

2013-05-24

Making Hope Visible: Counselling Interns' Reflections of Hope in Personal Life and Professional Practice

Crowe, Gloria Haekyung

Crowe, G. H. (2013). Making Hope Visible: Counselling Interns' Reflections of Hope in Personal Life and Professional Practice (Master's thesis, University of Calgary, Calgary, Canada).

Retrieved from <https://prism.ucalgary.ca>. doi:10.11575/PRISM/26817

<http://hdl.handle.net/11023/728>

Downloaded from PRISM Repository, University of Calgary

UNIVERSITY OF CALGARY

Making Hope Visible: Counselling Interns' Reflections of Hope
in Personal Life and Professional Practice

by

Gloria Haekyung Crowe

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SCIENCE

DIVISION OF APPLIED PSYCHOLOGY

CALGARY, ALBERTA

MAY, 2013

© Gloria H. Crowe 2013

Abstract

Hope has been identified as one of the key determining factors contributing to successful therapeutic outcomes, such as client change. Research on the role of hope in counselling psychology from the perspective of practitioners, however, has received little attention until very recently. This interpretative phenomenological analysis study explored seven counselling interns' experiences of hope in their personal lives and professional practices and examined how they perceived hope influences their counselling practices. Data for the analysis was collected utilizing semi-structured interviews. The data analysis yielded six key themes (The Symmetry in Personal and Professional Hope, Hope as Personally Meaningful Multifaceted Construct, Counsellors' Understandings of Hope, Counsellors' Visible Identifications of Hope, Relationships as Sources of Nurturing Hope, and Challenges with Hope in Professional Practice) and twenty-nine related subthemes. Implications for counselling, and counsellor training and education, as well as directions for future research are discussed.

Acknowledgements

Engaging in my M.Sc. thesis journey has been one of the most rewarding life experiences that I have ever had. And yet, reflecting on the long, arduous journey, I must admit it has also been one of the most challenging experiences as well. But you were there with me every step of the way. So I thank you, God for walking beside me for all these years and being the ever-present source of my strengths, my inspiration, and most importantly, my hope.

To my supervisor, Dr. Helen Massfeller, I thank you for nurturing my hope that was so integral to the process and outcome of this research. Without your expertise, knowledge, and insight into the phenomenon of hope, I would not have had the opportunity to embark on this meaningful journey that deepened my understandings of hope. Without your warm support and encouragement, I would not have had the courage to look deep within myself and engage in the restoration of my wounded hope. I thank you for standing by me throughout the entire journey. I sensed your hope in me and that made all the difference.

To my other supervisor, Dr. Nancy Arthur, I am deeply grateful that you took me on as your student in the last stage of my thesis journey to help me complete this project. Without your willingness to offer your time and effort in providing me with your professional guidance and genuine support, this thesis would not have come to its completion.

I would also like to take this opportunity to acknowledge Dr. Nancy Dudley – thank you for your wise guidance and classroom instructions that fostered and nurtured my hope during my practicum. I drew hope from your words of encouragement and your thoughtful feedback that you had written at the end of each assignment. You are an “inspirer of hope.”

I would like to extend my special thanks to Dr. Donald Kline for his expertise in vision research that shed light on my understanding in making hope more “conspicuous” in therapy.

My special appreciation goes out to the volunteer participants, without whose kind contribution, this thesis project would not have been accomplished.

To my husband, Trevor and my heart-daughter, Brittney, you have profoundly enriched my hope in the greatest way imaginable. To our 90-year-old grandma Kathy, we thank you for providing us with a place we could call home while we lived with you in Calgary and always being our “Rock” for the three of us.

To all of my family members, I am immensely grateful for each one of you. Your love, faith, and hope in me sustain me every day.

To all my friends and colleagues in Barrhead and Calgary, I sincerely thank you for being in my life and taking genuine interests in me and my well-being. Thank you for blessing me with your friendship that has always been a great source of my hope. Indeed, I am privileged to walk with you in this life’s journey, shoulders to shoulders. A special thanks goes to my colleague and friend, Shirley – you helped me with my transition from Calgary to Barrhead by being the bridge between my two worlds. Thank you for waiting for me at the “finish line” – it encouraged me to keep moving forward.

Dedication

To my mom and dad, Joanna and Nathanael.

All that I am and hope to be

I am truly and deeply indebted to you both.

Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
Dedication.....	v
Table of Contents.....	vi
List of Tables.....	ix
Epigraph.....	x
CHAPTER ONE: INTRODUCTION.....	1
1.1 Statement of Problem.....	4
1.2 Purpose of the Study.....	6
1.3 Significance of the Study.....	7
1.4 Defining the Concepts.....	7
1.4.1 Hope.....	7
1.4.2 Personal Hope.....	8
1.4.3 Professional Hope.....	8
1.4.4 Counselling Interns/ Student Counsellors.....	8
1.5 Summary.....	8
1.6 Organization of the Thesis.....	9
CHAPTER TWO: LITERATURE REVIEW.....	10
2.1 Importance of Hope for Counsellors.....	11
2.2 Challenges in Finding and Maintaining Hope.....	13
2.3 Summary.....	18
CHAPTER THREE: METHODOLOGY AND METHOD.....	20
3.1 Methodology.....	20
3.1.1 Philosophical Assumptions and Research Paradigm.....	20
3.1.2 Choosing a Qualitative Mode of Inquiry.....	22
3.2 Research Approach and Design.....	23
3.2.1 Interpretative Phenomenological Analysis.....	23
3.2.1.1 Phenomenology.....	24
3.2.1.2 Hermeneutics.....	26
3.2.1.3 Idiography.....	28
3.2.1.4 Researcher Stance.....	29
3.2.1.5 My Beliefs, Values, Assumptions, and Biases.....	30
3.3 Research Procedure.....	31
3.3.1 Participant Selection.....	31
3.3.2 Instrumentation.....	32
3.4 Data Collection Procedure.....	33
3.4.1 Data Management.....	34
3.5 Data Analysis.....	34
3.5.1 Stage 1: Reading and Re-reading of the Transcript.....	35
3.5.2 Stage 2: Initial Noting.....	35
3.5.3 Stage 3: Developing Emergent Themes.....	37
3.5.4 Stage 4: Searching for Connections across Emergent Themes.....	37

3.5.5 Stage 5: Moving to the Next Case.....	38
3.5.6 Stage 6: Looking for Patterns across Cases.....	38
3.6 Evaluating the Quality of Method	39
3.7 Ethical Concerns.....	41
3.7.1 Informed Consent.....	41
3.7.2 Interview Process	42
3.8 Summary.....	42
CHAPTER FOUR: INTERPRETATION OF PARTICIPANTS’ EXPERIENCE	43
4.1 Contextual Background	43
4.2 Overview of Participants’ Shared Experience of Hope.....	44
4.3 A Closer look at Participants’ Hope Experience	44
4.3.1 Theme 1: The Symmetry in Personal and Professional Hope.....	44
4.3.2 Theme 2: Hope as A Personally Meaningful Multifaceted Construct	48
4.3.2.1 Envisioning Possibility for Change	48
4.3.2.2 Drawing on Inner Strengths or Resilience.....	49
4.3.2.3 Working Towards Meaningful Goals	50
4.3.2.4 Trusting in Good Outcomes.....	51
4.3.2.5 Moving Towards Desired Outcomes	53
4.3.2.6 Engaging in Positivity.....	54
4.3.2.7 Choosing to Hope	55
4.3.2.8 Hope as a way of Coping with Adversity.....	56
4.3.2.9 Hope: A Multifaceted Construct.....	57
4.3.3 Theme 3: Counsellors’ Understandings of Hope	58
4.3.3.1 Trusting Client Resources for Positive Change.....	58
4.3.3.2 Exploring Possibilities for Better Future	60
4.3.3.3 Moving Clients Towards Desired Outcomes.....	61
4.3.3.4 Counsellor as an Instrument of Hope	61
4.3.3.5 Implicit Use of Hope in Counselling	63
4.3.3.6 Counsellor Hope: An Essential Element in Therapy	64
4.3.4 Theme 4: Counsellors’ Visible Identification of Hope	65
4.3.4.1 Hope seen in Positive Client Change.....	66
4.3.4.2 Hope seen in Clients’ Learning	67
4.3.4.3 Looking for Hope in Therapy	68
4.3.4.4 Hope seen in Establishing Therapeutic Connection	69
4.3.4.5 Hope seen in Clients’ Nurturance of Self-Trust	70
4.3.5 Theme 5: Relationships as Sources of Nurturing Hope	71
4.3.5.1 Families and Friends.....	71
4.3.5.2 Observing Others’ Hope Experiences.....	72
4.3.5.3 Engaging in Self-reflection.....	73
4.3.5.4 Connection to God or Higher Power	74
4.3.5.5 Supervisors and Colleagues	75
4.3.6 Theme 6: Challenges with Hope in Professional Practice.....	77
4.3.6.1 Difficult Client Issues	77
4.3.6.2 Self-Doubt.....	78
4.3.6.3 Perceived Pessimism/Lack of Hope in Helping Professionals	79
4.4 Summary.....	80

CHAPTER FIVE: DISCUSSION AND IMPLICATION	82
5.1 An Interpretative Journey on Hope.....	82
5.1.1 The Symmetry in Personal and Professional Hope	82
5.1.2 Hope as A Personally Meaningful Multifaceted Construct.....	84
5.1.3 Counsellors’ Understandings of Hope	87
5.1.4 Counsellors’ Visible Identification of Hope	90
5.1.4.1 Hope: The Invisible Gorilla in Counselling?.....	92
5.1.5 Relationships as Sources of Nurturing Hope	94
5.1.6 Challenges Faced by Counselling Trainees.....	96
5.2 Counselling Implications	98
5.3 Training and Education Implications.....	100
5.4 Implications for Future Research.....	101
5.5 Considerations of the Interpretation	102
5.6 Conclusion	104
5.7 Personal Reflections	106
 REFERENCES	 109
 APPENDIX A: RESEARCH ADVERTISEMENT POSTER	 123
 APPENDIX B: INFORMED CONSENT FORM	 124
 APPENDIX C: A SAMPLE INTERVIEW GUIDE.....	 127
 APPENDIX D: PARTICIPANT DEMOGRAPHIC AND BACKGROUND INFORMATION	 128

List of Tables

Table 1: Examples of Exploratory Comments in Initial Noting.....	36
Table 2: Overview of the Six Main Themes and the Twenty-Nine Subthemes	45

Epigraph

In the heart of each of us, there is a voice,
a small voice that yearns to say “yes” to life.

If nurtured and strengthened,
it invites, encourages, pulls, pushes, cajoles and seduces us to go forward.

Whether viewed as a human need, a biological life force,
a mental perspective or an eternal pull to transcend self,

hope is capable of changing lives.

(Jevne, 1994, p. 8)

Chapter One: Introduction

As long as we can keep that candle of hope lit,
as long as we can keep that spark of possibility afire,
then we can stay strong.

- Max Lucado -

A Chinese proverb reads, “A journey of a thousand miles begins with a single step.” That is how a 21-year-old Canadian man began his cross-country run on April 12, 1980 in St. John’s, Newfoundland. There was nothing extraordinary about this young man except that he had lost his right leg to a malignant cancer, yet dreamed of running across Canada with what he still had – one strong leg and one courageous heart filled with hope for a miracle.

With the purpose to fundraise to help find a cure, Terry Fox ran 5,373 kilometers over 143 days. His effort raised not just a million dollars as he had initially aimed for but \$24 million before his passing in June 1981. More than \$250 million has been raised in Terry Fox’s name over the last two decades (Scrivener, 2000) and his legacy still continues to make a difference in the hope of those who are affected by cancer. Terry Fox ran the race and named his inspiring journey, the Marathon of Hope.

Throughout history, hope has been acknowledged as a universal human experience across time, place, and culture. Although there is no specific reference to the origin of hope, the early Chinese strongly believed in the virtue of optimism, which is posited as an expression of hope (Landrum, 1993). The early ancient Greek culture esteemed human qualities, such as courage, truth, and temperance and Hippocrates, the father of modern medicine (Grammaticos & Diamantis, 2008), referred to the positive effects of these qualities along with those of hope (Barnard, 1995). From the Judeo-Christian perspective, hope is thought to have existed as long as mankind has existed. Saint Paul defined hope as the “joyful and confident expectation of

eternal salvation” (1 Corinthians 13:13, Amplified Bible) and alluded to the benefits of hope, alongside faith and love. According to Lynch (1965), hope is strengthened by faith, and hopefulness assists people to better cope with difficult life challenges. In a similar manner, hope-oriented beliefs are embedded in other major world religions, such as Hinduism, Islam, and Buddhism (Scioli & Biller, 2009).

Hope has also been recognized as an integral part of human experience, vital to well-being and survival. Barbara Fredrickson, a leading scholar in the field of positive psychology, states that in the face of dire human circumstances, “Hope literally opens us up. It removes the blinders of fear and despair and allows us to see the big picture. We become creative, unleashing our dreams for the future” (Fredrickson, 2009). Hope in psychotherapy is considered as an indispensable component of the healing process that needs to be nurtured throughout (Menninger, 1959). A Holocaust survivor and the founder of logotherapy, Viktor Frankl personally witnessed the power of hope explaining, “Those who know how close the connection is between the state of mind of a man – courage and hope, or lack of them – and the state of immunity of his body will understand that the sudden loss of hope and courage can have a deadly effect” (Frankl, 1992, p. 83). Elisabeth Kübler-Ross, a pioneer in near-death studies, also observed a similar phenomenon saying, “If a patient stops expressing hope, it is usually a sign of imminent death” (Kübler-Ross, 2009, p. 113).

Hope is generally understood as an empowering, positive, life-giving force but it is, nonetheless, a complex phenomenon. Merriam-Webster’s Online Dictionary provides a simple explanation of hope, defining it as “to expect with confidence” and as “desire accompanied by expectation of or belief in fulfillment” (Hope, 2010). Scholars in hope research, however, would argue otherwise that there is much to the phenomenon of hope and much more, which is yet to be

discovered. Social sciences research has thus far defined hope in numerous ways as future possibilities, optimism, inner strengths and energy, self-efficacy, confidence, motivation and goal setting, acceptance, spiritual beliefs, meaning or purpose in life (Benzein & Saveman, 1998; Dufault & Martocchio, 1985; Hinds, 1984; Morse & Doberneck, 1995; Nowotny, 1989; Owen, 1989; Snyder, 2002). While some scholars describe hope as one-dimensional (Miller, 1999; Snyder, 2002), others conceptualize hope as a multifaceted concept involving more than one dimension of hope (Dufault & Martocchio, 1985; Owen, 1989; Stephenson, 1991). Overall, although the study of hope is not new, there is no consensus on one definition that encapsulates all aspects of hope and its roles in health and well-being, owing to its staggering complexity.

The core of its complexity is in the personal nature of individuals' hope experiences. Due to its deep and profoundly personal nature, hope experience can be radically different from one person to another. Imagine, for instance, two cancer patients in an intensive care unit with poor prognoses. It is easy to assume that both patients' hope experiences would be similar, in that they would hope for recovery or healing. The reality might be that one patient hopes for a remission, whereas the other, for a death. This example illustrates that hope is an individually defined, personally meaningful experience. Consequently, there are individual differences in assessment of the value of hope. To a German philosopher, Friedrich Nietzsche (1878/1908), hope was "in truth, the greatest of evils for it lengthens the ordeal of man" (p. 102). On the other hand, to Henri Charrière (1971), the author of "Papillon," hope was the adamant motivator that made him jump off Devil's Island, which ultimately bought him his freedom.

Amidst the existing diversity in our understandings of the phenomenon of hope, its definitions, origins, therapeutic mechanisms, or conceptualizations, to hope is to be human. As Scioli and Biller (2009) put it, hope "arises from the most basic longings of humanity – among

them our needs for mastery and protection, for social and cultural attachments, for the love and care required to achieve our potential as human beings (pp. 13-14).”

1.1 Statement of Problem

With growing evidence of its therapeutic merits in various health care settings, hope research has received more scholarly attention over the last two decades than ever before (Elliott, 2005). Although no consensus has been reached on its definition, many health care professionals inherently agree that hope is positively associated with enhanced physical (Benzein & Saveman, 1998) as well as psychological well-being (Yarcheski, Scoloveno, & Mahon, 1994), particularly among those with chronic physical or mental illnesses (Perry, Taylor, & Shaw, 2007).

Specifically, hope in the context of counselling has been found to play critical roles in client healing and change (Hanna, 2002), including assisting clients to identify personal goals (Snyder, 2002), increasing clients’ awareness of hopeful moments in the midst of adversity (Helm, 2004), and facilitating clients to draw meaning and transcend beyond their pain and suffering (Miller, 1999).

Hope is recognized as one of the four factors common to psychotherapeutic changes, irrespective of the types of counselling approach used (Hubble, Duncan, & Miller, 1999). Particularly, counsellors’ hope or beliefs in clients’ potentials for growth and healing has been identified as a major precursor for promoting change (Hanna, 2002; Rogers, 1960). While focusing on the significant influence of the counsellor’s role in inspiring and maintaining hope in the course of therapy (Frank, 1968; Yalom & Leszcz, 2005), much of the hope literature, however, starts at the point in which the helping professional is offering hope to clients, with the presumption that he or she already possesses hope (Koenig & Spano, 2007).

When I started my counselling training, the natural assumption I had about myself, my colleagues, and supervisors as helpers was that professionals in helping contexts would have hope for their clients. My clinical experiences in my senior year of my graduate program in counselling psychology, however, began to challenge my earlier assumptions of helping professionals. Although my work with the real clients in counselling settings reinforced the vital necessity of hope in therapeutic contexts, it also made me realize that to cultivate and maintain hope in the face of clients' persistent problems and seemingly impossible situations was challenging and proving to be rather an arduous struggle.

I vividly recall, for example, my counselling session with a 26-year-old male client who suffered from long-term severe depression and suicidal ideations. He was absolutely convinced that his life was a failure and he was resistive of any signs of hope that I could offer. His intense despair overwhelmed me and I felt my hope being trampled on and utterly defeated. Hope demanded of me courage and faith in the presence of fear and doubt. Contrary to my earlier assumption, I did not, in all honesty, possess within me a big enough hope reservoir to draw upon to benefit my client. Learning that my good-intentioned hope could be so easily hurt and disintegrated, I consulted a few of my colleagues, only to realize that they were also struggling to find hope in their clients during their counsellor training.

As my clinical experiences somewhat clarified the inaccuracies of the earlier assumptions about counsellors' hope, my curiosity surrounding the centrality of hope in the lives of helping practitioners began to develop. If hope is not an intrinsic attribute of helping professionals, and thus is to be intentionally developed and maintained, it then raises an important follow-up question: "How is hope experienced and maintained by helping professionals?" Specifically, I

was interested in exploring how other students in counsellor training were experiencing and developing hope both in personal and professional contexts.

Although counsellor hope is an important element that contributes to successful treatment outcome (Jevne & Nekolaichuk, 2000), hope from the perspective of the helper has been neglected in the field of counselling psychology research, until very recently. Compared to the hope writing that focuses on clients' hope and its powerful influence on therapeutic effectiveness, less attention has been given to the phenomenological experience of hope for counsellors; that is, studies that explore how counsellors experience hope and the meaning they make of it in the context of their personal and professional lives. Further, there is little research investigating hope among counsellor trainees, which has resulted in a lack of understanding and clarity in regards to the role of hope in counsellor education and development of practitioner competence. Therefore, research is needed that seeks a deeper understanding of counselling students' experiences of hope and the meaning they make of their hope in personal and professional contexts.

1.2 Purpose of the Study

The overall objective of the study was to gain greater understandings of student counsellors' experiences and views of hope. Specifically, the purposes of the study were to explore counselling interns' experiences of hope in personal life and professional practice and to examine how they perceive hope influences their counselling practices. The present study aimed to explore the construct of hope and to find commonalities among student counsellors' personal experiences and perceptions of how hope influences their work with clients. The primary research question that framed the current study was, "What are counselling interns' experiences of their personal hope and using hope in their professional practices?"

1.3 Significance of the Study

Each human being has his or her own language of hope (Jevne, 1991). It was my intention to provide the opportunities for counselling students to hear their own voices of hope while sharing self-reflections about their experiences and the meaning they make of their hope in their personal and professional contexts. Graduate students in counselling psychology were chosen as the population of the current study since they have dual roles (i.e., one as helping professionals and the other, as counsellor trainees) which may enhance our understandings of hope in therapeutic contexts from both a theoretical and clinical perspective. Hope from the perspective of the counsellor may not only help gain a deeper understanding of the phenomenon of hope among helping professionals, but also contribute to the further enhancement of hope models. In addition, hope from the perspective of the counsellor trainee will offer some important insight into the development of hope-enhancing clinical supervision and training in counsellor education programs.

1.4 Defining the Concepts

1.4.1 Hope

Although the study of hope is not new, there is yet no universally accepted definition of hope. However, there exist various conceptual models that attempt to best explain hope. For the purpose of this paper, I have taken Stephenson's (1991) view that conceptualizes hope as "a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfillment that is personally meaningful" (p. 1459). Stephenson's definition depicts hope as a multifaceted concept, involving common elements that can be developed such as (1) cognitive (i.e., goal-oriented) (Synder, 2002); (2) behavioural (i.e., making constructive decisions) (Peterson, 2000); (3) affective (i.e., being aware of one's feelings)

(Hanna, 2002); (4) social (i.e., relationship with others) (Nekolaichuck, Jevne, & Maguire, 1999); (5) spiritual (i.e., life with meaning and purpose) (Miller, 1999).

1.4.2 Personal Hope

An individual's personal hope refers to a subjective definition of hope in relation to his or her personal life that is meaningful to that individual.

1.4.3 Professional Hope

A student counsellor's professional hope refers to the subjective definition or meaning of hope in relation to therapeutic contexts.

1.4.4 Counselling Interns/ Student Counsellors

Counselling interns or student counsellors in this study refer to graduate students in counselling-related programs (e.g., counselling psychology, counselling) who are currently engaged in supervised internship, practicum, or field placement in the province of Alberta.

