate to discuss hope. In this current work, there was no beginning objective measure of the hope (such as the hope scales mentioned in chapter II) of the participants involved. Nor were there any subjective, self-reported measures of hope in the participants. Starting out with such measures could provide another source of information about the level of hope in the participants, and lead to more verifiable knowledge about the factors involved in remaining hopeful working in a helping profession.

The process of choosing (a) whom to interview, (b) what questions to ask in the interview and what discussion to invite, (c) which data to attend to and which to ignore during the analysis are all reflections of my own personal choices. Someone else doing this study might decide to interview entirely different people. He/she might conduct the interviews completely differently, and might draw entirely different conclusions from the interviews that were done.

Although there are individual differences in experiences of and beliefs about hope, there are also many similarities. For instance, all of the participants in this study spoke of hope being related to the possibility of change, whether that was in people or in circumstances. As mentioned, hope was influenced by relationships – both at work and at home. Hopeful experiences in one's personal life could inspire hope in one's ability to help, and hopeless ones could have the reverse effect. What is noteworthy here is the degree of similarity between the participants in this research and those in other studies of hope, many of whom were patients facing debilitating disease and/or death. It is possible that similar processes are underlying the hope of those helping and those being helped.

EPILOGUE

In the qualitative research paradigm, the assertion is made that researcher and that which is being studied are not separate. To use a concept from phenomenology, "each individual and his or her world are said

to *co-constitute* one another" (Valle & King, 1978). In fact, the subject is affected and changed simply by being studied by the researcher. I would like to take this one step further to add that the reverse is also true, at least for me. I have not remained unaffected by the research and the participants involved. Some of what came out of this research was not new for me, but I saw it in a new light or I gained a new perspective on it. I learned a lot about the process of qualitative research. I learned many things to do and a few things *not* to do. I certainly have learned much more about hope. But I think where this research has impacted me the most is in the way I am a helper and in the way I live my life.

Actively seeking hope has not been my typical mode of being. I look back now and I *wish* I had looked for hopeful stories when I was at Child Welfare. It could have made a huge difference in what that experience was like for me and in how I did my job. It has taken me a long time to see the evidence that people can change and to have faith in that. My past experiences have led me often to expect things not to improve, or my natural tendency was to notice the negative signs and not the positive ones. Like some of my participants, I am now actively seeking hope. I want to know its hidden places. I want to learn to move when I cannot see hope. I want to know how to deposit it in different places so that if one hope account runs dry, I will still have hope in other accounts.

Through the course of this research, I became aware that, as a counsellor-in-training, I was borrowing hope from my participants. Their

stories give me hope for myself, and my own future role as a helper. I have more faith that I can do this work without losing hope, without becoming burnt out. I will seek out stories of hope and success – from colleagues and supervisors as well as family and friends. I see the value of that. I became aware of that at a Hypnosis workshop I attended recently. Much of the implicit purpose of the stories and demonstrations from those many experienced hypnotherapists, in addition to providing instruction, was to inspire hope in the trainees. 'This is what we've been able to do. With practice, you can do it, too.' So, I will be more deliberate in my attempts to access hope and to keep it visible.

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Appendix A

CONSENT TO PARTICIPATE IN RESEARCH

I, _____, have been invited by Gina Janzen to participate in her research project. I am aware that the purpose of this research is to understand the experiences that impact my hope in my ability to help my clients. Through the use of an interview format, I will be asked to describe my experiences in as much detail as possible. I understand that the present research is being completed by Gina Janzen, for her thesis, as part of the requirements for the Master of Education in Counselling Program. I also understand that Gina Janzen is working under the supervision of Dr. Ronna Jevne of the Department of Educational Psychology at the University of Alberta.