1.5 Summary

Hope has been identified as one of the key determining factors contributing to effective therapy outcomes, such as client change. The crucial role of clients' hope or positive expectations in facilitating desired outcomes in therapy is well established in empirical literature. Hope from the perspective of helping practitioners, however, has received little attention until recently. The present study investigated hope from the perspective of counselling students in training with the aim to gain deeper understandings of their experiences and views of hope. Specifically, the purposes of the study were to explore counselling interns' experiences of hope in personal life and professional practice and to examine how they perceive hope influences their counselling practices.

1.6 Organization of the Thesis

This thesis is organized into five chapters. Chapter One is the introductory chapter in which I present the purposes and significance of the thesis project. In Chapter Two, I provide a literature review pertaining to counsellors' hope and the importance of fostering and maintaining hope in professional contexts. In Chapter Three, I describe the selected methodological approach, Interpretative Phenomenological Analysis, as well as the method utilized in conducting the study. In Chapter Four, I present the findings of the study, my interpretative renderings of how counselling interns in this study made sense of their experiences of hope in their personal lives and professional practices. In Chapter Five, I discuss the main themes that I interpreted and derived from the study, in relation to the relevant literature, and consider the implications of the findings in counselling as well as counsellor training and education. I finally conclude the chapter by offering my personal reflection on conducting this thesis project.

Chapter Two: Literature Review

Hope research in the social sciences literature has underscored the therapeutic value of hope in various healthcare settings with a particular emphasis on the link between the role of clients' hope and coping (Herth, 1996; Scioli & Biller, 2010), healing (Groopman, 2004; Udelman & Udelman, 1986), and client change (Hanna, 2002; Snyder, Illardi, Michael, & Cheavens, 2000; Wampold, 2007). In illuminating the important curative element of hope in all therapy, Freud (1900/1953) noted:

Our interest is most particularly engaged by the mental forces that have the greatest influence on the onset and cure of physical diseases. Fearful expectation is certainly not without its effect on the result... The contrary state of mind in which expectation is coloured by hope and faith is an effective force with which we have to reckon, strictly speaking, in all our attempts to treatment and cure. We could not otherwise account for the peculiar results which we find produced by medicaments and therapeutic procedures. (p. 289)

Hope, “a healing force and... a powerful coping mechanism that enables the individual to ward off despair and transcend current difficulties” (Herth, 1996, p. 744), and its role in clients' lives is paramount to their recovery from mental health concerns (Miller & Rollnick, 2002) as well as to well-being (Carr, 2004; Cheavens, Michael, & Snyder, 2005; Coppock, Owen, Zagarskas, & Schmidt, 2010). While the therapeutic value of hope in clients' lives has been well established in the literature, there is, however, minimal empirical research focusing directly on hope from the perspective of helping professionals. The purpose of this chapter is to lay a foundation of the study and to assist readers in understanding counsellors' hope. Relevant subjects are identified and covered in this chapter as follows: the Importance of Hope for Counsellors and Challenges in Finding and Maintaining Hope.

2.1 Importance of Hope for Counsellors

Hope is relevant to all who are involved in a therapeutic endeavour, including both clients and counsellors (Edey & Jevne, 2003; Snyder, 1995). Research has consistently shown that clients' expectations and therapists' abilities to inspire hope are key factors that contribute to human change process (Frank & Frank, 1991; Imel & Wampold, 2008). Notably, Frank and Frank (1991) asserted that in successful therapies, both clients and therapists believe in the restorative power of treatment procedures or modes, while attributing the therapeutic effects to the positive and hopeful expectation, in addition to the utilization of therapeutic techniques and interventions. Edey and Jevne (2003) remarked that hope is "the spark that brings the client for help, the fuel that keeps the counsellor going, the thrust that helps the client try, the outcome of a successful effort" (p. 45).

Instillation of hope is at the heart of counselling profession (Cutcliffe, 2004a; Yalom & Leszcs, 2005) and it is thus vital that counsellors position themselves to be as hopeful as they can in order to facilitate hopeful treatment outcomes (Egan, 2002; Hanna, 2002; Jevne & Nekolaichuk, 2000; Lopez, Floyd, Ulven, & Snyder, 2000). This is not only because clients who enter into therapeutic contexts naturally look to counsellors for hope, but also because counsellors themselves are in key positions to positively or negatively influence clients' hope or lack thereof (Moore, 2005). In therapy, counsellors can capitalize on opportunities to have dialogues with clients about their hope, helping them discover new possibilities or see hidden potentials beyond life's difficulties and challenges. Based on the findings from a study of very brief psychotherapy, Talley (1992) reported that clients had identified the single best predictor of satisfaction with treatment as "The counsellor encouraged me to believe that I could improve my

situation,” suggesting that counsellors who convey genuine hope or belief in clients’ capacity to change can effectively implement hope, resulting in enhanced therapeutic effectiveness.

Recent research has demonstrated the significant role of therapists in effective implementation of hope in counselling. Utilizing a modified grounded theory method, Cutcliffe (2004a) investigated whether or not therapists instilled hope in their clients in bereavement counselling and if so, how it was inspired. Based on his interviews with a mixed sample of eight counsellors and four former clients, the researcher found that both the clients and therapists believed that hope is an essential element in bereavement counselling. Specifically, inspiration of hope occurred when it was transplanted from the counsellor to the client through a solid therapeutic alliance. Hence, counsellor hope and hopefulness, albeit subtle and implicit, was seen as integral to the entire process of hope inspiration. The author asserted that “the person responsible for bringing hope into the therapy is the therapist” (p. 185 -186) and “if the counselor fails to bring hope into the therapy environment, a key resource required by the client is not present and the client cannot replenish their depleted hope” (p. 185). It has thus been suggested that counsellors be responsible for maintaining their own hope via an external hope resource, such as clinical supervision (Cutcliffe, 2004a).

Therapists’ hope has also been conceived as a “contagion” that positively influences client outcomes (Hanna, 2002). Previously, Farran, Herth, and Popovich (1995) inferred that there is a positive reciprocal relationship between the level of hope of the helping professional and that of the individuals with illnesses under his or her care, suggesting that hope of a helper is conducive to that of those seeking external help. In examining the link between the role of hope and therapy outcomes, Coppock and his colleagues (2010) conducted a naturalistic study of brief therapy with 10 therapists and 43 adult clients, utilizing the State Hope Scale (Snyder et al.,

1996) and the Outcome Questionnaire-45 (Lambert et al., 2004). These researchers found that while clients' perceptions of hope were unrelated to therapy outcomes, therapists' first and last session report of hope in their clients was significantly related to the outcomes. They concluded that therapists' level of hope in their clients was a significant predictor of therapy outcomes and contended that therapists, therefore, should be mindful of their hope and how it may affect their clients both directly (e.g., therapists' interventions or techniques in implementing hope) and indirectly (e.g., therapists' projection of hope into clients, positive countertransference). Further, the authors implied that in conjunction with relational factors, such as support and empathy (Owen, Wong, & Rodolfa, 2010), therapists' attitudinal factors associated with hope can greatly "enhance the examination of clients' strengths, the exploration of multiple pathways to promote change, and the instillation of a positivistic therapy perspective" (Coppock et al., 2010, p. 625).

Not surprisingly, helpers' hope is increasingly being acknowledged as an indispensable factor that contributes to effective helping, that is, an asset or a attribute needed among many helping professionals. Schwartz and the colleagues referred to hope as "an essential attribute of effective social work clinicians" (Schwartz, Tiamiyu, & Dwyer, 2007, p. 105). In addition, Moore (2004) cogently claimed, "It is my belief...that in order for nurses to help others have or find hope, they must have hope themselves" (p. 103), suggesting that helping professionals may need to first understand what hope means to them personally and how to nourish it in their own lives before they can intentionally use it in their professional work.

2.2 Challenges in Finding and Maintaining Hope

Research has shown that inspiring or enhancing hope in clients is a preferred and desired role of health care professionals (Delvecchio Good, Good, Schaffer, & Lind, 1990; Greenberg, Constantino, & Bruce, 2006) and is considered of crucial importance in contributing to client

change and positive therapy outcomes (Miller & Rollnick, 2002; Yalom, 1995). The ways in which the helping professionals find, acquire, foster, or maintain hope in their lives as well as in workplaces, however, remain unclear, owing to the paucity of research that investigates hope from the perspective of helping professionals.

Although hope is a commonly used term in daily life, particularly in health care settings, the attempt to define this elusive construct appears to come with some struggle, even for scholars who have contemplated upon the subject of hope. In his reflection on the articulation of hope, Eric Fromm (1968) wrote:

As with every other human experience, words are insufficient to describe the experience. In fact, most of the time words do the opposite: they obscure it, dissect it, and kill it. Too often, in the process of talking about love, hate, or hope, one loses contact with what one was supposed to be talking about. Poetry, music, and other forms of art are by far the best-suited media for describing human experience. (p. 11)

Menninger (1959), in reference to the lack of research on hope, also stated, “When it comes to hope, our shelves are bare. The journals are silent. The Encyclopedia Britannica devotes many columns to the topic of love, and many more to faith. But hope, poor little hope! She is not even listed” (pp. 447-448). In describing a complex process of concretizing the practice of hope in the field of nursing, Moore (2005) remarked, “I have long recognized that there is a need to try and help people find hope and meaning in their lives. Yet I struggle to know how to do that” (p. 100).

With regards to the discovery and acquisition of hope, some scholars believe that hope, as an essential life-force that strengthens human capacities for growth and change, is always present in every human being (Fromm, 1968; Rogers, 1960) and thus is waiting to be discovered, even in its seeming absence. According to Dufault and Martocchio (1985), hope, “a multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future

good which, to the hoping person, is realistically possible and personally significant” (p. 380), does not entirely disappear in the midst of pain and suffering that often evoke despair or hopelessness, such as terminal illness. Conceptualizing hope as consisting of two spheres (i.e., generalized and particularized hope) that share six common dimensions (i.e., affective, cognitive, behavioural, affiliative, temporal, and contextual), the authors contended that “some sphere or dimension of hope is always present” (p. 389), implying that there are seeds of hope, yet to be found through the process of counselling. Edey and Jevne (2003) suggested that when the client in dire circumstances is having difficulty looking to the future with hope, the counsellor’s challenge is “to find the hope, to coax it out of hiding” (p. 46).

Hope not only seems difficult to find but it also appears to be even more challenging to sustain or preserve, especially in the midst of trials and suffering, during which one’s hope may become more salient. Miller (1989) points to the challenge of maintenance of hope saying, “The importance of hope is universally accepted. However, despite its wide acceptance...how persons maintain hope while confronting adversity [is] not well-known” (p. 23). Similarly, in their review of the hope-related literature in the fields of nursing and psychology, Edey and Jevne (2003) voiced the real challenges in sustaining hope from the perspective of counselling practitioners saying, “We all want to be effective in our work, and it is difficult to be hopeful in the presence of those clients who don’t change, don’t try, and won’t take advice” (p. 46). Specifically, the authors discussed that contrary to clients’ expectations that their counsellors have hope, it is impossible for helpers to always stay hopeful in their professional work. Hope in counselling often goes unnoticed as it plays an indirect, subordinate role, operating as an invisible, silent variable that contributes to potential resolution of the client issue. Hope involves

the practitioner's conscious choice and intentional effort to make it visible in the process of therapy, to benefit not only clients but also themselves (Edey & Jevne, 2003).

In their qualitative study of the role of therapists' hope within counselling, Flesaker and Larsen (2012) explored how reintegration counsellors fostered and sustained hope in their work with women on parole and probation, transitioning from correctional facilities to the community. Employing a basic interpretive inquiry, the researchers collected and analyzed data from five reintegration counsellors in regards to their work experiences. The authors found that in the face of work-related burnout and challenges that demanded high energy, relational commitment, and resilience, the counsellors consciously drew attention to a hopeful worldview (i.e., perspective at workplace), through which they envisioned a possibility of successful reintegration and a better future for their clients. While viewing themselves as the helpers who can powerfully influence their clients' hope, the counsellors held onto a hope-seeking orientation in order to offer hope when clients' own hope was challenged and diminished. More importantly, the counsellors regarded hope as a necessary ingredient in motivating and sustaining themselves in their work and as a buffer from potential professional burnout and loss of hope. Based on the findings of the study, Flesaker and Larsen (2012) asserted that "to offer hope, one must have hope" (p. 3), stressing the significance of professionals' hope-seeking orientation in an ever-challenging work environment.

Interestingly, there is a common notion that views helping practitioners as powerful agents of hope (Richardson, 2000), who seem to have a reservoir of hope that they can lend to clients to induce changes in clients' lives (Koenig & Spano, 2007). Based on their extensive review of the social science literature on professional hope, Koenig and Spano (2007) pointed out that while portraying helping professionals as an external source of hope, most hope writings

unwittingly assume that the professionals inherently possess hope, starting at the position in which the professionals are already dispensing hope to their clients. In challenging this assumption, the authors argued that many helping professionals do struggle, in reality, with pessimism or lack of hope, presuming their clients' capacity to change or recover as unlikely or guarded at best (Goldney, 2005; Lee, Volans, & Gregory, 2003). Further, Koenig and Spano (2007) argue that it is precisely the inaccuracy of the assumption that results in the neglect of the necessity for the professionals to cultivate and maintain their own hope. The diminished or lack of hope in their professional work has critical implications for counselling processes and outcomes.

Although there exists within the literature the assumption that portrays the counsellor as the primary, if not sole, provider of hope, it is important to keep in mind that counsellor hope is not an unlimited resource. Lynch (1965) described that "hope is a relative idea, it is relative to the idea of help, it seeks help, it depends, it looks to the outside world" (p. 12). In terms of maintenance of hope, Cutcliffe (2004b) writes:

It appears that whilst individuals can to a certain extent maintain their own hope level, this cannot go on indefinitely. Eventually the resource of hope will be depleted as it sustains the individual and the intrapersonal strategies of hope inspiration become less effective. This in turn creates the need for external help in order to replenish the individual's hope and support the intrapersonal, hope-inspiring strategies. (pp. 34-35)

Hope scholars have suggested that it takes conscious effort and hard work to maintain hope (Edey & Jevne, 2003; Turner, 2005). Counsellors who assess their level of hope evaluate their ability to be effective helpers (Snyder, 1995). Edey and Jevne (2003) suggested that paying attention to hope can help counsellors sustain hope in their work with clients and that "attending to hope is a learning process which develops with practice and reflection" (p. 50). It has also

been suggested that nurturance and maintenance of hope is a learned skill required for professional competency (Jevne, 2005) as effectiveness of therapy can be enhanced by counsellor's hopefulness (Lopez et al., 2000).

2.3 Summary

There is a growing body of research that supports the centrality of counsellor hope and its crucial implications on therapeutic processes and outcomes. Specifically, research has indicated that hope is relevant to both clients and counsellors and is considered as a necessary element in the therapeutic process that helps result in successful outcomes. Research has shown that there is a link between counsellor hope and counselling outcomes, in which counsellors play an instrumental role in inspiring hope in clients. However, how helping practitioners experience hope and further develop and maintain hope in their professional work, remains unclear.

Koenig and Spano (2007) showed that while hope research within social science literature portrayed helping professionals as an external source of hope for clients seeking help, it assumed that the professionals already possess hope that they can readily offer to clients. The authors argued that the inaccuracy of the assumption resulted in the neglect of the necessity for the professionals to develop and maintain their own hope in their lives.

This qualitative investigation that explored how a group of counselling students experienced and developed hope both in their personal lives as well as in their professional work during their graduate training in counselling psychology has the potential to provide insight into (a) ways in which counsellors can foster and sustain their own hope, and (b) important implications for therapeutic effectiveness.

In the next chapter, I will explain the methodology and method utilized in conducting this study, followed by a detailed description of my data analysis, using Interpretative Phenomenological Analysis.

Chapter Three: Methodology and Method

This chapter begins with a discussion of the methodological approach that I have employed to conduct the present study. I describe the core features of Interpretative Phenomenological Approach (IPA) and its theoretical underpinnings, followed by my rationale for selecting IPA as my research approach and design. I also provide my research stance as well as my personal beliefs, entering assumptions, and biases. Next, I explain the method used in this study and a detailed data analysis process. Finally, I conclude this chapter with a critical evaluation of the methodology as well as a discussion of potential ethical concerns.

3.1 Methodology

3.1.1 Philosophical Assumptions and Research Paradigm

In qualitative research, an inquirer brings his or her philosophical assumptions as well as paradigm or worldview into research activities, thus influencing the conduct and writing of the research study. As Creswell (2007) states, therefore, “Good research requires making these assumptions, paradigms, and frameworks explicit in the writing of a study and at a minimum to be aware that they influence the conduct of inquiry” (p. 15). Therefore, in conducting this study, I needed to make explicit my philosophical assumptions and research paradigm.

Ontology is the science or study of “being” and is concerned with the nature of reality (Blaikie, 1993). My ontological assumption views reality as subjective and, thus, there are multiple ways of perceiving and understanding reality. I consider these individually perceived realities as a derivation from individuals’ social interactions with specific relational and cultural influences within the contexts of their lives. In light of this perspective, it is my belief that I do not assume to know in advance what the phenomenon of hope means to the participants in my study. I embrace the idea that multiple realities exist and through my research, I attempt to make

sense of and understand the participants' unique experiences of hope from their perspectives and from their unique points of view.

According to Creswell (2007), once the researcher's philosophical assumptions are acknowledged, the study is further shaped by considering a research paradigm or worldview, "a basic set of beliefs that guide action" (Guba, 1990, p. 17). My choice of research paradigm was social constructivism, because it reflected my own worldview and values. Advocates of social constructivism argue that there is no absolute reality and the nature of a person's knowledge is negotiated socially and contextually (Creswell, 2007). It focuses on epistemological questions as to *how* knowledge can be produced in particular situations. As previously mentioned, I view subjective meanings of individuals' experiences as an extension of their social interactions with others, as well as historical and cultural norms in which they operate. I value this particular aspect of the paradigm because social constructivism purports that shared understanding is constructed between the participant and the researcher as a product of their interpretive and collaborative process (Anderson & Goolishian, 1988; Creswell, 2007). As a researcher, I recognize that my own personal, cultural, and historical experiences influence my interpretation of meanings the participants have about the phenomenon of hope. With the study, I have intended to invite counselling interns to explore and describe their experiences of hope from their unique perspectives within their particular contexts, to inductively generate a pattern of meaning, and perhaps to enrich their lived experiences by exploring the meaning of hope in their personal lives as well as in their professional practices.

3.1.2 Choosing a Qualitative Mode of Inquiry

In considering a research methodology for this thesis project, I learned that it is the research question that guides the investigative journey, not the method (van Manen, 1990). This allowed me to let the topic and aims of my study dictate the methodology: to provide a deeper understanding of the phenomenon of hope among helping professionals by exploring counselling interns' lived experiences and meanings of hope in their personal and professional lives. A qualitative method of inquiry was deemed most appropriate for answering the primary research question, "What are counselling interns' experiences of their personal hope and using hope in their professional practices?" as qualitative methods are concerned with meaning, sense-making activities, and subjective experience, not with the imposition of preconceived variables (Willig, 2001).

Using a qualitative inquiry provided me with an invaluable research experience. It offered me a great opportunity to play a key role as a researcher in the dynamic process of conducting my study. For instance, I engaged in the research design based on my inquiries, collected data from multiple resources (e.g., interviews, behavioural observations, documents, etc.), and partook in an interpretive endeavour. I kept my focus on learning the meaning that the participants hold about the phenomenon of hope, allowing multiple perspectives to emerge to produce a holistic account of the participants' experiences. I felt honoured and privileged to partake in all aspects of my study, including data collection and analysis that involved an interpretation flowing from my own experience as a person with hope.

My research aimed to seek a deeper understanding of counselling trainees' hope experiences. It was also my intention to provide an opportunity for them to hear their own voices of hope and to openly share self-reflections on their lived experiences of hope and the meanings

they make of their hope in the contexts of both personal and professional lives. It was in this hopeful spirit to empower them that all of the chapters were written for this thesis.

After careful considerations of a variety of qualitative approaches, my choice of a method to explore the construct of hope among counselling interns was interpretative phenomenological analysis. I decided to utilize this particular approach because it seemed to fit the research since the major goal of IPA is to “explore in detail individual personal and lived experience and to examine how participants are making sense of their personal and social world” (Smith & Eatough, 2007, p. 35-36). Moreover, I, as a researcher, certainly resonated closely with IPA’s theoretical underpinnings and philosophy, which I believe made my interpretative journey both personally rewarding and meaningful. The core features of IPA are further discussed in the following section of the paper.

3.2 Research Approach and Design

3.2.1 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is a qualitative research approach to psychological inquiry. IPA is concerned with how people make sense of their lived experiences - not just “any” experiences but lived experiences that take on a particular significance or meaning for individuals (Smith, Flowers, & Larkin, 2009). The purpose of IPA is, therefore, to explore individuals’ lived experiences in detail and to understand how they make sense of their worlds and the meaning they make of their own experiences (Smith & Eatough, 2007). The three major theoretical axes for IPA are phenomenology (Moran, 2000), hermeneutics (Palmer, 1696), and idiography (Smith, Harré, & Van Langenhove, 1995).

3.2.1.1 Phenomenology

Phenomenology is a philosophical approach concerned with human lived experience. The fundamental aim of phenomenology is to convert individual experiences to a description of the universal essence. Research using phenomenology focuses on discovering and understanding what the individuals have in common as they experience a concept or a phenomenon (van Manen, 1990). Although there are many different arguments surrounding the philosophical assumptions of phenomenology, phenomenologists commonly agree that phenomenology is the study of the lived experiences of persons, which involve consciousness (van Manen, 1990) and orients towards the development of descriptions of the essence of these experiences, not objective explanations or analyses of the object or event itself (Moustakas, 1994). The four phenomenological philosophers who contributed to a holistic account of human experience, which IPA draws upon are Husserl, Heidegger, Merleau-Ponty, and Sartre (Smith et al., 2009). A brief description of the central tenets of their perspectives is provided next.

3.2.1.1.1 Edmund Husserl

Known as the founder of the school of phenomenology, Husserl regarded phenomenology as a means to bridge between the outer, physical world and the inner, subjective world (Hergenhahn, 2001), which involved a close examination of that which is experienced in the consciousness of a person. He emphasized the importance of examining human experience in the way it occurs in its own terms, rather than according to a predetermined belief, theory, or model (Smith et al., 2009). To facilitate this process, Husserl discussed the concept of bracketing, whereby an inquirer sets aside or brackets his or her preconceptions, prior experiences, and biases in order to allow the experience to speak for itself (Husserl, 1931).

Husserl's work established the relevance and centrality of experience as a key focus for phenomenological inquiry.

3.2.1.1.2 Martin Heidegger

Recognizing "relatedness-to-the-world" as a foundational part of human beings (Larkin, Watts, & Clifton, 2006), Heidegger was primarily concerned with the way in which a person's lived experience occurred and was made sense of in relation to his or her context. For Heidegger, human and the world were viewed as inseparable, which was expressed in the term, intersubjectivity, referring to the relational nature of our engagement in the world (Heidegger, 1927/1962). Through individuals' relatedness to the world, they were enabled to make sense, interpret, and value their experiences (Smith et al., 2009). Heidegger's significant contribution to IPA includes his conception of phenomenology as a hermeneutic enterprise, emphasizing the contextual and interpretative quality of our knowledge about the lived world.

3.2.1.1.3 Maurice Merleau-Ponty

Merleau-Ponty was particularly concerned with our physical bodies that shaped our lived experiences. He propounded that we perceive ourselves as different from everything else in the world, implying that our relations to others or to the world begin from a position of difference. While we can observe and feel empathy, we can never fully share the experiences of the others because they belong to their own embodied perspectives (Merleau-Ponty, 1962). Merleau-Ponty's view is significant in that it places the body as a central component in our lived experiences, which must not be overlooked or ignored (Smith et al., 2009).

3.2.1.1.4 Jean-Paul Sartre

Sartre discussed that human nature is more about becoming rather than being, which ultimately leads to encounters with others. Sartre's focus, thus, was on how social relationships

influence our lived experiences in the world. For Sartre, people have freedom of choice and thus are accountable for their behaviours and actions, which needs to be understood within the context of their lives, the history as well as the social environment in which they behave (Satre, 1948). Sartre asserted that individuals' experiences only make sense when seen within their interpersonal contexts (Smith et al., 2009).

3.2.1.2 Hermeneutics

While IPA centers on lived experience and the meaning it holds for individuals, it also acknowledges that understanding the experience involves a process of engagement and interpretation on the part of the researcher. The second major theoretical underpinning of IPA, therefore, comes from hermeneutics, the theory of interpretation (Smith et al., 2009), which engages in understanding through language (i.e., text) and other modalities of human expressions (i.e., art, drama, music) of lived experience to determine the meaning manifested in them (van Manen, 1997). Three of the most important hermeneutic theorists influencing IPA are Schleiermacher, Heidegger, and Gadamer.

3.2.1.2.1 Friedrich Schleiermacher

Schleiermacher purported that interpretation involved grammatical (i.e., exact and objective textual meaning) and psychological (i.e., the individuality of the author) interpretation, indicating that a text is influenced by the conventions and expectations of the author's own linguistic community as well as the individual work that the author does with language (Smith et al., 2009). Schleiermacher emphasized that while meaning of the text is available for the interpretations of a reader, these interpretations must be understood in light of the broader context in which the text was originally produced (Schleiermacher, 1998).

3.2.1.2.2 Martin Heidegger

As previously mentioned, Heidegger conceived phenomenology as an interpretative process. As Moran (2000) states, “Phenomenology is seeking after a meaning, which is perhaps hidden by the entity’s mode of appearing...the proper model of seeking meaning is the interpretation of a text and, for this reason, Heidegger links phenomenology with hermeneutics” (p. 229). Unlike Husserl, who believed the concept of bracketing is a critical part of a research process, Heidegger viewed bracketing as a cyclical process and as something that can only be partially achieved (Smith et al., 2009). From this perspective, bracketing is connected with reflexive practices in qualitative psychology (Finlay & Gough, 2003).

3.2.1.2.3 Hans-Georg Gadamer

Gadamer discussed that our preconceptions influence our perceptions and interpretations. Although we can identify our preconceptions in advance, we can also become aware of them as they emerge during the process of interpretation. Gadamer suggested that rather than attempting to put them aside, we can, with a spirit of openness, become aware of and view our preconceptions and assumptions as tools, with which to engage in the process of interpretation and creation of meaning (Gadamer, 1960/1989).

3.2.1.2.4 Hermeneutic Circle

As one of the most resonant ideas in hermeneutic theory, the hermeneutic circle is concerned with the dynamic relationship between the part and the whole. To understand any given part (e.g., a single word), we look to the whole (e.g., a sentence in which the word is embedded); to understand the whole (e.g., a research project), we look to the parts (e.g., individual interviews of the research project). An interpretation of the meaning of a word only becomes clear when seen in the context of a whole sentence and in turn, the meaning of the sentence is understood based on the cumulative meanings of each word. In accordance with the

hermeneutic circle, the data analysis for IPA is an iterative process, during which IPA researchers move back and forth through various stages of the analysis, enabling them to engage in a number of different ways of thinking about the data as well as of creating the meanings of the text at a number of different levels (Smith et al., 2009).

3.2.1.3 Idiography

IPA is an idiographic approach, concerned with the particular experience of an individual. As opposed to a monothetic approach, through which researchers make claims at a group or population level, establishing general laws of human behaviours, IPA supports that generalizations come from examining accounts of experience on a case-by-case basis. IPA has commitment to both examining the particular (i.e., detailed and depth analysis) and to understanding how a particular phenomenon is experienced and understood from the perspectives of particular individuals in a particular context. IPA researchers deal with a small number of cases, analyzing each case one by one. They then move to look for patterns across cases while trying to maintain the “particular” of the case. By doing so, IPA moves from single cases to more general statements (Smith et al., 2009).

In summary, IPA is concerned with detailed and close examination of lived experience and is connected to each of the theoretical underpinnings outlined in this chapter. IPA enables human lived experience to be described in its own terms (i.e., phenomenology), rather than according to predetermined categories. Consistent with Heidegger’s view, IPA regards phenomenological inquiry as an interpretative endeavour (i.e., hermeneutics). Lastly, IPA places participants in their specific situations in exploration of meanings from their own perspectives, beginning with a close, detailed examination of each case before proceeding to more general claims (i.e., idiography) (Smith et al., 2009).

As previously mentioned, I utilized IPA not only because it fits well in examining my research question, but also because its philosophy and theoretical foundations closely resonate with me. Specifically, I value IPA's commitment to understand the participants' experiences from their perspectives and to focus on the participants' personal meaning, and sense-making activities in their particular contexts. IPA encouraged my reflective engagement with the participants' accounts during the data analysis process. Furthermore, with its idiographic commitment, I was allowed to explore similarities and differences between my participants and to move to make more general statements, thereafter.

3.2.1.4 Researcher Stance

Malterud (2001) stated, "A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (pp. 483-484). In light of this, I believe my worldview, philosophical assumptions, preconceptions, prior experiences, personal beliefs and values, and biases influence and shape all my research activities. Both the formulation of my research question and the choice of methodology well reflect who I am as a person and a researcher.

I particularly value IPA's emphasis on the active role of a researcher in the dynamic process of qualitative research as I concur with its view that data analysis is a joint product of the participant and the researcher. Interpretative activity is indeed a two-stage process, a double hermeneutic (Smith & Osborn, 2003), in which "the participant is trying to make sense of his/her world and the researcher is trying to make sense of how the participant is trying to make sense of his/her world" (Smith & Eatough, 2007, p. 36).

In addition, my stance on the concept of bracketing differs from that of Husserl, because I believe that bracketing my own assumptions, ideas, worldview, or experiences would make my interpretation inauthentic, perhaps resulting in superficial results, rather than a rich, holistic narrative account which I aim for. In this regard, my view is more congruent with that of Heidegger as he conceives bracketing as a cyclical process and as something that can only be partially achieved.

As noted earlier, bracketing has been discussed in relation to reflexive practices in qualitative psychology (Finlay & Gough, 2003). Reflexivity means that the researcher becomes conscious of the biases, values, and experiences that he or she brings to the qualitative research (Creswell, 2007). Denzin and Lincoln (2000) explained that reflexivity implies that researchers find ways of demonstrating to their readers:

their historical and geographic situatedness, their personal investments in the research, various biases they bring to the work, their surprises and ‘undoings’ in the process of the research endeavour, the ways in which their choices of literary tropes lend rhetoric force to the research report and/or the ways in which they have avoided or suppressed certain points of view. (p. 1027)

As suggested by Lincoln and Guba (1985), I kept a research log to engage in a continuous inner dialogue with myself in order to foster reflexivity. The writing process provided me with a way to release my thoughts, ideas, emotions, and observations and an opportunity to reflect upon my own encounters with hope that seemed pertinent to my research project. My inner dialogue written in the log and my interactions with others helped me identify my own beliefs, values, assumptions, prejudice, and biases.

3.2.1.5 My Beliefs, Values, Assumptions, and Biases

1. I believe that hope, although not always practiced, is a fundamental human experience.

2. I value hope as I am convinced that hope is integral to individuals' physical, emotional, and spiritual well-being.
3. I believe that persons who are experiencing hope are likely to lead more fulfilling, satisfying, and happier lives than those who are lacking hope.
4. Based on my personal experiences with hope, I believe that hope plays a key role in overcoming adversity.
5. I assumed that hope is important to those in helping professions, including counsellors.
6. I assumed that my participants had experiences with hope.
7. I assumed that my participants had previously used hope in their work with clients either implicitly, explicitly, or both.
8. I assumed that my participants had fostered and maintained hope before.
9. Based on my own experience with describing hope, I assumed that defining hope would be a challenging experience for my participants, requiring an intentional effort.
10. I assumed that my participants would have better understandings of their own hope as a function of their participation in the study.

3.3 Research Procedure

3.3.1 Participant Selection

Upon receiving ethical approval from the University of Calgary Conjoint Faculties Research Ethics Board, research advertisement posters that contained information regarding the purpose of the study, eligibility criteria, time commitment, honorarium (\$20), and researcher contact information, were circulated electronically via email and distributed throughout the campus at the University of Calgary (see Appendix A). In addition, I also circulated the

invitation poster at a counselling agency in the City of Calgary, once institution authorization was obtained.

In accordance with the theoretical underpinnings of IPA, participants were selected purposively (Smith et al., 2009). Respondents who contacted me to know more about the study were provided with further information and if they were interested in participating, I conducted a brief screening procedure to ensure that the eligibility criteria were met, which included:

- Participants must be a graduate student currently enrolled in a post-secondary institution in the province of Alberta.
- Participants must be currently registered in a practicum or field placement in their professional training programs, through which they provide counselling services for clients who have sought professional help.
- Participants must not possess any debilitating psychological disorders (e.g., schizophrenia, manic-depressive disorder, etc.) or physical disability (e.g., brain injury, etc.) at the time of the study.

Once these selection criteria were met, an appointment was set up to answer any further questions they might have and to obtain a written informed consent (see Appendix B).

3.3.2 Instrumentation

In order to access the participants' rich, detailed descriptions of their lived experiences and views of hope, I utilized in-depth, face-to-face, semi-structured interviews. This particular method of data collection enabled me to engage in a dialogue with the participants in real time as I attempted to explore their psychological worlds as much as possible. Semi-structured interviewing with its great flexibility also allowed me to probe interesting areas and follow up potential important issues that arose in the participants' accounts. In addition, I was able to

deviate from the interview guide in order to let the participants to shape how the interviews unfolded and to freely explore and share their own stories of hope that mattered to them, resulting in rich, detailed accounts of the participants' hope experiences (see Appendix C).

3.4 Data Collection Procedure

Seven participants shared their hope experiences during 60-to-80 minute audiotaped interviews. All interviews were conducted at a location convenient to the participants and in a relaxed and quiet environment (e.g., research office, conference room, etc.) to safeguard privacy and confidentiality. Before the commencement of data collection, the participants were introduced to the research objectives as well as the interview procedure. The participants were provided with two copies of the informed consent forms for their review and were encouraged to voice any concerns, issues, or questions they might have at any time during the study. They were also informed that they could withdraw from the study at any time during data collection without penalty. I further confirmed that participants who might choose to withdraw from the study prior to its natural conclusion would still receive the \$20 honorarium. Once the written informed consent was obtained, I began my interview asking the participants questions regarding a range of factors of potential relevance to the study (i.e., age, gender, type and year of graduate program, total years of education, therapeutic orientations) (see Appendix D). As I proceeded to ask the interview questions, I invited them to share their stories at their own pace, at the level of their comfort. I maintained an open mind and a flexible stance during interviews. I ended the interview by thanking them for their participation and addressing any questions or concerns they had. Finally, each participant was provided with the \$20 honorarium.

3.4.1 Data Management

Data collection started from March 7, 2012 and continued until the 26th day of the same month. Participant anonymity and confidentiality was ensured by the use of a pseudonym of their choice, which was used in all correspondences and research documentation. Since data collection began in March, 2012, all participant data have been kept secure in a locked filing cabinet at my private home. Electronic data (i.e., audio files) were stored in my computer that was password protected. All materials will be disposed of in a secure and confidential manner five years following the completion of this study.

3.5 Data Analysis

Upon completion of each interview, I transcribed the audiotaped dialogues, which provided an opportunity for me to re-enter the participant's world and interact with the text more fully from the context in which the participant shared his or her experience. This also helped me maintain my focus on the research objective as data collection proceeded. I began a research journal to make notes on my recollections of the interview experience as well as any observations made during the time of the interview. I also wrote my thoughts, ideas, feelings, and questions down as they occurred in order to help bracket them for a while. Once the transcription of all interviews was completed, I provided an opportunity for the participants to review their transcripts for accuracy if they so desired. Following participants' review of the transcripts, I reviewed the data, trying to make sense and understand what the participant had said and reflecting on the overall meaning. Annotations were made during this initial reading in order to help facilitate the interpretative process that was to follow: interpretative phenomenological analysis (IPA).

Although it is not a prescriptive approach, IPA offers a series of analytic steps that can be flexibly applied and adapted by individual researchers in keeping with their research goals. Upon completion of transcription of all participant interviews, I implemented the IPA strategies guided by Smith and his colleagues (2009), whose data analysis outline comprised of six sequential steps.

3.5.1 Stage 1: Reading and Re-reading of the Transcript

The first step of my IPA analysis began with detailed and close reading of a participant's transcribed interview in order to familiarize myself with the original data. Following this, the analysis continued by repeated readings of the transcript with an aim to gain a holistic perspective, so that further interpretations would remain grounded within the participant's account (Smith & Eatough, 2007). During this time, I kept a record of initial reflections and questions that arose from the reading in my research journal, for I thought these might be useful to return to and compare with later interpretations during data analysis.

3.5.2 Stage 2: Initial Noting

After immersing myself in the data, I proceeded to engage in the exploratory commentary of the participant's transcript while listening to his or her audiotaped interview. With my goal to produce a detailed yet comprehensive set of notes and comments on the data, I entered into an analytic dialogue with the participant's transcript, using three discreet processes: descriptive comments (i.e., describing the content of what the participants said, the subject of the dialogue in the data), linguistic comments (i.e., the participant's language usage, pauses, hesitations, repetition, intonation, laughter), and conceptual comments (i.e., interpretative process to gain deeper conceptual understandings of the participant's world) (Smith et al., 2009). This analytic stage involved pausing the audiotape to make notes of anything of interest within the transcript

and paying attention to the participant’s speech, to hear how he or she spoke and notice associated feelings if any. I utilized a Microsoft Excel spreadsheet to keep a record of all the initial notes from the transcript. The following is an example of how I engaged in the exploratory commenting.

Table 1

Examples of Exploratory Comments in Initial Noting

Sample Interview Dialogue	Exploratory Comments
<p>Interviewer (I): What does hope mean to you as a counsellor?</p> <p>Participant (P): Hope is like what I said earlier about being... I think that like my role is to provide hope. And support. And care.</p>	<p>Descriptive Comment: Providing hope, support, and care is important to her as a counsellor</p>
<p>I: Umm-hum.</p> <p>P: Like people come in because they haven’t figured out things on their own. And they’re probably feeling pretty helpless and hopeless ‘cuz it’s still stigmatized to ask for help in North America anyway. And if I convey, like I wanna be able to be a carrier or...conveyer of possibility and future...<i>positive</i> future and be able to be that hand.</p>	<p>Conceptual comment: Seems empathetic; values her role as a counsellor who can carry hope</p> <p>Linguistic comment: Stressed the word, “<i>positive</i>”</p>
<p>I: Umm-hum.</p> <p>P: And saying, “Here I am with you.” And sometimes other people, sometimes I’ll have to be the carrier/conveyer...like hold that in our space together for that person. Because it won’t come all the time, it won’t come fast, it won’t necessarily come easily. But that I just, I’ll be that, be able to contain that, carry that...</p>	<p>Conceptual comment: While stressing her role as a hope carrier/conveyer, she seems to assume that clients might not have capacity to hope (given that her clients were mostly little children with special needs, her understanding of her role seems reasonable).</p>
<p>I: Carry the hope?</p> <p>P: Yeah...like <i>for</i> them. Like believe in them even if they don’t...or have faith and have, you know encourage that? Because I do have, I do have, it’s like hope, faith it’s kinda like they’re so hand-in-hand, they’re different but they go hand-in-hand for me. It’s like having the faith in them and my hope comes from, my hope comes from..</p>	<p>Linguistic comment: Emphasized the phrase, “<i>for them</i>”</p>
<p>I: Having faith in them.</p>	<p>Descriptive comment: Her hope (as a counsellor) comes from having faith in clients.</p>

3.5.3 Stage 3: Developing Emergent Themes

Upon completion of the initial noting of the participant's transcript, I reviewed all the exploratory comments and began a numeric coding process to sort and re-organize the comments in the Excel document. In lieu of a colour coding system, the numeric codes (i.e., 1, 2, 3, etc.) were used to form clusters of related initial notes and comments, thus facilitating the process of transforming them into emergent themes. In this analytic stage, I looked for connections, patterns, and interrelationships between the exploratory notes with the goal to create "a concise phrase at a slightly higher level of abstraction that may refer to a more psychological conceptualization" (Smith & Shinebourne, 2012, p. 77). I aimed to generate themes that both captured "the psychological quality inherent in the initial notes and in the participant's own words" (Smith & Eatough, 2007, p. 46) and reflected my interpretation as the analyst. The preliminary emergent themes were once again reviewed and revised to best reflect the "synergistic process of description and interpretation" (Smith et al., 2009, p. 92).

3.5.4 Stage 4: Searching for Connections across Emergent Themes

My goal in this analytic step was to develop superordinate themes by seeking connections and patterns between the emergent themes, clustering them according to conceptual similarities, and providing a descriptive label for the grouped themes (i.e., superordinate theme title) (Smith & Shinebourne, 2012). I used the following strategies suggested by Smith and his colleagues (2009) to achieve the primary object of this analytic stage: abstraction (i.e., grouping "like with like" and giving a new name for the cluster), subsumption (i.e., when an emergent theme gained a superordinate status by bring related emergent themes together), polarization (i.e., examining the oppositional relationships between emergent themes), contextualization (i.e., identifying the contextual or narrative components within emergent themes), numeration (i.e., noting the

frequency with which an emergent theme was supported), and function (i.e., grouping emergent themes based on their similar function). In a Microsoft Word document, I created a summary table showing the superordinate themes and the themes that comprise them (sub-themes) with illustrative quotations from the participant.

3.5.5 Stage 5: Moving to the Next Case

This stage involved moving to the next participant's account and repeating the analytic process. Recognizing that the subsequent analyses would be inevitably influenced by the previous ones, I was cognizant to stay open-minded and treat each participant's account in his or her own terms in respect for the uniqueness and individuality of each participant's experience. As mentioned earlier, I used my research journal to facilitate this process as well.

3.5.6 Stage 6: Looking for Patterns across Cases

In this analytic stage, my task was to look for patterns and key themes across all participants in order to produce a master table of themes for the group as a whole. To look across the individual cases most effectively, I gathered the summary table from each participant and compiled them altogether using a word document. In aiming to derive connections, I used different highlighting colours to indicate clusters of related themes and utilized the aforementioned strategies to combine some themes or reduce the data. The decision-making process was based on the recurrence of data as well as the pertinence of the themes relating to the overall research question and its scope. Although there is no rule for what is considered as thematic recurrence, measuring recurrence across cases, when working with larger samples (more than six cases), is critical since it may be regarded as a way to increase the trustworthiness of the findings (Smith et al., 2009). Smith and his colleagues (2009) suggest that a theme can be classified as recurrent, if it is present in at least one third, or a half of the participant interviews.

For the purpose of the present study, I decided to report the superordinate themes that were germane to answering my research question and the sub-themes that assumed a minimal 57% recurrence across cases, a cutoff that indicated that the themes were prevalent in over half of the cases.

3.6 Evaluating the Quality of Method

Yardley has (2000) outlined four broad principles for evaluating the quality of qualitative research. I referred to the suggested principles in order to meet evaluation standards to merit the usefulness of my study: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

The first principle, sensitivity to context, was demonstrated in my interactions with the participants during data collection. Knowing that conducting a good IPA interview requires skills, awareness, and dedication (Smith et al., 2009), I practiced my interview skills by engaging in “mock interviews” with my colleagues, which assisted me to become more effective in my data collection and to feel more comfortable in my role as an interviewer. I also increased my awareness of the interview process by putting the participants at ease, paying attention to their verbal and non-verbal language, showing empathy, and placing their needs first in a respectful and sensitive manner. Using a semi-structured interview enhanced the trustworthiness of my study as its flexibility afforded the participants to share the stories they deemed important and allowed me to rephrase questions to better suit the participants’ needs and to ask follow up questions.