I agree to participate in the study and I am willing to share my experiences with Gina. I am aware that an interview of approximately one to three hours will be audio and/or videotape recorded and then transcribed for later analysis. I understand that my participation in this research is entirely voluntary and that I am free to withdraw at any time without penalty. If I choose to withdraw, any information about me and any data that I have provided will be destroyed. I am also aware that if discussion of my experiences raises any concerns for me that I wish to discuss further with a counsellor, Gina will provide me with the names of individuals I can contact. I am aware that discussing my past experiences of hope may impact my present experiences.

I am aware that my identity, and that of any person(s) that I mention, will be known only to Gina Janzen and her supervisor, Dr. Ronna Jevne, who will be guiding and assisting Gina in her analyses, and will not be revealed at any time. When transcribing the interview recordings, Gina will use a pseudonym for my name and for the name(s) of any other person(s) that I mention. These pseudonyms will also be used in preparing the written report for the thesis. Any details in the interview recording that might identify me or any other person(s) that I mention will also be changed during the transcription process. Gina Janzen and Dr. Jevne will also be the only persons with access to the tape recording(s) and the interview transcript, and these will be stored in a secure place. I also understand that the interview recordings will be erased after the transcription process has been completed.

I am also aware that the information obtained in the interview will be used by Gina Janzen for the purposes of this research and that the transcript of the interview conducted with me may be included as an appendix in her written report for the research. In addition to being analyzed for a Master's thesis, the results may be presented at conferences and/or published in professional

journals. In signing this form, I am giving my consent for the results to be used in this manner.

I understand if I have any questions or concerns, I may speak to Gina Janzen at (432-6348) or her supervisor, Dr. Ronna Jevne at Hope House (492-1222).

Signature: _____

Dated at the city of Edmonton, in the province of Alberta, this _____ Day of _____, 20____.

Appendix B

INVITATION TO PARTICIPATE IN RESEARCH ABOUT HOPE

You are being invited to participate in a qualitative research study about experiences that people in the helping professions have that influence their hope in their ability to help their clients. The purpose of this research is to gain a greater understanding of the experience of hope in the helper, and to identify any themes or experiences that people from different helping professions have in common. In addition, it is hoped that some greater understanding will be obtained about how helpers may take steps to maintain and sustain their hope during their professional career.

I will be conducting the research, analyzing the results and writing up the report, with the support and direction of Dr. Ronna Jevne, a world-renowned hope researcher, scholar and practitioner. I am a graduate student at the University of Alberta, in the Department of Educational Psychology. I am completing the second year of my Master's in Counselling Psychology.

Participation in this research will involve an initial meeting, where you and I will discuss the topic I wish to focus on. You will have opportunity to raise any questions or concerns at this point and from then on, any time during our work together. If you decide you are willing to participate, you will sign a consent form at this initial meeting. Following this meeting, an interview of several hours in length will be conducted. This interview may be held at the Education Clinic on the University of Alberta campus. It will be audio- and/or videotaped. The focus will be on experiences that have influenced your hope in your ability to help your clients. If you have any items, such as photographs, music, books, or artifacts, that are significant to your hope, you are invited to bring them along to the interview, and to share their significance with the researcher. You may bring anything you think would help the researcher understand your experiences of hope. These articles will remain your possessions and will go home with you at the end of the interview. When the interviews have been transcribed and analyzed, you will be invited to meet again with the researcher, to review the findings, and to ensure they adequately reflect your experiences of hope as a helper.

There are a number of possible outcomes you may experience as a result of participating in this research. You may find that it makes you more aware of when you are and are not hopeful. You may also be more mindful of the kinds of experiences that positively and negatively influence your hope as a helper. At times, this may be uplifting, but it may also cause some distress. In particular, talking about experiences that diminished your hope may lead to sadness or distress. (If you experience any negative outcomes as a result of

your participation in this research, you may let me know and I will assist you in accessing appropriate resources, such as counselling.)

Thank you for your interest in this research project. Without co-researchers such as yourself, valuable knowledge about hope and how it is experienced in the lives of helpers might not be obtained.

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