Furthermore, I showed sensitivity to context by paying attention to the interpretative process and being cognizant of my role as the analyst. Essentially, this was my attempt to make sense of how the participants were making sense of their hope experiences from their

perspectives within their particular contexts. My reflective engagement with the participants' hope experiences through self-reflection and the analytic dialogues with the data helped me to develop a rich, holistic account of my participants' stories.

The second principle, commitment and rigour, was demonstrated again during data collection. My commitment as a researcher was shown as I ensured that the participants were comfortable while sharing their hope stories and as I paid close attention to what they were saying during the interview process. Rigour is defined as the thoroughness of the study in terms of "the appropriateness of the sample to the question in hand, the quality of the interview, and the completeness of the analysis undertaken" (Smith et al., 2009, p. 181). The participants in my study were carefully selected based on the inclusion criteria to match the research question. In my interactions with the participants, I attempted to keep the balance between closeness and separateness and to be consistent in my probing, which was important in mining deeper meanings of their experience. Further, my analysis was conducted systematically and thoroughly in accordance with the IPA outline, which aided it to be adequately interpretative, resulting in a deeper understanding of their hope experiences.

The third principle, transparency (i.e., how clearly the research process is described in the write-up of the study) was demonstrated in my detailed explanation of the participant selection procedure, the development of the research instrument, and the interview process. In particular, I explicated my analytic process in detail to increase the credibility of my interpretations. I also collaborated with my supervisor throughout the analytic process to test and develop coherence and plausibility of my interpretations.

In discussing the final principle, impact and importance, Yardley (2000) states that regardless of how well a piece of research is conducted, a test of its real trustworthiness depends

on whether the research informs the reader with something interesting, important, and useful. While engaging in the write-up of my study, I aimed to present the participants' voices while attempting to maintain the writing process as intuitive and interpretative as I could. My hope was to derive insightful and novel findings that may contribute to enhancing counsellor well-being and effectiveness in counselling clients.

3.7 Ethical Concerns

Smith and his colleagues (2009) maintain that ethical research practice is considered as “a dynamic process which needs to be monitored throughout data collection and analysis” (p. 53). A critical starting-point of ethical practice for any research project is avoidance of harm that researchers must always assess the extent to which simply “talking about” sensitive issues might cause potential “harm” for a particular group of people (Smith et al., 2009). In light of this, I engaged in a thoughtful preparation and practice of the interviewing process prior to data collection and analysis, while anticipating potentially sensitive issues that could emerge during interviews. In addition, I also focused on establishing rapport and maintaining an egalitarian relationship with the participants.

3.7.1 Informed Consent

Prior to data collection, informed consent was obtained from each participant. After a brief verbal description of the research topic and aim, I provided the participants with the informed consent form for their review, while encouraging them to voice any questions, concerns, or issues at any time during the study. They were informed of their right to withdraw at any time during data collection without penalty and further notified that those who might choose to withdraw from the study prior to its natural conclusion would still receive the \$20 honorarium. During the process of informed consent, I attempted to establish rapport and develop trust with

my participants by conveying my respect and genuineness to them in attending to their questions and addressing their concerns.

3.7.2 Interview Process

With my research project, I hoped to provide an opportunity for counselling interns to share their stories of hope. Being cognizant of the importance of an egalitarian relationship between the participant and the interviewer, I treated each participant with respect and placed their needs first, such as scheduling interview times and locations at their convenience, and using semi-structured interviews for a flexible approach to interviewing. To facilitate their storytelling, I approached each interview with an open mind and encouraged the participants to share the personal details of their stories to the extent they felt comfortable sharing. I paid close and careful attention to the participants' verbal and non-verbal language, and monitored their comfort level throughout the entire interview process. Each of the participants was reminded of the counselling services available for them listed in the informed consent, in case they would like to further seek professional help.

3.8 Summary

In this chapter, I discussed the methodological approach undertaken in the study as well as the core features of IPA and the rationale for choosing IPA as my research approach and design. I also made known my research stance, my personal beliefs, assumptions, and biases. I explained the research method and data analysis process in detail, which would allow the reader to check the credibility of my analysis. Finally, an evaluation of the methodology and ethical concerns were discussed. In the next chapter, I will outline the themes related to the participants' experiences of hope in their personal lives and professional practices.

Chapter Four: Interpretation of Participants' Experience

The primary objective of this chapter is to present the findings of this research study. I first provide a brief description of the context in which the participants' hope experiences emerged, followed by an overview of the main themes and their related subthemes that emerged during data analysis. I then move onto detailed discussions of these themes while offering idiographic details within the overall descriptions of the participants' shared experiences, through drawing on transcript extracts. This will allow the reader to check the coherence and plausibility of evidence supporting my interpretations and claims.

4.1 Contextual Background

Before entering into the counselling interns' subjective worlds of hope, I felt it was important to provide readers with a brief description of the contexts in which the participants' hope experiences took place. Firstly, all of the students were engaged in 8-month supervised practicum programs in counselling agencies and clinics located in the city of Calgary. All of the counselling agencies in which the participants were situated provided long-term counselling services to the local clients, except one agency which offered a 50-minute single-session therapy for a walk-in client. Secondly, the counselling students worked with diverse clientele including children, adolescents, adults, and seniors with a wide-range of mental health issues and concerns; however, they consistently indicated that the majority of their clients were from a low socio-economic background, and who were accessing counselling services at lower costs. Thirdly, the participants in counsellor training experienced many stressors in their practicum settings, one of which involved the issue of power differential between agency practitioners and practicum students; the counselling interns often expressed that they did not feel they could freely voice some of the issues that might have hindered their learning experiences as students, which

impacted their professional hope. In addition, the counselling students were cognizant of the advantages and disadvantages of agency policies and their impact on their counselling practices. For example, a couple of the participants, who had to administer an outcome questionnaire each time they saw clients as their agency practice, shared that while the utilization of the questionnaire could be facilitative in engaging in therapeutic dialogues with clients, extending the results of the outcome measure beyond its scope might be a threat to client well-being. Overall, while the participants' professional contexts in which they experienced hope were varied, there were some common elements in their interactions with their practicum environments. In the next section of the paper, I provided the overview of the counselling students' experiences of hope in their personal and professional contexts.

4.2 Overview of Participants' Shared Experience of Hope

Six main themes that emerged during data analysis included: "The Symmetry in Personal and Professional Hope," "Hope as Personally Meaningful Multifaceted Construct," "Counsellors' Understandings of Hope," "Counsellors' Visible Identifications of Hope," "Relationships as Sources of Nurturing Hope," and "Challenges with Hope in Professional Practice." Twenty-nine related subthemes were listed under these six main themes. Table 2 provides an overview of all of the themes.

4.3 A Closer look at Participants' Hope Experience

4.3.1 Theme 1: The Symmetry in Personal and Professional Hope

In the interview process, the participants were provided with an opportunity to define their personal hope and to openly share their hope experiences, followed by an in-depth exploration of hope in professional contexts. IPA's idiographic approach allowed me to identify the symmetry between each participant's personal and professional hope, which was observed in

Table 2

Overview of the Six Main Themes and the Twenty-Nine Subthemes

Theme 1: The Symmetry in Personal and Professional Hope	A. Personal Hope and Professional Hope
Theme 2: Hope as A Personally Meaningful Multifaceted Construct	A. Envisioning Possibility for Change B. Drawing on Inner Strengths or Resilience C. Working Towards Meaningful Goals D. Trusting in Good Outcomes E. Moving Towards Desired Outcomes F. Engaging in Positivity G. Choosing to Hope H. Hope as a way of Coping with Adversity I. Hope: A Multifaceted Construct
Theme 3: Counsellors' Understandings of Hope	A. Trusting Client Resources for Positive Change B. Exploring Possibilities for Better Future C. Moving Clients Towards Desired Outcomes D. Counsellor as an Instrument of Hope E. Implicit Use of Hope in Counselling F. Counsellor Hope: An Essential Element in Therapy
Theme 4: Counsellors' Visible Identification of Hope	A. Hope seen in Positive Client Change B. Hope seen in Clients' Learning C. Looking for Hope in Therapy D. Hope seen in Establishing Therapeutic Connection E. Hope seen in Clients' Nurturance of Self-Trust
Theme 5: Relationships as Sources of Nurturing Hope	A. Families and Friends B. Observing Other's Hope Experiences C. Engaging in Self-reflection D. Connection to God or Higher Power E. Supervisors and Colleagues
Theme 6: Challenges with Hope in Professional Practice	A. Difficult Client Issues B. Self-Doubt C. Perceived Pessimism/Lack of Hope in Helping Professionals

all participants' accounts of hope. When describing her personal hope, one participant, for instance, defined hope as a communal experience where a community of people work together for a same cause. She expressed:

I feel really hopeful, like surprised in a positive way when people work together, when I see people coming together for a cause or woman's right or advocating for more vulnerable populations makes me really hopeful like we can make a difference kind of thing, to bring about change. (Participant 1)

In portraying her hope in a professional context, she recalled a moment when she noticed hope in the context of group counselling, in which members came together for the aid of another member. This seemed to closely reflect her aforementioned personal hope found in people's concerted effort to create positive changes. She said:

I saw come out, one of the individuals was just having struggles with boundaries and the rest of the group almost rally together and ...it was her vulnerability that was just so raw and so beautiful that everyone else was able to come together and share a little pieces of their own experience... just that support of the other person and also giving her a bit of perspective. People weren't sort of saying [to her], you do have a choice explicitly but they were just saying this is some way you could look at it even just sort of providing alternatives. I think she started to move away from that black and white thinking about it [her issue]. (Participant 1)

For another participant, her personal hope was described in connection to the idea of change and possibility as she stated:

For me personally, for me hope is remembering or feeling connected to the idea of change and possibility. (Participant 3)

In parallel to her personal hope, she expressed that her professional hope was to help clients get connected to the idea of change, which she believed would lead to clients' explorations of future possibilities and opportunities:

I think hope is really facilitative of personal change...I think sharing or having conversations like that can maybe help them to get reconnected with hope, which can lead to yeah, opening possibilities in terms of what's available...How can we have conversations that will create space for you to see different outcomes in your life to see different opportunities to carve out different opportunities for yourself. (Participant 3)

The following participant shared her travelling experience in order to best illustrate her personal hope, which she defined as a belief in the existence of “something more” beyond what she could see despite the challenge she faced. She explained:

Like all I can see is that the immediate like, “We’re lost. This *sucks!* I *hate* being lost.” So upset and anxious and just worried. But just knowing that there’s *something more* to this and I am just not seeing right now... That “something more” can be direction or realization or self-awareness that I haven’t quite reached. Or even just one of those things that you have to go through to get to the place you become the person you are, like, we all go through certain things we don’t want to but when we reflect on them, oftentimes you’re better person but you just don’t see it in the moment. (Participant 4)

Similarly, the following statement seems to display the mirror image of her personal hope reflected in her counselling practice. She explained how her belief that “there’s still something there,” could help clients find hope beyond their challenging issues:

I try and point it out, sometimes clients will come in with, maybe one thing that doesn’t totally suck and I’ll focus on that because that’s the thing like, that’s the hope, there’s still something there. Within this rubble, there’s like a light, I don’t know if that makes sense... Like I really focus on the strengths or the things they [clients] are already doing, right? Because it’s just, there is something there, it may not be the best thing in the world right now but there’s still something there. And maybe you’re just not seeing it. (Participant 4)

Overall, the participants described their unique hope in their personal and professional contexts, based on their preconceptions, views, values, and prior experiences with hope. All

participants' personal hope was somewhat consistently reflected in their professional hope. There appeared to be the symmetry of hope in each participant's personal and professional lives.

4.3.2 Theme 2: Hope as A Personally Meaningful Multifaceted Construct

When asked, "What does hope mean to you personally?" each participant provided his or her individual definitions of hope. While their personal hope demonstrated their unique views and understandings of hope, all participants described their hope as a multifaceted construct, encompassing many different elements conjoined together in order for them to properly and sufficiently define their hope.

This particular main theme, Hope as a Personally Meaningful Multifaceted Construct, was comprised of 9 subthemes including: Envisioning Possibility for Change, Drawing on Inner Strengths or Resilience, Working Towards Meaningful Goals, Trusting in Good Outcomes, Moving Towards Desired Outcomes, Engaging in Positivity, Choosing to Hope, Hope as a way of Coping with Adversity, and Hope as a Multifaceted Construct.

4.3.2.1 Envisioning Possibility for Change

All of the participants described hope as envisioning possibility for change, although the changes they personally desired varied greatly from individual to individual. In confronting life's crises, such as a major illness or financial struggle, the participants expressed that any indication of possibility for a change, whether small or big, presented itself as hope for a better future. One participant highlighted how, in dealing with her frustrations, remembering "things can change" created hope, pointing to a possibility for change, which ultimately contributed to her enhanced sense of self-identity and self-awareness. She remarked:

Personally hope to me is something to do with remembering or staying connected to the knowledge that things can change, things aren't fixed... There is nothing about our lives that's fixed, so that

for me is hopeful...Like to me that you can change whatever you want it to change, that's within each one of us to do that. Personally for me hope is remembering or feeling connected to the idea of change and possibility...I think positive change contributes to your sense of identity. If you have a really strong sense of who you are or what's important to you, like who you are can change, right? Just like personality, what's important to you, your values and understanding why those things are important to you. I think all contributes to really strong sense of identity, so any sort of positive changes you're making would perhaps bring you closer to that understanding of who you are. (Participant 3)

Another participant explained that her hope was manifested in envisioning of her own potential growth, improvement, and transformation to reach a better version of herself:

Personally, hope to me is always growing like, always having an opportunity to look back and look forward...so looking back, goals that I've accomplished, looking forward, I think that's just such a powerful, so that idea of always looking forward or trying to grow, improve in that, that to me is hope. The minute I lose like any idea of how I can be a better person, I feel that I've lost that hope, you know? (Participant 1)

All of the participants echoed that their personal hope involved envisioning possibility as they looked to the future. The idea of possibility appeared to be connected to that of a potential positive change. Particularly, possibilities for personal growth and improvement seemed to be important to their personal hope.

4.3.2.2 Drawing on Inner Strengths or Resilience

All participants defined hope as drawing on internal strengths or resilience during the times when hope was deemed important. One participant spoke about his personal journey in the mountain guided by his hope, which he also referred to as “inner knowing” and “inner strength.” He explained that he found his way out of the forest as he drew upon his hope:

I guess looking back, if I wanted to overlay what I was feeling or thinking at the time I would, there was a time that I was travelling through the mountains and I was following my intuition and that

could've been a hopeful time because I didn't have a map...I was just following a sense of where I should go, where I needed to be, it was more of an internal guidance. I guess there was a hopefulness in that I had the inner knowing, the inner strength to engage in that journey. But I worded it intuition but not hope, but when I look back on it, it was probably hope. (Participant 7)

Similarly, another participant defined her personal hope as strength and resilience by describing a nature scene. She highlighted how the observed nature scene powerfully expressed her personal hope:

Hope for me is about strength and kind of almost like a rebirth like you're always being sort of faced with adversity and you are coming out stronger than before...I always walk across the bridge and that's really hopeful for me. Just to see the water flowing. And currently, with the water, there is a bit of ice and having that water flow from below the ice is always yeah. The flow, I think, that's very powerful expression of hope. Nature sort of continues... to thrive. (Participant 1)

All participants indicated that their personal hope was equated with their inner strengths or resilience. The participants shared that they experienced hope when they recognized their strengths within themselves and utilized them to overcome life's challenges. This appeared to have further contributed to developing their resilience.

4.3.2.3 Working Towards Meaningful Goals

All participants expressed that their conceptualizations of hope surrounded their goals that were personally meaningful to them. One participant, whose ultimate goal was to attain a higher education, persevered with the job that she didn't like, only to make enough money to pay for her tuition. Her goal-oriented hope helped sustain her at her workplace. She explained:

I got out of college and got into a job and it wasn't like the perfect job I wanted, it wasn't something I liked to devote my life to, but it was definitely a job that I could get me some money for further education, which was something that *I* wanted. So my hope back then was to get enough money and get my education done. But

without that hope, without thinking about the future that “I can do it,” I don't think I liked that job as much...like I said, it was that hope of going, “I'm going to have enough money for further education” that kept me there, kept me moving. I was really focusing on getting money to do that. (Participant 2)

Another participant expressed how her personal goals and all other goal-oriented activities (i.e., goal-setting, making to-do lists, working hard, overcoming goal obstacles) contributed to enhancing her personal hope. She said:

I think goals are so much part of hope. So looking back, goals that I've accomplished... Achieving goals, that *so* makes me feel hopeful. like when I overcome something. I think I'll always have goals, I always have to do list anyways. But I mean it's so important like making goals, working towards them that makes me so hopeful that I feel like I can do *anything*. (Participant 1)

All participants expressed that they greatly valued their personally meaningful goals. Their goals were, more often than not, equated with their hope. Although participants' goals varied from person to person (e.g., being happy, making money, getting a job, graduating from school, providing for family, etc.), they all unanimously voiced that working towards their goals greatly facilitated in fostering their personal hope.

4.3.2.4 Trusting in Good Outcomes

All participants unanimously expressed that their hope was manifested in their trust in good final outcomes, particularly in times of uncertainty. This seemed to be well encapsulated in this simple statement: “Personally for me hope, hope is essentially having the feeling that things will work out in the end” (Participant 7). One participant reflected on a decision that was of particular importance to her and how her hope of trusting in a good outcome was integral to her decision-making process. She explained:

When I decided to go back to school, I *had* to stay hopeful. Like, nothing's for certain, right? So I decided, “Okay, I'll go back and

do another 2 years of undergraduate work to get into this program.” So that whole 2 years of my life and the decision leading up to going back to undergraduate school was *all about hope*. In hoping, “I can do this. And I can, I know I can work my way through this 2 years. And I can't control what's gonna happen to me but I *can hope* that everything will work out. So even still, you know, we are not really in control of what happens to us in our daily lives, like I could fail a course, or something could happen in my life and I could lose my practicum and wouldn't be able to finish my degree or something, but the hope that everything will work out eventually somehow, yeah. (Participant 3)

Another participant also dealt with a similar situation where she was struggling with her unknown future, which she described as “fuzzy, it's almost like in a fog.” Unlike Participant 3 (see previous quote), however, she had neither a clearly defined goal nor did she know what was possible for her life. During this time of uncertainty, she held onto her hope, trusting that things would work out in the end. She shared:

I was back to the labour force, I couldn't find a job that I wanted, even with that education because I needed more in order to get what I wanted...And I couldn't see like how I'm going to, like the previous times I could save up money because it was just shorter period of education time and it was less money, so it seemed possible but the 2nd one was that I knew I needed more, like I don't see how I'm going to save up enough money. So I was in a situation I feel I don't know where I'm at, I don't know what I can do, I don't know what is possible, I don't know what's in the future, it's like very fuzzy, it's almost like in a fog but the hope that I will be able to do it eventually, That everything will be okay eventually, that keeps me going still. (Participant 2)

Participants' hope was expressed in their trust in good final outcomes, particularly when they were faced with life's uncertainty and ambiguity. Their hope that “things will work out in the end” seemed to have helped them cope better and persevere through their challenges when dealing with a circumstance where there was no clear way forward. Hope seemed to have been so vital in helping them navigate through uncertainties.

4.3.2.5 Moving Towards Desired Outcomes

Most participants conceptualized hope as a movement away from unpleasant, dissatisfying experiences towards ones that they valued and desired to experience. In sharing of her personal story of hope, one participant reflected on a conversation with her professor surrounding the impact of her relational trauma and its ramifications. She revealed that her instructor's encouragement, believing in her ability to get through the difficult time, was really a turning point for her. She eloquently captured that hopeful moment by saying:

There was a moment of opening, creating an opening that I couldn't see or feel because it wasn't a big opening, but there was like this little glimmer and there was a movement, I could go forward. I don't like talking in linear terms, but it feels like I could get out of this, somebody *believed in me*, or somebody believed enough or whatever, that I would not be always feeling like this. And that it could be better. 'Cuz it was so awful, it was the worst I ever felt in my life. (Participant 5)

Another participant, who expressed his frustration with his school program at the time of the interview, indicated that his personal hope involved moving away from dissatisfying experiences (i.e., finishing school) towards ones that were more satisfying and meaningful to him (i.e., having a professional practice).

That's where my hope is now it's like moving away from what it is that I don't want in my life, what I don't want feel in my life, to something that's more life-giving and life-satisfying, so I would say that's where I would see hope in myself...so for me hope would be about moving away from familiar or feeling of restraint or constriction in this world this current academic climate like moving away from institutionalized knowledge or stepping outside....and engage in something that has more meaning and rootedness and grounding. (Participant 7)

The participants described hope as a dynamic force that helped them move away from negative, dissatisfying experiences and towards more positive, desired experiences. This

particular sub-theme appeared to be connected to individuals' intentionality and action. Hope as a dynamic movement seemed to have assisted the participants to intentionally engage in a change process that helped them move forward.

4.3.2.6 Engaging in Positivity

Most participants voiced that to hope was to engage in positivity. One participant reflected on his personal hope that was equated with optimism, which personally meant having a positive outlook on life. Maintaining a positive attitude was especially important to him when life presented its challenges. He expressed:

For me, hope is like a sense of optimism and peace. For me when I'm out in nature, that's when I feel that there's optimism and there's peace and that it's like, this is the way the world is supposed to be in a way. For me optimism means sort of having that positive outlook that things are going to work out the way they are supposed to...and trying to keep that sense of positive energy...Maintaining that positive energy, that positive attitude even when things are going really really bad and you feel there is no way out. (Participant 6)

A different participant articulated how hope was really important to her when she was affected by her colleague's adversity. She believed that her hope, which was partly about "being positive," would have a positive influence on her colleague. She described:

A colleague of mine, her husband is in the hospital and sort of sudden onset of medical issues and lots of organ failures, so she was sort of appealing to her friends and sort of everyone to sort of pray and keep them in their thoughts....In a situation like that, liver failure, kidney failure, it's a very dire situation and the importance of hope is really important to me right now. Just sort of like feeling, part of it [hope] is about being positive, but part of it is like holding the other person...I also believe in positive, positivity, in energy going forth to others, right? ...Me having this positive energy is gonna have a positive effect on the person. (Participant 1)

It was observed that the participants had their unique definitions of what positivity meant to them (e.g., being thankful, finding confidence, exploring creativity, believing in oneself, appreciating the beauty of the world, etc.). However, they voiced that engaging in positivity in their own creative ways was beneficial in helping them stay hopeful while dealing with their challenges.

4.3.2.7 Choosing to Hope

The participants expressed that their personal hope involved their active, purposeful, intentional choices. In other words, they perceived hope as a choice. The following participant well articulated how hope could be a purposeful choice:

Hope is a purposeful choice. I can *choose* to be optimistic. I can *choose* to look at the brighter side. I can *choose* to have hope in a situation that's looking pretty bad... Sometimes life just happens... and you can't really pin-point why or what happens...you can *choose* even after life happens that I'm going to stay positive in the situation. (Participant 6)

Another participant expressed that at times when hope did not come naturally to her, she made an intentional decision to be hopeful by allowing her behaviour to guide and increase her hopefulness.

Sometimes it [hope] is an effort, doesn't just come... So just like "This can't be it. I have to decide today that I am gonna see it better and be hopeful and... fake it till you make it. (Participant 4)

This particular sub-theme, Choosing to Hope, appears to underscore the importance of individuals' freedom of choice. Hope as a choice seemed to have created opportunities for the participants to choose in terms of how they were going to respond to unpleasant life events. Choosing to hope, irrespective of life's challenges, also appeared to be integral to their hope experiences.

4.3.2.8 Hope as a way of Coping with Adversity

All participants unanimously echoed the importance of hope in times of adversity, which helped them cope better with the challenges and difficulties stemming from their hardships. One participant shared that when he was in Grade 8, his father had a serious heart condition that required a major surgery, which posed a huge threat to his father's life. He reflected how his hope that he would see his father again at the end of the day sustained him at school:

I remember walking from school to see him [dad] and just holding onto that hope that when I get to the hospital, my mom and my sister aren't going to be crying. If they are going to be crying, it's going to be like happy tears 'cause it's going to be that he's going to be okay and that us as a family we will get through this... It [hope] allowed me to get through my day, I remember being sad at school but I tried not to show it because I really did not want to get into details 'cause usually I'm a really upbeat happy guy...that hope helped me maintain who I was still, while I was at school...I really didn't want to think about school, but knowing that well, this is just one day right? So if I kind of give up on my school today then I'm going to be behind and then this is going to carry out for the rest of the week and that's not what my parents would want and I just have to trust that my dad is going to be okay and that he is going to be happy and proud of me for sticking through that day of school and staying on top of things. That hope gave me that focus to get through the day and the strength to get through the day. (Participant 6)

Another participant also described how hope facilitated her coping with a sense of failure as well as her difficult decision-making process, which involved giving up on two academic courses.

I was at this place where I wanted to go to [a university]...I didn't know what to do, I was almost failing two of my courses and I was like, "Do I drop these, and if I drop them, I am a failure..."I was really lost about where I needed to go and I just didn't know what to do – I felt really alone...I did end up doing terribly in two midterms, so I ended up dropping those classes, so in that way, it was like decrease in my hope for my abilities... It was just that moment, "I can't do anything else. I've done what I can, and there's *gotta* be something else there...Without believing that, believing in hope that there's something else going on, then...there

has to be something else. ..To be able to drop those classes, I had to believe there was for a bigger purpose. (Participant 4)

All participants in this study described hope as a way to cope effectively with adversity. Their personal hope helped them draw on their inner strengths while persevering through their hardships. Hope also seemed to have assisted them to be able to trust in “a bigger purpose” or final good outcomes.

4.3.2.9 Hope: A Multifaceted Construct

All participants portrayed hope as a multifaceted construct, in which many elements of hope were clustered and combined together to make up what they best defined as hope. For instance, one participant described her hope as a combination of “being positive” (cognitive/affective), “holding the other person” (behavioural), “letting go” (behavioural), and “trusting in something beyond herself” (spiritual). She stated:

The importance of hope is really important to me right now. Just sort of like feeling, part of it is about being positive, but part of it is like holding the other person, sort of instilling hope in them when they don't maybe find in themselves. So I think it's not as easy as being positive, it's also about, letting go and trusting in, for me I'm a spiritual person, I believe in something beyond myself, but I also believe in positive, positivity in energy going forth to others. So part of it is, trusting that me having this positive energy is gonna have a positive effect on the person but also part of it is trusting that whatever happens, it will be okay. (Participant 1)

Similarly, a different participant described her hope as “feeling positive” (emotion), “a goal” (cognition), reaching out for possibilities or opportunities (behaviour), and “faith” (spirituality).

It [hope] is a feeling, just like what I said in the smiling child picture, it's a feeling because you feel, you feel happy about it, you feel positive about it. And you can see it [hope] because there is future, there is a goal, there is a world in front of you. And you can see where you're going, there are possibilities, there are opportunities, there are things that you can do, there are things in the future that's waiting for you and you're reaching that...hope

can be defined as goal at sometimes, but it's not all...if having a goal give me hope or having something that is concrete in the future gives me hope, it doesn't explain how I experienced hope in the second time because I didn't have anything... And it was almost like, I think, my faith. (Participant 2)

Participants in this study indicated that their hope was best defined as a construct involving multiple dimensions of hope experiences. According to the participants, hope was a personally meaningful experience that entailed the elements of possibility for change, personal goals, inner strengths, positivity, trust, and purposeful choices. Hope was deemed important and was further nurtured by the participants in times of coping with personal adversities.

4.3.3 Theme 3: Counsellors' Understandings of Hope

When asked "What does hope mean to you as a counsellor?" the participants indicated that their professional hope surrounded the themes of "Trusting Client Resources for Positive Change," "Exploring Possibility for Better Future," "Moving Clients Towards Desired Outcomes," "Counsellor as an Instrument of Hope," "Implicit Use of Hope in Counselling," and "Counsellor Hope: An Essential Element in Therapy."

4.3.3.1 Trusting Client Resources for Positive Change

All participants defined counsellor hope as trusting or believing in clients' capacities and resources to bring about positive changes. One participant expressed that hope in counselling was about her believing in clients' ability to change and improve, which further shaped her therapeutic dialogue to become more strengths-based and solution-focused:

I think it's similar to that idea of change, so I don't think I would've gone into this like field, if I thought that people were just condemned to the same problems. I hear people come in and say, "Oh, my psychiatrist told me I'll always have anxiety." And I am like, I don't understand why that psychiatrist went into psychiatry. It makes me really angry. 'Cuz why would you go into "helping," if you don't think people can be helped?... For me, it [hope] is

staying connected to the idea that people can change and their situations can improve and that anxiety isn't gonna be hanging around for your whole life. In fact, it might not even be around for the next year. That's what it [hope] means for me that people can change no matter what... I think it [hope] definitely makes our conversations much more strength-based, or like optimistic... Lately I am trying to focus less on problem-talk and more on, 'cuz people have million problems – it could be tiny or huge, you can talk about every single one of them but to talk about the strength people have in solving those problems, it's very different. And I think it creates a lot more opportunities for people in learning about who they are. (Participant 3)

Another participant expressed that his professional hope was to have faith in clients' inner strengths that could help them deal effectively with their problems. He articulated that the inner strengths would also help clients better connect with their authentic selves. He described:

As a counsellor, it [hope] is mainly that my clients have the strength within themselves to pull through whatever it is they are experiencing, whatever trauma, whatever abuse, or depression, anything that they are experiencing, or anything that they've come to see me for, is having the hope they have the internal strength to get through it... Hopefully, it will take them to a place where they can get back to who they were, who they envision themselves to be, and maintain that level of being their true selves, so hopefully one day they don't have to come back to counselling, whether it's me or another psychologist. But that hope that hope they can get better and carry that better sense of themselves and that stronger person throughout the rest of their lives. (Participant 6)

All of the participants conveyed that their professional hope involved believing in or having faith in clients' abilities and resources to create positive changes in their lives. Trusting in clients' capacity to engage in a change process that could lead to successful therapeutic outcomes was deemed vital to their role as a helper. Their hope as a counsellor seemed to have been conveyed through identifying clients' strengths and engaging in solution-focused dialogues.

4.3.3.2 Exploring Possibilities for Better Future

All participants expressed that their hope as counsellors involved assisting clients to identify or explore possibilities for a better future. One participant reflected how her hope-focused dialogue with her male client helped change his perspective, which made him look forward to future possibilities rather than looking back to his past problems. She explained:

That [hope] was a different perspective. And it felt like there is light, like bulb lit up. The focus of the conversation changed...it [hope] shifted client's perspective. It helped clients to look forward instead of looking backward. And I even felt it, like I in that room, I felt lightened up because it was a heavy trouble talk, me and him was like really talking about "Oh how bad it is, it would never be good because whether I choose it, bad consequences will happen." But it was really a heavy talk, like I felt heavy in that session but then once that moment of hope came, everything was light. Like it became lighter and there are possibilities, there are ways to do it instead of like a dead-end. I think I actually felt it. I felt lighter.
(Participant 2)

The following participant also highlighted how hope in counselling could help clients see new possibilities and different opportunities that could facilitate enhancing clients' positive expectations for a better future. She described:

Talking about strengths and talking about that conveys hope in certain way...can maybe help them to get reconnected with hope, which can lead to opening possibilities in terms of what's available. How can we have conversations that will create space for you to see different outcomes in your life to see different opportunities, to carve out different opportunities for yourself.
(Participant 3)

The participants indicated that their professional hope involved helping clients envision a positive future that presented new opportunities. They expressed that engaging in explorations of future possibilities with clients was an important aspect of their professional roles. Envisioning possibilities for a better future also appeared to be effective in increasing clients' hope.

4.3.3.3 Moving Clients Towards Desired Outcomes

The participants described that their professional hope was to assist clients to move towards their desired outcomes. One participant expressed that her professional hope was to convey to her clients that they could move away from their dissatisfactions and move towards their desired outcomes. She said :

I need to believe for myself that there's a way out for them and so that's how I work with hope. It's like believing that we can work through something together... Like moving one place to another in a way, that's hard to define but there's, there's a place there... I want to tell them, I want to have a megaphone and I want to tell them that there's a better, there's a way to do it. (Participant 4)

Another participant articulated how hope could help clients move to a place of possibility and healing, transcending beyond diagnostic criteria:

Hope moves the client beyond diagnostic labels. And sometimes actually most often, clients will come in now self-labelling, "I have this disorder. I have that disorder," or whatever the current disorder trend is, they'll grab hold of it and label themselves. And hope in a way moves them beyond diagnostic criteria into what could be for their lives. (Participant 7)

The counselling interns indicated that their professional hope was to help clients move towards their desired outcomes. The participants shared that conveying a sense of possibility for a better future to clients was particularly important in facilitating clients' engagement with a therapeutic process.

4.3.3.4 Counsellor as an Instrument of Hope

"I have it [hope] in the back of my head or even, not in the back of my head but in the middle of *my heart*, I would say actually. I just have it [hope] there" (Participant 2). All participants viewed themselves as a source of hope in their professional context. It seemed as though they perceived themselves as an instrument of hope that resonated hope to clients,

facilitating the cultivation and maintenance of hope during the course of therapy. One participant highlighted how much she valued her role as a counsellor, who could nurture hope in herself and then share with her clients, instilling hope in them. She said:

I think making sure *I feel* hopeful for the client and sort of fostering that [hope] in myself. I think part of having perspective with clients and sort of appreciating that, having them visit you is like a gift, having that gratitude for the client being in *my* life ...Never sort of letting it fade into, I don't know just holding that person and appreciating that. They may not have, they may not be able to see their strength or feel that hope and knowing that you are *so integral* to this person. I think it's really important to really value your role as the counsellor and see how privileged you are.
(Participant 1)

Another participant highlighted that her primary role as a counsellor was to offer hope to clients. She further described her role as a “carrier or conveyer” of hope for clients who might be experiencing feelings of hopelessness and helplessness:

I think my role is to provide hope. And support. And care. Like people come in because they haven't figured out things on their own. And they're probably feeling pretty helpless and hopeless 'cuz it's still stigmatized to ask for help in North America anyway. And if I *convey*, like I wanna be able to be a *carrier or conveyer* of possibility and future...And saying, “Here I am with you.” And sometimes I'll have to be the carrier, conveyer...like hold that in our space together for that person. Because it [hope] won't come all the time, it won't come fast, it won't necessarily come easily. But then I just, I'll be that be able to contain that, carry that (pause), like *for* them. (Participant 5)

Counselling interns in this study indicated that they carried hope within themselves and shared it with their clients, identifying themselves as an instrument that conveyed hope to clients. They particularly valued their roles as counsellors who could inspire hope in their clients. They also seemed to be aware of the importance of fostering hope within themselves in order to be effective in instilling hope in others.

4.3.3.5 Implicit Use of Hope in Counselling

“Installation of hope is really integral to the clients’ outcomes like I think it's like the necessary condition for the client to improve” (Participant 1). Although their hope definitions and language differed from one another, they all creatively conveyed hope in multiple ways, such as talking about client strengths, solutions, and future opportunities or possibilities. Six of the seven participants indicated that they were more inclined, at this stage of their training, to use hope more implicitly (i.e., conveying hope without using the word, ‘hope’) than explicitly (i.e., conveying hope, using the word, ‘hope’). The following participant explained how she inspired hope in others, from which I inferred that her implicit use of hope may be extended to her work with clients as well. The following statement described how she conceptualized the process of hope inspiration and further indicated her inclination to use hope implicitly:

Part of it [hope] is about being positive but part of it is like holding the other person, sort of instilling hope in them when they don't maybe find in themselves... I also believe in positive, positivity in energy going forth to others, right? So part of it is trusting that umm me having this positive energy is gonna have a positive effect on the person... we may not work with [hope] explicitly with the client but there's different ways to instill that in the person.
(Participant 1)

Another participant described hope as “a basis” or “a background of counselling as a whole” that could be helpful in conveying implicit messages of hope to clients in counselling.

She explained:

It [hope] is almost like the Rogerian basic, counselling ideas of empathy and positive regards. It's like at the back of my head and like I said, it [hope] is the belief that everybody can be better. The belief that there is always hope for the client. And there, in a sense, that there's always hope, that I could be somewhat helpful to the client, that is at the back of my head. That is sort of like a basis, like a background of counselling as a whole. (Participant 2)

A different participant articulated that hope needed to be communicated to clients subtly and implicitly in therapy. She explained that hope inspiration could be done indirectly by talking about clients' strengths, for example. She stated:

So if your clients come in and don't have a lot of hope whether or not connected to that point in time, that sharing your hope with them, not in a pushy way or overly optimistic way but just subtly. Like talking about strengths and talking about that conveys hope in certain ways. So I think sharing or having conversations like that can maybe help them to get reconnected with hope. (Participant 3)

All of the counselling interns emphasized the importance of hope inspiration in therapy. According to the participants, there were many ways that counsellors could convey hope to clients. The interns indicated that they were more inclined to use hope implicitly than explicitly at this stage of development as counsellors.

4.3.3.6 Counsellor Hope: An Essential Element in Therapy

“Hope is really integral to the client's outcomes. I think it's like the necessary condition for the client to improve” (Participant 1). All participants expressed that counsellor hope was an essential element in therapy. In an attempt to highlight the importance of counsellor hope, one participant illustrated what therapy might look like without the hope of counsellor. She explained:

I think it [hope] is significant if not the most significant. I mean if therapists don't have hope that their clients can change or that clients can find their own strengths and abilities to do things to make the changes in their lives, I don't know how you'd conduct therapy. I feel like it would be more like symptom management. Like, “Okay this is the symptom you're describing, so here's, you could try this medication or just make things better for now because you're not really gonna change.” It's kinda the underlying message, like this can't really be changed. So how do we manage the symptom? So I think it [hope] is huge. (Participant 3)

The following participant articulated the significance of counsellor hope in therapy by explicating how hope influenced her counselling practice. Specifically, she shared that her hope was infused in all of her therapeutic activities:

I think it [hope] influences *everything*. It influences how I create an alliance. It influences theoretical orientations I operate from, like how, what I choose. Like how I see is that I bring myself to a counselling profession. And the self I'm bringing has values and beliefs and all that. I bring that into the counselling thing, so that when I'm looking at the theoretical orientation that needs to match. Myself, myself needs to match the theoretical orientation. And then those two are, that's how I am genuine and authentic. That's really coming from *my being* and then that would inform how I see people in terms of gathering information for my assessment and how I perceive my role in the change process. How I encourage, how long I can stay engaged or be with them. So it's attitude and also the actions I take. Like I said how I gather my information about them and then how that information then will inform my interventions and so the intervention like yeah everything. To me, it [hope] is infused in all action or it guides me. (Participant 5)

All of the participants perceived counsellor hope as an essential element in therapy. They voiced that sharing hope with clients was an important role of a counsellor. Counsellor hope appeared to be identified as a factor influencing therapeutic processes and outcomes.

4.3.4 Theme 4: Counsellors' Visible Identification of Hope

The participants were encouraged to share their experiences in which they noticed, identified, or perceived hope in their work with clients. They reported seeing or identifying hope in various places in therapy but mainly as described in the following five subthemes: “Hope seen in Positive Client Change,” “Hope seen in Clients’ Learning,” “Looking for Hope in Therapy,” “Hope seen in Establishing Therapeutic Connection,” and “Hope seen in Clients’ Nurturance of Self-Trust.”

4.3.4.1 Hope seen in Positive Client Change

All participants voiced that they identified hope when they observed their clients making positive progress towards or achieving their therapeutic goals. One participant noticed hope when he was nicely surprised by his “difficult” client who had made an effort to go to his classes, an evidence suggesting a change in his client. He stated:

He [client] got into my car and he goes, “I went to school every day this week.” And I was like, ‘Whoa, whoa, what changed?’ right? He’s like, “I don’t know I just felt like going to school this week.” I was like, “That’s fantastic. Congratulations! How was it for you?” And he was like, “It was good.” He discovered that he was pretty smart, despite missing all this material, he was still able to do fairly well in the modules they were doing, and his teacher commented on that fact. So, that kind of gave me hope that in spite of all the “bs” I put up with in the last month. (Participant 6)

Another participant reflected on her hope experienced during counselling when she noticed a gradual change in her client, a little preschool boy with special needs. The change in the boy’s attitude and confidence finally led to achieving his personal goal. She explained:

He [client] is really late being toilet trained. And he's had lots of stuff in his family. And he has this time where he comes in the classroom and sits on the toilet for 5 minutes. So I sit with him. First, he goes like, “No, it's not coming! it's not coming! I just want to get off!” I'm not, no one's forcing him, he just sits there, right? He wants to get off, they [his teachers] wouldn't, whatever. So I just hang with him. This is like September. And then I noticed like probably beginning of February? “It [his pee] is gonna come,” he [client] said. “It's gonna come.” Before he was saying, “It's *not* gonna come,” (laughter) right? I said “you think so, eh?” And he goes “Yeah.”...He had no tolerance for frustration and so if he couldn't get something, like he would just collapse and freak out. Like Meltdown emotionally. And cry and say he's stupid. It was really sad. So there's lots of encouragement. “You can do this” and trying not to frustrating him ... so he started saying in February, “Yeah, It's gonna come.”...On Tuesday, he did. He went in the toilet...everybody did a little happy dance. (Participant 5)

All of the counselling interns indicated that they worked hard towards successful therapeutic outcomes, one of which was a positive change in the client. The participants reported seeing hope when they noticed changes in clients whether they were small or big, and gradual or sudden. Seeing client change as a result of therapy appeared to be a hopeful discovery for the counselling interns.

4.3.4.2 Hope seen in Clients' Learning

All participants voiced that they witnessed hope when their clients engaged themselves in learning as a function of the therapy the counsellors provided. One participant highlighted how she identified hope when she observed her female client learning from the conversations, which seemed to have stimulated the client's learning experience. She remarked:

Changes or yeah...things they [clients] have noticed, that are different in their lives or "Oh, yeah, you know, we talked about this the other day and it really got me thinking more about this." And so that idea that learning, learning being impacted by conversations that we have, so doesn't have to be necessarily good or bad but just "Oh, it made me think about that a little bit more and here's what I was thinking about" and sharing that with me is brings me hope. (Participant 3)

The following participant described how she noticed hope when her client really understood the workings of the therapeutic tool, CBT and learned something new that she could immediately apply to her life to create positive changes. She explained:

There's one girl I was introducing CBT to and she's like "Yes! That totally makes sense! If I had done this or thought this instead, oh my gosh." She was just putting it together and it was like "Thank you! It was so great." Like there's some people that it [CBT] really clicks with and that gave me hope... I think she was really, "There is another way to look at this. I don't have to stick to this." She really liked when we went through the scenarios. We talked about, "Oh, if I only thought that instead, then the whole situation would've been changed." So really seeing the applicable nature of the tools that I was introducing...so "There *is* another

way to do something. This is the way I've been doing it but there *is* another way and I am excited about that.” (Participant 4)

The participants appeared to view clients' ability to learn as a potential for positive change. They reported seeing hope when they observed clients acquiring and applying new information, knowledge, and skills to more effectively deal with their issues. They also perceived hope when clients gained a different perspective or deeper insight that helped them make sense of their own problems.

4.3.4.3 Looking for Hope in Therapy

All participants indicated that they were able to notice hope when they looked for it intentionally. They looked for hope in so many different places in therapy, particularly in their clients' strengths, resources, their past achievements, exceptions, and solutions. Working with a male client struggling with his anxiety associated with his upcoming examination, one participant highlighted how searching for and identifying the client's achievements helped him shift his focus from his past failures to future possibilities. She said:

I talked about “Okay, it sounds like you did have some achievement in the past and you have family with kids and you had a career and you were doing good, you're thinking about advancing your education, you left the job to do this,” and I said “To me, those were some achievement in your life.”... And then he's like “Yeah! That's right! So I shouldn't just look at, yes I failed the exam last time, I may fail this time but the failure doesn't define me, like I have a lot of achievements...I should look at that too.” And at that moment I was like ‘Wow, exactly.’ ...that was a hopeful moment. (Participant 2)

The following participant expressed how intentionally looking for clients' strengths and resources and any evidence that might suggest a positive future for them helped her see hope in counselling as well. She described:

Looking for the strength in that person and looking for evidence that they have succeeded, they have done something before, that's like looking for those exceptions if the story is a despairing one. So I am listening always for what did work, what is, what was helpful for them and pointing those out and encouraging and...making it concrete, so having the evidence that when you did this, when you told me this, this worked out, remember that? Like anchoring them in their own concrete experiences. Reminding them. Because everybody has those. (Participant 5)

The participants suggested that they were able to see hope when they intentionally looked for it in therapy. The places they looked for hope were varied but hope was commonly found in areas such as clients' strengths and resources, solutions, exceptions, and past achievements. Feedback about these indicators seemed to have been utilized as evidence for the clients to perhaps hope again.

4.3.4.4 Hope seen in Establishing Therapeutic Connection

Most of the participants noticed hope in the therapeutic alliance they developed with their clients. They identified the evidence of deeper connections with clients as a hopeful moment. One participant highlighted how he noticed hope when he observed his "difficult" client coming to counselling. The client started opening up to him more and was willing to work with the counsellor about his issues. He remarked:

He [client] is like "who the hell is this guy [the counsellor], right?"... Case workers, principals, teachers in the past have been "Oh my god, this kid is beyond help."... And he's still showing each week, the exact same time, the exact same, like willingness to work with me. Because it was after the first couple of times that I saw him that he started to, like at first it was all just one-word answers, like "Hey, how's it going?" and he's like "Good." And then, it was like, "Hey, how's it going?" and then he would get into "Oh, well you know that week was shitty because this happened and it was good because this happened," right? (Participant 6)

Another participant identified that he experienced hope when he shared a deeper level of connection with his client while creatively engaging in the process of therapy together. He stated:

It might sound strange but sometimes when I feel hope...it's when I'm having fun with a client...I mean, I am very much enjoying the session like if there are creativity inspired or they become involved with telling a creative story that creates an exception in their lives or they are involved in sand tray and they intuitively engage in sand tray and out of their curiosity and placement of the objects, they become involved in a deeper level with their life story.
(Participant 7)

The participants seemed to greatly value their counselling relationships with clients. They reported seeing hope when they noticed their therapeutic relationships were strengthened by mutual respect and trust. Establishing deeper therapeutic connections with clients was a hopeful experience for the participants.

4.3.4.5 Hope seen in Clients' Nurturance of Self-Trust

Most of the participants expressed that they identified hope when they noticed that their clients had nurtured self-trust as a result of therapy. One participant reflected that she perceived hope when there was evidence of her client trusting in herself in their conversation about the termination of counselling. She expressed:

We talked about closure today. A termination rather, and that was a neat conversation that I think will be continued, but she [client] often will ask me what I think about things. So today, she didn't really go there. But when we talked about termination, she mentioned, "Oh, what do *you* think? Do *you* think I need to still go for counselling?" And typically when I get a question that's put to me like that, I would sort of change it. But this time, I sort of put it back on her and I said "What are *your* thoughts?" and often when I did that explicitly, she would just turn it back on me, and this time she didn't. She was able to sort of trust herself. (Participant 1)

Another participant, who was working with a distressed client, indicated that he witnessed hope when his female client recognized her own strengths, showing a sign of self-trust.

I helped her realize that she has the strengths to get through this process and it's going to suck for a while...but also realizing that "I'm strong. That I'm fighting this. Like, I never even noticed this before." (Participant 6)

The participants appeared to perceive clients' increased self-trust as a sign of inner healing. They saw hope in counselling when clients displayed a greater sense of trust and confidence in their ability to deal with their own issues. Hope was seen when clients believed in themselves.

4.3.5 Theme 5: Relationships as Sources of Nurturing Hope

The participants were provided with opportunities to explore the sources of their hope in their personal as well as professional contexts. The participants identified "Relationships as Sources of Nurturing Hope." The following were the relational sources from which they drew on hope: "Families and Friends," "Observing Others' Hope Experiences," "Engaging in Self-reflection," "Connection with God or Higher Power," and "Supervisors and Colleagues."

4.3.5.1 Families and Friends

All participants unanimously expressed the importance of relationships with families and friends in nurturing their hope. One participant in particular greatly appreciated all the support and encouragement he had received from his family and friends, which was facilitative in fostering his hope while he was completing his counselling training program. He further expressed that he would continue on fostering these relationships as a way to cultivate and maintain hope in his personal as well as professional life. He expressed:

I feel supported. I feel happy. Like it's happiness that no matter how bad things get, people will be around me that will help pick

me up and lift me back on my feet. Whether it's friends, whether it's my partner, whether its my parents, the rest of my family ... Surrounding myself with good people helps me foster that feeling that there is hope going through. I can go through it because I have people around me that will give me that positive energy, that feeling of support. (Participant 6)

The following participant also drew hope from her close relationships with others and further specified that not only the relational support but also the unconditional love she had received that were important to her hope. She stated:

I think relationship, people who are close to me, my family and fiancé, my sister, my mom, people who are always supportive and not necessarily always supportive, but always going to be there for you, no matter what. And that gives me hope – to know that those people are there and they are not going to judge me or think badly about me...I think something unconditional, unconditional love. Like they know the truth about who I am if that makes any sense... They know who I am and what I am capable of and they love me, they love *me!* Like they *know me and love me* and sometimes when I forget that, then I can reach to them. (Participant 3)

All of the participants showed their appreciations for relationships with others. Particularly, they greatly valued their relational connections with families and friends. They identified their relationships with families and friends as a great source of hope and as vital to their well-being.

4.3.5.2 Observing Others' Hope Experiences

Most of the participants indicated that they drew hope from their observations of others' hope experiences. One participant highlighted that she gained hope by watching others' positive experiences or listening to other's success stories that were inspirational to her. She said:

Other people's experiences by looking at other people, by listening to other people's stories about how they get what they want, sort of like some examples that people will eventually do what they want to do. (Participant 2)

The following participant highlighted how observing and seeing his parents overcoming hardships as immigrants further fostered and nurtured hope in himself. He shared that although his parents never directly mentioned the word, ‘hope,’ he was able to sense the hope of his parents in their sacrifices for him. He explained:

My parents are very strong people. They are immigrants from [country], so when they came over, they didn’t have a high school education, I don’t even think they finished junior high. But my dad started as a bell boy at McDonalds and then he started cooking school and my mom, she started as a seamstress and then they moved into kitchen work and it’s almost like they had hope that if they worked hard ... in hope that they would provide me a better education and in hope that I could be a strong individual that could work through hardships that life carries with it, but also giving me that kind of good standard of living that everyone wants once they come to North America...It [hope] is not even something that was communicated. Like my parents never complained that they would have to work seven days a week but it was something that I could see in them and something that I could sense from their actions, from the things that they said, from the sacrifices that they made, it’s almost like I can sense they have, they had hope for me and my sister to be the best people that we could be through education and through working hard and that sort of thing. (Participant 6)

The participants indicated that they were able to nurture hope as they learned from others’ experiences with hope. This particular sub-theme appeared to suggest that hope could be enhanced through simple observations of others’ experiences without direct reference to the word, ‘hope.’ It seemed that hope seen in others further nourished hope within the participants.

4.3.5.3 Engaging in Self-reflection

Most of the participants viewed self-reflection as a way to cultivate hope in their personal as well as professional settings. One participant expressed that her self-reflections involved “staying connected to the truth about who [she was],” which was facilitative in strengthening her hope:

That idea of staying positive or staying connected to knowing the truth about who you are ...staying connected to the truth about who I am, so I have certain skills, I have certain limitations whatever. There are things that I am proud of that I do in my life and sometimes I lose sight of that because things aren't going well and I start to doubt that about myself and whatever, but you can connected to that in ways that are facilitative of being positive, optimistic person. (Participant 3)

Another participant highlighted the importance of self-reflection in terms of gauging the level of his hope for his professional efficiency. He explained:

If I continue to reflect on the things that give me hope, that I've done good as a counsellor, how I can improve, things like that will give me the hope that I can maintain this level of positivity and trust within my clients that they will be able to succeed. I really do believe that once you start losing that hope in your clients that they'll be able to succeed, that's when I'm going to really have to take a step back from counselling and be like, this isn't why I go into this field and I feel the self- reflection piece is going to be really important for that because it will give me that insight when I need to step back, if I need to step back, and why. (Participant 6)

Engaging in self-reflection seemed to have created an opportunity for the participants to examine their relationships with their own hope. Reflections through journaling, in particular, seemed to have assisted them to keep things in perspective and connect to other resources of hope and inspiration. The participants identified self-reflection as a way to foster and nurture a sense of personal hope.

4.3.5.4 Connection to God or Higher Power

The participants voiced that their relationships with God or Higher Power were another great source of hope. One participant described her close connection with God whom she completely trusted and how she derived hope and love from her Creator. She said:

So if you build your, put your trust in God, then, that's like solid. It's unlike shifting sand or whatever, right? And so that [a book] again was a reminder that there's something greater out

there...Like I believe I have a Creator and there is a creative force and that my God, my Higher Power or whatever people, for me it's God, is in charge, not me. Something greater, something greater is in charge. And I can kind of relax and things would be okay... Ultimately it's God, I get hope, I get love from. (Participant 5)

While identifying God as a source of her hope, another participant explained how the hope she drew from her connection with God was different from that which she derived from her relationships with others:

I'd say it's like just never being alone at any moment. You don't always have to voice what you're going through. Just knowing there's something else that helps you through it. With my friends and family, they can, especially ones who don't for now, really understand the post-secondary thing, they don't understand the counselling thing. They can try and be there for me in the best way they can but I mean, they don't really get it to the extent that like I get it. I am the only one that's really going through my own experience, right? So I feel like the relationship with God, he just gets it. (Participant 4)

The counselling interns indicated that their spirituality played a role in enhancing their hope. God or Higher Power seemed to have provided the participants with assurance, comfort, and a sense of trust and security. The participants valued their connections with God or Higher Power as great hope resources.

4.3.5.5 Supervisors and Colleagues

The participants identified the benefits of consultation with supervisors and colleagues as a way to foster and maintain hope during their counselling training. Among many benefits of consultations with supervisors and colleagues, one participant particularly appreciated the normalization of her difficult experiences, resulting from a steep learning curve that she had to go through as a beginner counsellor.

I think for me what was really huge in that was that I was consulting with other people. So my supervisors or with other

students... When you feel really crappy about yourself where your skills or lack thereof or whatever and you ask other people and they feel the same way, or if they ever felt that way and they'll always say yes. I mean, everyone knows what you are talking about, right? "Yes, I have felt like a loser and don't worry, everyone feels that way from time to time." That really helps me stay connected to hope because it's again the idea that nothing's gonna necessarily stay this way. There's room for growth and change and learning and it helps to know that other people get what you're going through, so that's definitely one of the ways I maintained hope, this feeling that I am not all alone in this and other people get what I am going through and it's normal, I hate that word, but it's normal (laughter). (Participant 3)

In addition to the normalization of experiences, the following participant highlighted how effectively he was able to foster and maintain hope when his supervisor trusted in him and his ability and skills. This, in turn, further strengthened his hope for the clients. He described:

Even like normalizing it through discussion with our classmates, this is what they are experiencing, too, that also helped me foster that hope that I'll be able to get through this, that I am not the only one, that this is just a reflection of the stage of development that I'm at... Supervision has really helped me kind of maintain hope because in supervision, my supervisor conveys that sense of believing in me... and that allows me to believe in my clients and my work in my clients because a lot of times when I doubt myself in practicum, I'm doubting my own skills, my own knowledge as a counsellor, right? But having that somebody else believe in me really helps and that almost gives me affirmation that my believing in my clients will continue to foster that hope that they'll be okay. (Participant 6)

The participants expressed that their relationships with supervisors and colleagues were crucial in fostering and maintaining hope during their training. Particularly, they indicated that the normalization of their experiences through supervision as well as discussion with their colleagues was helpful. The participants also voiced that receiving positive feedback, support, and encouragement from their supervisors also enhanced their hope.

4.3.6 Theme 6: Challenges with Hope in Professional Practice

4.3.6.1 Difficult Client Issues

Most of the participants indicated that they experienced lack of hope when they were dealing with client issues that they perceived as challenging. One participant expressed how challenging it was for her to hope at times when working with client issues that implied lack of personal control or choice. She remarked:

I think just different things we see in counselling that I have seen like my clients have experienced, domestic violence, something that I found that can challenge my hope. Just with certain issues that I come across in counselling like the cycle of abuse sometimes I find that it can be hard to find hope within that. I think sometimes hope can come eventually, another times you really have to struggle...I guess it all kind of comes down to when I perceive a lack of control or choice when somebody doesn't have voice anymore, it's hard to feel hopeful. (Participant 1)

Another participant voiced how her hope was challenged when working with her client who she perceived as “literally stuck” in her problem circumstance. She said:

When I am working with people and some of the people I work with have very difficult life circumstances, there is a lot of poverty, there's a lot of family conflict... you listen to people's struggles and you are like, “God, I don't even know what the hell I would do” if I were in your shoes...She [client] wants to go back to school and she can't. There is a different type of stuck...when people are literally “stuck” like they have nowhere to go for financial help, they have no family to fall back on, and they kind of have to live with that reality of “Yeah, I might not be able to go, to afford to go back to school,” right? And that sucks and that really, that really gets me down and challenges my hope because not that I don't still have hope that they will figure it out...it's the idea that they have these dreams very much like what I had, and mine might be realized and theirs might never not, might never be. That makes me sad. (Participant 3)

Most participants voiced that their hope could be challenged and further diminished while working with clients in therapy. Certainly, some client issues seemed more difficult and

challenging than others. However, the participants appeared to have struggled to hope when dealing with client issues that implied a lack of personal control.

4.3.6.2 Self-Doubt

The participants voiced that they often wrestled with self-doubt that challenged their hope during their counselling training. One participant spoke about the time when she was struggling with her clients and contemplated transferring them to another therapist. Doubting her own skills as a counsellor and comparing herself to other counselling interns seemed to have contributed to her diminished hope. She said:

Even like with the internship in the fall, I felt there was a period when my hope just dropped. I don't know if it's common, for me as a beginner counsellor, to go through those ups and downs where yeah really challenging clients and you wonder if I'm ever gonna, like people said when we started in September it's like, "By February, it's gonna be totally different experience." And I had a hard time believing in that, being hopeful for that. Very skeptical. So my hope dropped at one point (laughter). I think it was that trap of comparing yourself to other people or that they seem like really comfortable in this counselling...I'm not there yet. I think you've got to get away from that. (Participant 1)

Another participant indicated that her hope was unclear when she was "feeling overwhelmed" and doubted her choice of career as a result of stress related to her program requirements. She expressed:

Feeling overwhelmed... a lot of things seem to be piling up and it's really hard to see through it. So I do, I become overwhelmed and I question then, "Am I good enough for this? Can I do this?" And I think that in this time zone, it's just... hope is not very clear. (Participant 4)

Counselling interns in this study echoed that when encountering challenges in their training, they struggled with self-doubts about their skills, knowledge, and abilities as novice counsellors. Their self-doubt further challenged their hope.

4.3.6.3 Perceived Pessimism/Lack of Hope in Helping Professionals

The participants echoed their experiences with a perceived lack of hope either in themselves or in others in their professional settings. One participant recalled the time when she had struggled with the lack of hope in her clients and how that was a challenging experience for her as a counsellor. She said:

I think like I've been challenged, you know? I haven't had that many, that much experience working with couples but in one couple that I did work with, within arranged marriage, there was sort of a breakdown there with hope and I struggled in, after the second session, I struggled with, in my debrief with my supervisor, wondering "Do *I* even hope for this couple client? Do *I* even think that they are going to be able to get through this?" And that shook me, 'cause, if the counsellor doesn't have hope, the client then, how could the client have hope for themselves, right?...That [hope] is something that I always think about like or else, I *don't* think about. That's why with the couple, it was so glaring for me. 'Cause I was like, "I really don't, I'm not sure if I believe in this couple." So it is something I take for granted, having hope for the clients. I don't think I'll be able to work with them if I didn't and that's what made me really really pause. (Participant 1)

The following participant observed some professionals in his workplace, who were pessimistic about client change. He explained how helping professionals' lack of hope could affect clients negatively:

I feel like, if you're a counsellor, you have to have a hope that your clients are going to be able to pull through it. When I look at some of the professionals that I've worked with, not even necessarily counsellors, but school staff or people that were in the agency that I used to work for, like family support workers and things like that. Once they start losing that hope that people are going to be okay, it's almost like they're not doing their clients any service. They could very well be doing them a disservice, almost like writing them off ...that client that I was telling you about, he had been written off by so many people and I wonder if it was because of the school that he went to and because those that staff just kept seeing kids come in, starting really bad, skipping school, going the route of the gang, and then just reaffirming that self-fulfilling prophecy.

So it's like "Here's another one, not going to change," right? so they've automatically written them off. So I feel like for a psychologist for sure they have to have the hope that their clients, no matter how "f" up, no matter how messed up their lives are, that they have the internal strength and resources around them to pull through... Cause without that hope it's almost like in our mind we've automatically written them off and we're just going in the motions and were not conveying that [hope] to the client anymore.
(Participant 6)

The counselling interns shared that they experienced pessimism or lack of hope in their professional contexts. They either experienced lack of hope directly in their own work with clients or observed other helping professionals who were pessimistic about client change. This appeared to suggest that counsellors may not inherently possess hope to evoke changes in clients. It seemed to suggest that it may be necessary for counsellors to develop and nurture hope in their professional practices.

4.4 Summary

In summary, the content of this chapter outlined the findings of the study, derived from my data analysis, my interpretative renderings of how the counselling students experienced hope in their personal lives and professional practices. The hope stories that the participants had shared revealed six main themes: "The Symmetry in Personal and Professional Hope," "Hope as Personally Meaningful Multifaceted Construct," "Counsellors' Understandings of Hope," "Counsellors' Visible Identifications of Hope," "Relationships as Sources of Nurturing Hope," and "Challenges with Hope in Professional Practice." Twenty-nine related subthemes under these six main themes illuminated how participants defined hope and the meaning they made of hope in the contexts of their personal and professional lives.

In the next chapter, I will further examine how these interpretations relate to the existing relevant literature. Considerations of the interpretation, implications for counselling, counsellor

training and education, limitations, and directions for future study will be discussed, followed by my own personal reflections on conducting this study.

Chapter Five: Discussion and Implication

The purpose of the present study was to gain deeper understandings of counselling interns' experiences and views of hope. Semi-structured interviews were used to explore their experiences with hope in their personal as well as their professional lives and to examine how they perceived hope influences their counselling practices. In this chapter, I provide a discussion of the six main themes interpreted from this study in relation to the relevant literature. Next, I present the implications for educational and clinical training, followed by suggestions for future research. Delimitations of the study are also addressed. Finally, I conclude this chapter offering my own personal reflections on how this research process has influenced my professional development as a counsellor.

5.1 An Interpretative Journey on Hope

Each counselling intern who participated in this study was given an opportunity to embark upon a personal journey in order to reflect on his or her encounters with hope in personal as well as professional contexts. Their stories of hope contributed to the development of six main themes: "The Symmetry in Personal and Professional Hope," "Hope as Personally Meaningful Multifaceted Construct," "Counsellors' Understandings of Hope," "Counsellors' Visible Identifications of Hope," "Relationships as Sources of Nurturing Hope," and "Challenges with Hope in Professional Practice." The themes extrapolated from interviews with participants in this study offer a window which may be important to the understanding of hope for those in helping professions.

5.1.1 The Symmetry in Personal and Professional Hope

Previous research has indicated that the ways in which hope is conceptualized shapes how it is made sense of and experienced by individuals (Herth, 2005). Participants in this study

demonstrated this notion in that their personal views through which they understood and defined hope were also reflected in their professional practices. The results are indicative of the symmetry of hope in their personal and professional lives. Counsellors' unique conceptualizations of hope appeared to be congruently reflected in the ways in which they made sense of and experienced the phenomenon of hope in counselling practice. A participant, for instance, who had personally defined hope as "feeling connected to the idea of change and possibility" conceived her professional hope as "staying connected to the idea that people can change and the situation can improve" (Participant 3). As well, another participant whose personal hope encompassed the idea of compassionate helping and caring expressed her professional hope as being the "helping hand" that provided support and care for clients (Participant 5). This is consistent with the suggestion that helping professionals' hope, or lack thereof, is likely to permeate many facets of their work with clients, which has critical implications for therapeutic outcomes (Koenig & Spano, 2007). Prior research investigating the role of hope in helping professionals' lives has also shown that it is unlikely, if not impossible, for helpers to inspire hope in clients, if they have little awareness of the role of hope in their own personal lives (Hanna, 2002; Hepworth, Rooney, & Larson, 2002).

The findings of this research also confirm that counsellors' unique perceptual lens through which they conceptualize the construct of hope influence how they make sense of and experience hope in therapeutic contexts. Therefore, it might be worthwhile for counsellors to pay attention to their personal hope if they intend to enhance the effectiveness of their therapeutic engagements with clients utilizing hope in counselling practice. Counsellors' purposeful reflections on their personal hope may not only deepen their understandings of their own hope experiences but also enrich the meanings they derive from their own hope stories. This might be

facilitative in enhancing empathic understandings of counsellors when they work with clients who are struggling to hope. Counsellors' thoughtful reflections may also help them appreciate the unique hope experiences of others, whose conceptualizations of hope may greatly differ from their own.

Jevne (1991) remarked, "Each person has their own words for suffering and hope" (p.14). Counsellors' continual reflections of their own experiences of hope, perhaps interwoven with pain and suffering from adversity, may increase their ability to help clients navigate hope in difficult, or seemingly hopeless situations. Exploring one's hope experience could expand his or her repertoire of hope vocabulary as well. In addition, counsellors' enhanced insight into their own personal hope might help better identify potentially hopeful experiences that clients might be unaware of, which could contribute to building a momentum for desired client change.

5.1.2 Hope as A Personally Meaningful Multifaceted Construct

Counselling interns in the study described their personal hope as uniquely as they possibly could, using metaphors, imageries, and creative stories. They, however, unanimously echoed hope as a multifaceted construct that encapsulates various elements that signify hope, which are personally meaningful to them. Specifically, none of the participants described hope as a one-dimensional concept; rather, in their best attempt to adequately articulate hope based on their knowledge, beliefs, values, and prior experiences, the participants described their personal hope, involving not just one but multiple dimensions (i.e., cognitive, affective, behavioural, spiritual, and social). This is consistent with previous research conceptualizing hope as "a multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future good, which, to the hoping person, is realistically possible and personally significant" (Default & Martocchio, 1985, p. 380). Taking this a step further, Stephenson (1991)

described hope as a process that involves these multiple dimensions, defining it as “a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed towards a future fulfillment that is personally meaningful” (p. 1459).

Participants in this study defined hope in various ways as envisioning possibility for change, drawing on inner strengths or resilience, working towards meaningful goals, trusting in good outcomes, moving towards desired outcomes, and engaging in positivity, which have been implied in prior research (Engle, 1963; Lynch, 1965; Snyder, 2002; Stephenson, 1991; Vaillot, 1970). Theologian William Lynch’s (1965) description of hope seems to somewhat encapsulate the participants’ definitions of hope:

... the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out, that we as human persons can somehow handle and manage internal and external reality, that there are 'solutions' in the most ordinary biological and physiological sense of that word, that above all, there are ways out.
(p. 24)

All of the participants indicated that these personal definitions of hope became salient as a function of crisis, when they encountered personal adversities that required them to make a difficult decision (Nowotny, 1989) or posed a level of threat to their well-being and survival (Dufault & Martocchio, 1985; McGree, 1984). Participants’ understandings of their personal hope were perhaps born out of pain and suffering as theologian Alves (1969) once said, “suffering is...the mother of hope” (p. 120). However, hope appeared to have helped them better cope with the uncertainty and distress (Farran et al., 1995; Irvin & Acton, 1997), moving the participants beyond their challenging circumstances and towards their desired outcomes. Suggestive of perhaps the dynamic power of hope that could create an inner movement in those who hope, one participant voiced, “For me, hope is that little thing that pushes you, like there’s

going to be something there that's better. It's not going to stay like this" (Participant 4).

Interestingly, another participant articulated hopelessness in her effort to define hope, stating, "I think hopelessness is, maybe, that's easier to define. Hopelessness for me is like being, having, there's no movement – you're stuck. You're stuck in that place and there's no, nothing you can do to make it different or better" (Participant 5).

Counselling students in this study voiced that hope involves a purposeful, intentional choice. Hope as a choice appears to be what makes the phenomenon of hope more so a dynamic construct than a static one because it can create a movement or an action geared towards attaining what one hopes for. Stephenson's conceptualization of hope (1991) as a process involving an active interaction of individuals' thoughts, emotions, behaviours, and relationships illustrates this: "If a person has a hopeful thought, that person will feel hopeful and act in a hopeful manner towards self and others" (p. 1456). Regardless of where the decision to hope is first made, either in the cognitive or in the emotional domain, the outcome seems to remain the same: hopeful behaviours. Jevne (2005) has remarked, "*hoping as a search behaviour, as a way of orienting ourselves as we search for that which will enable the optimal physical or emotional survival*" [italics in original] (p. 269). One participant who had previously indicated that his personal hope was to engage in positivity talked about the importance of choice in hope: "sometimes life just happens....you can choose even after life happens that I'm going to stay positive in the situation" (Participant 6). The participants voiced that no matter what the circumstance may be, they can always choose to hope. When all else seemed lost, they could still choose to trust in good final outcomes saying, "Whatever happens, it will be okay" (Participant 1).

Hope as a purposeful, intentional choice might assist individuals to look to the future with eyes of possibilities and potentials, to draw strengths within themselves, to work towards goals, to move towards desired outcomes, to engage in positivity, and to trust in good final outcomes, regardless of the hardships or adversity that life may present. All in all, hope is a personally meaningful experience.

5.1.3 Counsellors' Understandings of Hope

Psychotherapy is ultimately about positive client healing and change. To evoke changes, therapists must have hope that clients can change (Snyder, 1994). Lopez et al. (2004) have asserted that “whatever the system of psychotherapy, beneficial change may be attributable, in part, to hope” (p. 389). Counselling interns in this study indicated that their professional hope as counsellors involves their (a) trusting or believing in clients’ ability to change; (b) exploring positive possibilities with clients; and (c) assisting clients move towards desired outcomes, all of which have been suggested as important factors in facilitating change in therapeutic settings.

As seen in the study by Tally (1992), in which treatment satisfaction was positively associated with counsellors’ encouragement for clients to believe in themselves to improve their situations, the participants echoed the importance of both believing in clients’ ability to create positive change and conveying their hope and confidence to the clients in a genuine manner, so that the clients could believe in themselves to engage in a change process. Consistent with the hope model by Snyder (2002), who had conceived hope as an orientation towards a specific desired goal, the participants also believed that one way to effectively inspire hope in clients was to increase their perceived capacity to use their personal resources to achieve desired goals (i.e., agency and pathways). The counselling students further indicated that as they assisted clients to believe in themselves, their therapeutic dialogues seemed to focus on identifying clients’

strengths and resources and finding desired solutions and exceptions in their lives. As previous research has noted (Klinger, 1975; Snyder, 1998), the participants also emphasized the benefits of helping clients explore positive future possibilities and move towards their desired outcomes in enhancing hope in their professional contexts.

While highlighting the necessity for helpers to have hope, the counselling students appear to identify themselves as an instrument of hope, in which hope resides within and is drawn out to be shared with clients in counselling contexts. Indeed, counsellors have been portrayed as a source of hope in therapeutic settings (Beavers & Kaslow, 1981; Cutcliffe, 2004a; Snyder, 1994). In terms of instillation of hope, all of the participants voiced their inclination to use hope implicitly (i.e., conveying hope without using the word 'hope') than explicitly (conveying hope using the word 'hope') in their therapeutic dialogues. Participants' strong inclination to describe hope instillation as an implicit process could be reflective of either their own philosophy of hope, or the stage of development as beginning counsellors where they may be still navigating hope in their work with clients, or both. Perhaps indicative of their awareness of the risks associated with creating false hope or pushing their own hope-driven agenda on clients, the counselling interns' ways of working with hope seemed to tend to be more cautious and reserved than direct or overt. One participant expressed:

I'm not there to create hope that could be painful or that could be unrealistic or you know, sort of like the lie that you can be whatever you want to be, cause I don't believe that...yeah, it's like, let's work with what we have. I don't know how or what would that be, but it's like meeting clients where they're at, right? And I'm not the expert for their lives, right? (Participant 7)

Although hope in counselling can be talked about directly, it cannot be ordered or forced on a person (Frankl, 1959). The findings of this study certainly support hope inspiration as an

implicit process in counselling contexts. Based on his interviews with a group of bereavement counsellors and their former clients, Cutcliffe (2004a) has conceptualized hope inspiration in the following way:

The conceptualization of the data suggests that the projection of hope and hopefulness in bereavement counselling may be thought of, or can be likened to a transplantation of the hope resource from the counsellor to the client. This projection of hope appears to have at least two processes. The first process is concerned with an indirect, osmotic-like process. The therapy takes place in an environment where hope is present, in that the counsellor projects it, implicitly, into the environment. Consequently, this emotional atmosphere gradually permeates or diffuses into the client. Our emotional selves are not immune to the emotional environment in which we exist, hence the client can “soak up” the emotional atmosphere, “soak up” the hope. The second process is concerned with a more direct, although still implicit, process. Given Watson’s (1979) argument that souls touch during such care, then it is reasonable to suggest that this is one way that hope is projected or transplanted from the counsellor into the client. This caring, this transpersonal connection, allows hope to flow from one person to another, particularly in the spiritual dimension of self. (pp. 181-2)

Consistent with this suggestion, Nolan (2011) has claimed that simply “being with” a person can, in itself, foster hope. This implicit process of hope inspiration was captured by one of the participants stating, “There’s stepping stones that help us get to where that hope is and I think even just being in a room with another person with a little bit more hope, that can guide you as well” (Participant 4).

As in prior research (Flesaker & Larsen, 2012), participants’ conceptualizations of hope underlined the significance of counsellor hope and its positive roles in counselling. According to the participants, hope was considered as an essential element in therapy not just for client benefits but also for counsellor effectiveness; hope assisted them to be effective in helping, to strengthen the therapeutic alliance, to create a momentum of change, to guide adequate and

proper client assessments and interventions, and to combat against work-related pessimism.

Overall, hope seemed integral to their roles as counsellors.

5.1.4 Counsellors' Visible Identification of Hope

Participants' descriptions and conceptualizations of hope were further specified and concretized when they were encouraged to visually identify hope in their work with clients. Counselling interns in this study were asked to recall the times when they saw, noticed, identified, or perceived hope while working with clients. Hope was mainly seen (a) in clients' learning; (b) in positive client change; (c) in clients' nurturance of self-trust; (d) in therapeutic connections; and (e) when counsellors intentionally looked for hope in therapy.

The participants noticed hope in therapy when clients showed signs of learning, re-learning, or un-learning, which included recognizing "alternative ways of thinking," or "a different perspective," acquiring new strategies and techniques, gaining comprehensive understandings of their own issues, and finding different approaches to solve their problems. In addition, the counselling interns witnessed hope when they saw positive changes in clients. The reported changes in their clients varied in nature and magnitude but any identified changes were considered important signs of hope to the counselling interns. They also described seeing hope when they noticed clients' increased self-trust and confidence, which seemed to have provided assurance for the counselling interns that their clients would be okay even after counselling discontinued. Further, they witnessed hope in their therapeutic connections with clients as previously suggested, the "therapeutic relationship forms a key aspect of the implicit practice of hope" (Larsen & Stege, 2010, p. 284). As the counselling students greatly valued their relational connections with their clients, hope was identified when they perceived that their therapeutic alliances were strengthened through mutual trust.

Hope was identified not only in these four main areas, but also in other aspects of counselling, such as compassionate helping and caring, providing encouragement and support, staying positive and optimistic, identifying clients' strengths, resources, and personal achievements, finding solutions and exceptions and so on. However, the divergence in the ways in which the participants perceived the phenomenon of hope in therapy is not what is intriguing. As Galileo and an Aristotelian would see different things when both were to look at a pendulum (Kuhn, 1996), there existed, naturally, individual differences in the ways in which they perceived hope in counselling.

What appears to be interesting is that participants' unique conceptualizations of hope seemed to have influenced and shaped the ways in which they identified hope and how they perceived it influenced their work with clients as well. Given the aforementioned "symmetry" of hope in their personal and professional lives, it is not surprising that the counselling students' conceptualizations of hope may impact how they perceive hope in counselling. One counselling student, for instance, who had previously conceived hope as an ability to trust oneself, reported noticing hope when her client showed signs of deepening the connection with her inner world and further trusting herself. Another counselling intern, whose hope was defined as internal strength, described witnessing hope when his female client recognized her own inner strengths that she had not been aware of before. How the participants conceptualized hope appeared to have shaped how they perceived hope and its role in therapy. My question then is, "if counsellors acquire deeper conceptualizations of hope by reflecting on their hope experiences in their personal and professional lives, would they be able to more likely see or identify hope in counselling than those who may be less aware?" In other words, would counsellors be more

likely to perceive hope and its influence on counselling and thus be more effective in utilizing hope, if they have more comprehensive and holistic conceptualizations of hope?

5.1.4.1 Hope: The Invisible Gorilla in Counselling?

Scholars in hope research have indicated that hope, despite its widely accepted importance to therapeutic effectiveness, “operates as a silent factor in counselling, playing a subordinate role to discussion of the problem” (Edey & Jevne, 2003, p. 44). In addressing the issue, Jevne (2004) once asked, “How might hope become a more intentional and visible part of the process?”

More than a decade ago, Simons and Chabris (1999) conducted a video experiment called, “Selective Attention Test,” in which people were throwing basketballs. The authors asked a group of volunteers to silently count the number of passes made by three players wearing white shirts while ignoring any passes made by three people wearing black shirts (If you would like to try the experiment yourself, you may stop reading this thesis and check out “Selective Attention Test by Daniel Simons” on YouTube). Immediately after the video was over, the volunteers were asked to report how many passes they had counted. They were also asked if they had noticed anything unusual while watching the video. Chabris and Simon (2010) report a typical conversation between the volunteer and the researcher, which goes like this:

Q: Did you notice anything unusual while you were doing the counting task?

A: No.

Q: Did you notice anything other than the players?

A: Well, there were some elevators, and S’s painted on the wall. I don’t know what the S’s were there for.

Q: Did you notice *anyone* other than the players?

A: No.

Q: Did you notice a gorilla?

A: A what?!? (p. 6)

In fact, there was, in the video clip, a person wearing a full-body gorilla suit walked into the scene, stopped in the middle of the players, faced the camera, thumped its chest, and then walked off, which took about 9 seconds onscreen. The study showed that approximately half of the volunteers in their study did not notice the gorilla. The authors attributed this error of perception to lack of attention to an unexpected object, “inattention blindness” (Chabris & Simons, 2010). According to the authors (Chabris & Simons, 2010), “when people devote their attention to a particular area or aspect of their visual world, they tend not to notice unexpected objects, even when those unexpected objects are salient, potentially important, and appear right where they are looking” (pp. 6 -7). Simons (2011) further claims:

Looking isn't the same as seeing. You have to focus attention on something in order to become aware of it...The key is that when you focus your attention on one aspect of your world, you don't have unlimited amount of attention to devote to other things. And we only see those things we focus our attention on.

The implications of this finding appear to be pertinent to the discussion of this thesis as it provides a plausible solution to how we could make hope a more visual process in counselling: by focusing attention on hope. Based on the findings of the current study, hope can be seen and “be consciously tracked” (Edey & Jevne, 2003, p. 47), by counsellors making intentional efforts to focus their attention on hope. Edey and Jevne (2003) observed that “previously unseen opportunities sometimes appear when we open the door to hope” (p. 48).

This seems to suggest that hope can be made visible, which could be beneficial in helping counsellors work with hope more effectively in their therapeutic practices. Counsellors may engage in self-reflections of their own personal and professional hope that could contribute to developing a more comprehensive, holistic conceptualization of hope. They could further enhance their awareness of therapeutic hope by paying close and purposeful attention to hope

and its role in counselling while tending to client issues with genuine empathy. Enhanced awareness of hope in therapy may contribute to capturing potentially significant, yet invisible opportunities that could help clients move forward to their desired places in their lives, opportunities that might otherwise be overlooked. Louis Pasteur, French microbiologist and the inventor of the process of pasteurization once said, “In the fields of observation, chance favors the prepared mind” (Louis Pasteur, n. d.). Counsellors who may be intentional in their search for hope in therapy might be more likely to seize the moment that signifies clients’ hope than those who may be less aware of hope.

5.1.5 Relationships as Sources of Nurturing Hope

Psychosocial research on hope has consistently demonstrated the importance of social relationships as a source of hope (Herth, 2005; Larsen, Edey, & LeMay, 2007; Patel, 1996). Participants in this study repeatedly underscored the significance of meaningful connections with oneself, others, and with God or a higher power in fostering and cultivating their hope.

In a personal context, the participants echoed that families and close friends were the providers of unconditional love, feelings of acceptance and belonging, continual support and encouragement, and positive energy. One participant described that his relationships with people in his life were where he experienced a “communal sense of hope” (Participant 6), in which hope was mutually shared. In addition, consistent with the literature underlining the link between spirituality and hope (Hall, 1994; Scioli, & Biller, 2010), connecting with God or trusting in a higher power was another significant source of hope from which the participants derived and further nourished hope. Although families and friends seemed to be a source of hope in a physical sense, God or a higher power seemed to be portrayed as an on-going, limitless source of hope that can be attained through prayers or meditations. As Jevne (1991) said, “real connection

[that] happens at the heart level” (p. 57) seems to have fostered and nurtured the participants’ hope.

Counselling interns in this study also discussed that hope can be developed vicariously from observing others’ hope experiences or hopeful behaviours. As in the professional context, the participants who looked for hope in their personal lives were able to see, hear, or sense hope, which further helped them develop hope vicariously. As noted in Chapter Four, one participant stated:

It [hope] is not even something that was communicated. Like my parents never complained that they would have to work seven days a week but it was something that I could see in them and something that I could sense from their actions, from the things that they said, from the sacrifices that they made, it’s almost like I can sense they have, they had hope for me and my sister to be the best people that we could be through education and through working hard and that sort of thing. (Participant 6)

Based on prior research that suggests hope can be implicitly projected onto others (Cutcliffe, 2004a), this finding may confirm that hope, indeed, is a contagion (Hanna, 2002), which can be vicariously acquired.

In identifying ways to foster hope in professional contexts, the participants pointed out two main hope resources: relationships with their own hope through self-reflections, as well as with supervisors and colleagues. The participants echoed the importance of an on-going self-reflection in their professional practices, not only because it provided an opportunity to evaluate the level of their hope in clients, but also because it helped them find better ways to cultivate and maintain hope in their professional settings. Furthermore, participants’ relationships with supervisors and colleagues were recognized as instrumental in nurturing their professional hope. Consistent with the findings of Harvey and Struzziero (2008), the counselling interns voiced that

they greatly appreciated their supervisors' positive feedback, affirmations, and encouragements. They also indicated that both supervisors and colleagues helped normalize and validate their experiences while going through counsellor training, in concurrence with previous research (Costa, 1994). One participant's statement reflected this idea particularly well:

when I just feel like I suck at this [counselling], I just talk to one of the crew and I feel a little bit better, like I am not the only one struggling right now, I am not the only one that is just ready to be done, and I am not the only one questioning one's abilities. Just having that reflected is nice and normalize. (Participant 4)

The counselling students described relationships as important sources of hope. They drew hope from their relationships with families and friends, and God or a higher power. They were able to enhance hope through their observations of others' hope experiences. The participants identified self-reflections and their relationships with supervisors and colleagues as vital in fostering and maintaining hope in their professional contexts.

5.1.6 Challenges Faced by Counselling Trainees

Periods of distress, anxiety, and confusion have been identified as challenges for counselling interns (Stefano et al, 2007), which are attributable to aspects of the training, such as heavy workload, constant evaluations by supervisors, counselling students' self-perceived uncertainties and inadequacies, lack of skills and unrealistic expectations of themselves as well as clients (Skovholt & Ronnestad, 2003; Truell, 2001). Counselling interns in this study discussed how dealing with certain client issues could diminish their hope. They indicated that clients' presenting issues that had implied a lack of personal control greatly challenged their hope. It seemed as though the interns who were unable to help clients effectively deal with their issues, or did not know how to navigate hope in the midst of clients' difficulties, struggled the most with hope. This seemed to have further increased their feelings of inadequacies and self-

doubt. Friedman and Kaslow (1986) explained that trainee psychologists in the early stage of training are “frequently plagued by the self-doubts and ambivalent feelings which reflect both the inchoate nature of their professional identities and the minimal degree of skills they as yet have amassed with which to perform their work” (p. 36). One participant expressed, “when I am doubting, it's really important to debrief with a colleague or supervisors” (Participant 1).

Furthermore, the participants indicated that they directly or indirectly experienced pessimism or lack of hope in their professional contexts. The participants reported experiencing lack of hope which appeared to be due to frustration stemming from different conceptualizations of hope between the counsellor and the client. They also observed pessimism in other helping professionals who had exhibited signs of professional burnout, “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach & Jackson, 1986, p. 1). Snyder (1994) has equated burnout with the absence of hope. When counsellors are lacking hope, burned out, feeling disconnected or apathetic, this could diminish the prospects for client positive change (Edelwich & Brodsky, 1980). Cutcliffe (2004a) says:

If this depletion of hope continues unchecked, then the counselor will reach a point where he or she is no longer able to bring any hope into the therapy, and be unable to project any of his or her hope onto the client. As previously indicated, the therapist's hope appears to be central to the entire basic process of hope inspiration within bereavement counseling. Hence the requirement for the counselor to have his or her own hope resource replenished during clinical supervision. (p. 181)

As participants in this study previously indicated, supervision is a place where counsellors in training can nurture their own hope, which may facilitate their hope in clients in therapy. As noted in Chapter Four, One participant expressed:

Supervision has really helped me kind of maintain hope because in supervision, my supervisor conveys that sense of believing in

me...and that allows me to believe in my clients and my work in my clients because a lot of times when I doubt myself in practicum, I'm doubting my own skills, my own knowledge as a counsellor, right? But having that somebody else believe in me really helps and that almost gives me affirmation that my believing in my clients will continue to foster that hope that they'll be okay.
(Participant 6)

Counselling students in this study often faced challenges related to their training. They indicated that dealing with difficult client issues that implied lack of personal control, experiencing self-doubt and pessimism greatly challenged their hope. Lacking hope or pessimism in counselling could be translated into professional burnout. It appeared to be particularly beneficial when counselling interns utilized external supervision as a way to foster and maintain hope in their professional practices.

5.2 Counselling Implications

While I considered implications for counselling, a simple question dawned on me: "What are we paying attention to in therapy?" For Insoo Kim Berg and Steve De Shazar, it was solutions they looked for and focused on in counselling (Corey, 2008). The results of this study seem to indicate that for hope to be made visible in therapy, counsellors need to focus their attention on it; in order to pay attention to hope, counsellors first need to know what hope is, and what it means to them. Their individual conceptualizations of hope may play an integral role, not only in their personal lives but also in their professional practices.

The findings of this research showed that counsellors' unique conceptualizations of hope shaped how they experienced and perceived hope in their personal as well as professional contexts. As previous introduced, it may be beneficial for counsellors to gain more comprehensive and holistic conceptualizations of their hope, perhaps by engaging in on-going self-reflections on hope through reflective journaling or a hope workshop. In turn, increasing

their awareness of the complex and subjective nature of hope experiences could potentially help them better understand and appreciate clients whose conceptualizations of hope may be different from their own. Such awareness may also help prevent counsellors from imposing their own hope agenda on clients.

Although scholars have agreed upon the therapeutic value of hope in counselling, there are diverse views about how hope can be conveyed to clients. While some believe that hope needs to remain an implicit process in counselling (Cutcliffe, 2004a; Hanna, 2002), others believe that hope can be a focus of therapeutic dialogues (Edey & Jevne, 2003; Ripley & Worthington, 2002). Larsen and her colleagues (2007) have suggested that a combination of both approaches may prove to be most beneficial:

Rather than viewing these differences as divisive, we believe that these differing perspectives on the implicit or explicit use of hope in therapy offer a range of potentially useful therapeutic practices and stances for the counsellor...while most counsellors are familiar with implicitly supporting client hope during therapy, exploring explicit means for fostering hope can expand the counsellor's repertoire for enhancing hope in therapy. (p. 413)

Counsellors may engage in using hope implicitly, explicitly, or both, depending on clients' issues and needs. For example, engaging in a direct hope talk with clients who wish to release their pain and agony may not help them feel heard; conveying hope covertly to highly motivated, goal-oriented clients may not work well, either. As Larsen et al. (2007) suggested, counsellors need to be sensitive to clients' hope and have flexibility in their approaches to the use of hope with considerations of client needs.

The present study appears to suggest that possible advantages of making hope visible in therapy may exist beyond the client level, indicating counsellors could also benefit from making hope a more visible part of their professional practices. By intentionally focusing attention on

hope, counsellors may be more likely to identify small signs of hope and perhaps discern how hope may be influencing counselling processes and outcomes. Also, their conscious effort in attending to hope may be hope-enhancing, in and of itself. Further, counsellors could watch for and monitor the changes in clients' hope as well, which may provide timely insights into effective counselling interventions.

Another important implication for counsellors derived from the findings of this study is that the counselling interns at times experienced a lack of hope or pessimism in their professional work, indicating that they did not possess an internal reservoir of hope that they could readily lend to clients to evoke therapeutic changes. This appears to imply that hope may not be an intrinsic part of counsellors' resources. Therefore, counsellors need to make intentional efforts to nurture and sustain hope over time in their personal lives and professional counselling practices.

5.3 Training and Education Implications

Insights derived from the current study could also help contribute to developing a training and educational program that strives to create more holistic learning experiences for counselling trainees. As the findings suggest that counsellors' conceptualizations of hope play an integral role in influencing the ways in which they experience and perceive hope in counselling, it appears to be vital that counselling students are encouraged to deepen their understandings of hope in the early phase of their academic program. Providing opportunities for students to reflect on their personal hope experiences and discuss with others may prove to be useful in enhancing their understandings of the complex phenomenon of hope. While exploring their hope, counselling trainees may be able to identify external and internal hope resources from which they could draw upon, which may help expand the range of their self-care activities (e.g., fun activities, positive self-talk, health-enhancing activities, fostering relationships with others, etc.)

that they could engage in during the course of their counsellor training. Furthermore, a counselling program could also incorporate a training workshop or course that could teach students how to utilize hope effectively in therapeutic settings by introducing a variety of hope-enhancing tools and strategies.

The present study showed that the participants experienced counselling-related stress stemming from dealing with difficult client issues, feelings of inadequacy and self-doubt, and experiencing lack of hope or pessimism in counselling contexts. Before counselling students begin their counselling practicum, it may prove to be beneficial to educate the students in advance, what they may commonly experience during their training and what resources may be available to support them. Since the findings suggest that supervision played a critical role in enhancing the counselling interns' hope during their training, it is vital to provide counselling students with strategies on how to cultivate good supervisory relationships with their on-campus and site supervisors. Furthermore, supervisors could teach students how to use hope in counselling practice that may further benefit clients, staff, and agencies.

In order to help maintain a sense of well-being for counselling students during training, it is essential to reinforce the importance of their active engagements in self-care activities and to enhance their understandings and awareness in symptoms of professional burnout. Educating counsellors to identify and find creative ways to foster and maintain hope in their lives can further help them combat work-related stress more effectively.

5.4 Implications for Future Research

Hope from the perspective of counsellors has been neglected in the field of counselling psychology until very recently. The current study explored how counselling students experienced hope and the meaning they made of it in the context of their personal and professional lives.

Specifically, the average length of the participants' counselling experience was 11 months. It would be of interest in future research to explore how hope is conceptualized among experienced, seasoned counsellors with at least 10 years of counselling experience and compare their hope experiences with those of the novice counsellors to find out what commonalities and differences may exist. I would be curious to know how more experienced counsellors perceive hope influences their counselling practices, which may provide further insight in how they may notice cues or signs of hope perhaps more quickly and effectively during therapy than their counterparts.

In considerations for another future study, an investigation that explores how hope is conceptualized across the trajectory of counsellor training and development might provide more insight into how hope experiences of counsellors may evolve or change over time. Future research might also incorporate a mixed method approach. For example, using a hope scale that quantifies the level of hope in individuals as well as scales that measure professional burnout, stress, and pessimism may be helpful in generating a more holistic approach to understanding counsellor hope. Narrative inquiry may fit well to examine how hope experiences of counselling practitioners may change over time and what factors might contribute to the changes in their hope experiences. Identifying factors that may affect their hope positively or negatively might be useful in helping counsellors foster and maintain hope in their lives and prevent them from potential negative impacts of professional burnout and pessimism.

5.5 Considerations of the Interpretation

The current investigation has provided rich, in-depth descriptions of the phenomenon of hope among counselling students, using IPA. This study has resulted in the findings that may contribute to more comprehensive understandings of hope experiences for counselling students

in both personal and professional contexts. The results could be used to benefit other mental health practitioners who may desire to enhance hope and utilize hope more intentionally in their professional practices. However, caution is advised about making generalizations from the current study, due to the small sample size from a specialized population. This particular group of counselling students were graduate students engaged in the supervised practicum who articulated their hope experiences with great willingness and enthusiasm. I may be missing an important element of hope as experienced by seasoned counsellors with much counselling experience in different settings. Although the counselling students' practicum experiences exposed them to diverse client issues, they commonly shared that their hope experiences occurred in the contexts of working with clients who had a low socioeconomic status. If I had interviewed counselling students working with clients with a relatively high economic status, their hope experiences may have resulted in different meanings. Also, counselling students in this study expressed dealing with work-related stress within their counselling agencies, which may have also impacted their hope experience in their professional contexts.

I would like to recommend that readers keep in mind the following points when interpreting the findings of the study. First, there were five female and two male volunteer counselling students who participated in the study. Men and women in the field of counselling may have different experiences and perceptions of hope in their personal and professional contexts. Also, five students were Caucasians and two students were Asians; students from other cultural or ethnic backgrounds were not represented. The participants were selected within the Province of Alberta; therefore, students from other provinces were not represented.

5.6 Conclusion

The present study suggested that hope is a personally meaningful, multifaceted construct that permeates many facets of counsellors' personal and professional lives. As in prior research (Herth, 2005), participants' conceptualizations of hope further shaped the ways in which they experienced and perceived hope and its role in counselling. This finding is consistent with those from previous research (Edey & Jevne, 2003), indicating that although operating in a realm of the invisible, hope can be seen or made visible with counsellors' conscious efforts to focus their attention on hope during therapy. This further seems to support prior research that described hope as a learnable skill (Edey & Jevne, 2003; Flesaker & Larsen, 2012). Specifically, counsellors may gain more comprehensive and holistic conceptualizations of hope by exploring their own hope experiences both in personal and professional contexts, which may enhance their awareness of hope, contributing to the process of making hope visible in therapy. Although reflecting on hope can require hard work (Turner, 2005), "the challenge of learning to pay attention to hope is an endeavour worth embracing, for hope is capable of changing lives, enabling people to envision a future in which they are willing to participate" (Edey & Jevne, 2003, p. 50).

The present study seems to imply that counsellors' endeavouring to make hope visible can benefit not just clients but also counsellors themselves. In a personal context, taking time to reflect on their personal hope may help them examine the nature and level of their hope and determine what can be done to further enhance hope in their lives. By doing so, counsellors could identify their unique hope resources and create hope-enhancing strategies that they could engage in to nurture their hope. Any hope-diminishing activity and its ramifications could also be recognized and thus be prevented.

In a therapeutic context, paying attention to and identifying hope in therapy could not only benefit clients but also facilitate counsellors in perceiving small glimmers of hope that could help them further nurture and maintain hope during the course of therapy. In addition, focusing attention on hope in professional contexts could help them effectively cope with challenges they may face in dealing with difficult clients, pessimism, or work-related stress. As the impact of long-term exposure to client problems can lead to professional burnout and lack of hope (Lee, Volans, & Gregory, 2003; Schwartz, 2000; Snyder, 1994), counsellors may be able to cultivate hope by engaging in hope-seeking perspectives in their professional work (Flesaker & Larsen, 2012).

Consistent with the findings of Koenig and Spano (2007), the results support that hope may not be an intrinsic part of counsellors' nature and, thus, need to be acquired through counsellors' conscious, purposeful efforts to nurture hope. As counsellors' lack of hope or pessimism has critical implications for client change or growth, they may need to find creative ways to engage in fostering and maintaining hope in professional contexts.

The findings of this study are also consistent with the previous studies that emphasize relationships as an important source of hope (Herth, 2005; Jevne, 1991). In particular, connecting to their hope through self-reflections, fostering meaningful relationships with others in personal as well as professional lives, and with God or a higher power were described as hope-enhancing strategies. Identified challenges during counsellor training included dealing with difficult client issues, self-doubt, and pessimism in professional settings. These issues seemed to have somewhat resolved through their interactions with colleagues and receiving external supervision, along with their engagements with hope-enhancing activities.

5.7 Personal Reflections

“There is no such thing as hope!” These were the words of a client whom I had just met at a local mental health service centre. She looked directly at my eyes and uttered those words of despair. The cry of her voice was so convincing as if she demanded an explanation why I believed in “such a thing as hope.” Of course, I almost immediately regretted telling her that I was doing a thesis on the subject of hope. My chance of building a therapeutic alliance with her in the couple of hours I had appeared slim to none.

Despite our poor start, I managed to learn something about her and her relationship to hope. She had been suffering from PTSD for as long as she could remember; something happened to her in her teen years and the ramifications of the tragic event followed her until now, complicated by other mental health diagnoses. She had hoped too many times to no avail of feeling relief. Even long after I came home from the meeting, I couldn’t stop thinking about what she had said. There is no such thing as hope? And I thought to myself, ‘I’ve heard that voice before.’

Cancer runs in my family – my mum died of it about 10 years ago, and shortly after her passing, my older brother and I were both diagnosed with the same aggressive cancer; his was stage 3 and mine was stage 1. My brother had to go through a surgery plus radioactive iodine. Because I was only 26 years of age, the doctors didn’t bother making me radioactive. They said the surgery alone would suffice. I had followed up with tests after tests since then so that I would know and be “ready” if cancer were to come back. My dad was the next one on target; his was stage 4 cancer when it was discovered. He just finished his chemotherapy, radiation, and surgery this past December. I was very proud of him for sticking around for us, his kids.

Last month I went for another follow-up, anticipating a celebration of my 10th year cancer-free. For the first time in 9 years, the result came back unsure – they found multiple lymph nodes around my neck and the biggest one happened to be 2.7 cm. “Given the family history, this is not good,” my GP said. I don’t exactly remember how I got out of the clinic that day.

Even as I am writing this thesis, this very reflection, I am not sure what my future holds. Is this cancer? Did it come back like it did for my mum? Am I going to go through what she went through? After fighting my way through a long wait-list of other cancer patients, I will be checking in to Cross Cancer Institute next Thursday.

You may wonder what my hope is right now.

To be honest, my hope is to live. But I am scared. I don’t want to live in fear. As of now, four out of five of my immediate family members have been diagnosed with cancer, so I feel at times I am entitled to be anxious. Whenever I am scared, I think about God. And people I love. My family and friends. I think about my parents; how they both fought with cancer courageously. Mum passed on and Dad survived. My hope is that at least my kid brother will be spared, so he doesn’t have to go through what I am going through right now.

As you may already expect, the participants in this study have taught me a lot about hope. I have been given a privilege of hearing their stories of hope – how hope sustained them through dark times in their lives, how hope kept them moving towards their goals regardless of the difficulties and challenges they faced, how they became hopeful when people trusted in them, how they chose hope instead of giving up, and how hope was sensed and elated when they saw hope in others. Listening to their stories of hope deeply encouraged me to reflect on my own hope experiences and inspired me to keep writing this thesis until its completion.

I began my M.Sc. thesis, reflecting on Terry Fox's legacy. And I am ending my research journey, reflecting on his hope. He ran the race and called it a Marathon of Hope. Perhaps it was his hope that got him up every morning. Maybe it was his hope that made him run, kept him going, kept him moving, and kept him running. Maybe it was hope that he wanted to share with others watching him across Canada. Maybe he was trying to teach us that, even in the midst of suffering and pain, we can still choose to run our own race with hope in our hearts. I would like to end my M.Sc. thesis with the following epigraph from the book, "Terry Fox: His story" by Leslie Scrivener (2000), which I believe, captures the essence of Terry's hope that resonate with me today:

I have run the great race
I have finished the course
I have kept the faith
And now the prize awaits me. (2 Timothy 4:7-8)

References

- Alves, R. (1969). *A theology of human hope*. St. Meinrad, IN: Abbey Press.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Evolving ideas about the implications for theory and practice. *Family Process*, 27(4), 371-393. doi: 10.1111/j.1545-5300.1988.00371.x
- Barnard, D. (1995). Chronic illness and the dynamics of hoping. In S. K. Toombs, D. Barnard, & R. A. Carson (Eds.), *Chronic illness: From experience to policy* (pp. 38-57). Bloomington, IN: Indiana University Press.
- Beavers, W. R., & Kaslow, F. W. (1981). The anatomy of hope. *Journal of Marital and Family Therapy*, 7(2), 119-126. doi: 10.1111/j.1752-0606.1981.tb01361.x
- Benzein, E., & Saveman, B. I. (1998). One step towards the understanding of hope: A concept analysis. *International Journal of Nursing Studies*, 35(6), 322-329. doi: 10.1016/S0020-7489(98)00045-5
- Blaikie, N. (1993). *Approaches to social enquiry*. Cambridge: Polity Press.
- Carr, A. (2004). *Positive psychology*. NY: Brunner-Routledge.
- Chabris, C., & Simons, D. (2010). *The invisible gorilla: And other ways our intuitions deceive us*. New York: Crown.
- Charrière, H. (1971). *Papillon* (P. Wilson & W. B. Michaels Trans.). Markham, ON: Simon & Schuster of Canada Ltd.
- Cheavens, J. S., Michael, S. T., & Snyder, C. R. (2005). The correlates of hope: Psychological and physiological benefits. In J. Elliott (Ed.), *Interdisciplinary perspectives on hope* (pp.119–132). Hauppauge, NY: Nova Science Publishers.

- Coppock, T. E., Owen, J. J., Zagarskas, E., & Schmidt, M. (2010). The relationship between therapist and client hope with therapy outcomes. *Psychotherapy Research, 20*(6), 619-626. doi: 10.1080/10503307.2010.497508
- Corey, G. (2008). *Theory and practice of counseling and psychotherapy* (8th ed.). Belmont, CA: Thomson Brooks/Cole.
- Costa, L. (1994). Reducing anxiety in live supervision. *Counselor Education & Supervision, 34*(1), 30-40. doi:10.1002/j.1556-6978.1994.tb00308.x
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Cutcliffe, J. R. (2004a). The inspiration of hope in bereavement counseling. *Issues in Mental Health Nursing, 25*, 165–190. doi: 10.1080/01612840490268234
- Cutcliffe, J. R. (2004b). *The inspiration of hope in bereavement counselling*. Philadelphia, PA: Jessica Kingsley Publishers.
- Delvecchio Good, M. J., Good, B. J., Schaffer, C., & Lind, S. E. (1990). American oncology and the discourse on hope. *Culture, Medicine and Psychiatry, 14*(1), 59-79.
- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dufault, S. K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *Nursing Clinics of North America, 20*(2), 379-391.
- Edelwich, J., & Brodsky, A. (1980). *Burnout: Stages of disillusionment in the helping profession*. New York: Human Science Press.
- Edey, W., & Jevne, R. F. (2003). Hope, illness, and counselling practice: Making hope visible. *Canadian Journal of Counselling, 37*(1), 44-51. Retrieved from

<http://ezproxy.lib.ucalgary.ca/login?url=http://search.proquest.com/docview/195809295?accountid=9838>

- Egan, G. (2002). *The skilled helper: A problem-management and opportunity-development approach to helping* (7th ed.). Pacific Grove, CA: Wadsworth Group.
- Elliott, J. (2005). What have we done with hope?: A brief history. In J. Elliott (Ed.), *Interdisciplinary perspectives on hope* (pp. 3-45). New York: Nova Science.
- Engle, G. L. (1963). Toward a classification of affect. In P. H. Knapp (Ed.), *Expression of emotion in man* (pp. 246-254). New York: International University Press.
- Farran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: Critical clinical construct*. London: Sage.
- Finlay, L., & Gough, B. (2003). *Reflexivity*. Oxford: Blackwell Science.
- Flesaker, K., & Larsen, D. (2012). To offer hope you must have hope: Accounts of hope for reintegration counsellors working with women on parole and probation. *Qualitative Social Work*, 11(1), 61-79. doi: 10.1177/1473325010382325
- Frank, J. (1968). The role of hope in psychotherapy. *International Journal of Psychiatry*, 5, 383-395.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore: Johns Hopkins University Press.
- Frankl, V. E. (1959). *Man's search for meaning*. London: Hodder and Stoughton.
- Frankl, V. E. (1992). *Man's search for meaning* (4th ed.). Boston: Beacon.
- Fredrickson, B. L. (2009, March 23). Why choose hope? [Web log message]. Retrieved from <http://www.psychologytoday.com/blog/positivity/200903/why-choose-hope>

- Freud, S. (1953). Psychological (or mental) treatment. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 283-302). London: Hogarth. (Original work published in 1900)
- Friedman, D., & Kaslow, N. J. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. In F. W. Kaslow (Ed.), *Supervision and training: Models, dilemmas, and challenges*. New York: Haworth Press.
- Fromm, E. (1968). *The revolution of hope*. New York: Harper & Row.
- Gadamer, H. (1989). *Truth and method* (2nd ed.) (J. Weinsheimer & D. Marshall, Trans.). New York: Crossroad. (Original work published 1960)
- Goldney, R. D. (2005). Suicide prevention: A pragmatic review of recent studies. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 26, 128-140. doi: 10.1027/0227-5910.26.3.128
- Grammaticos, P. C., & Diamantis, A. (2008). Useful known and unknown views of the father of modern medicine, Hippocrates and his teacher Democritus. *Hellenic Society of Nuclear Medicine*, 11(1), 2-4. Retrieved from <http://nuclmed.web.auth.gr/magazine/eng/jan08/2.pdf>
- Greenberg, R. P., Constantino, M. J., & Bruce, N. (2006). Are patient expectations still relevant for psychotherapy process and outcome? *Clinical Psychology Review*, 26(6), 657-678. doi:10.1016/j.cpr.2005.03.002
- Groopman, J. (2004). *The anatomy of hope: How people prevail in the face of illness*. New York: Random House.
- Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17-30). Newbury Park, CA: Sage.

- Hall, B. A. (1994). Ways of Maintaining Hope in HIV Disease. *Research in Nursing & Health*, 17(4), 283-293. doi: 10.1002/nur.4770170407
- Hanna, F. J. (2002). Building for change. In F. J. Hanna (Ed.), *Therapy with difficult clients: Using the precursors model to awaken change* (pp. 265-273). Washington, DC: American Psychological Association.
- Harvey, V. S., & Struzziero, J. A. (2008). *Professional development and supervision of school psychologists* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson Trans.). In Oxford: Blackwell. (Original work published 1927)
- Helm, F. L. (2004). Hope is curative. *Psychoanalytic psychology*, 21(4), 554-566. doi: 10.1037/0736-9735.21.4.554
- Hepworth, D., Rooney, R., & Larson, J. A. (2002). *Direct social work practice: Theory and skills* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- Hergenhahn, B. R. (2001). *An introduction to the history of psychology* (3rd ed.). Belmont, CA: Wadsworth.
- Herth, K. (1996). Hope from the perspective of homeless families. *Journal of Advanced Nursing*, 24(4), 743-753. doi: 10.1046/j.1365-2648.1996.25113.x
- Herth, K. (2005). State of the science of hope in nursing practice: Hope, the nurse, and the patient. In J. A. Elliott (Ed.), *Interdisciplinary perspectives on hope* (pp. 169 – 211). Hauppauge, NY: Nova Science Publishers.
- Hinds, P. (1984). Inducing a definition of hope through the use of grounded theory. *Journal of Advanced Nursing*, 9(4), 357-362. doi: 10.1111/j.1365-2648.1984.tb00384.x

- Hope. (2010). In *Merriam-Webster's online dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/hope>
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.
- Imel, Z. E., & Wampold, B. E. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. Brown & R. W. Lent (Eds.), *The handbook of counseling psychology* (4th ed., pp. 249-266). New York: Wiley.
- Irvin, B., & Acton, G. (1997). Stress, hope, and well-being of women caring for family members with Alzheimer's disease. *Holistic Nursing Practice, 11*(2), 69–80.
- Jevne, R. F. (1991). *It all beings with hope: Patients, caregivers, and the bereaved speak out*. San Diego, CA: LuraMedia.
- Jevne, R. F. (1994). *The voice of hope: Heard across the heart of life*. San Diego, CA: LuraMedia.
- Jevne, R. F. (2004). Foreword. In J. R. Cutcliffe (Ed.), *The inspiration of hope in bereavement counselling* (pp. 9-11). Philadelphia, PA: Jessica Kingsley Publishers.
- Jevne, R. F. (2005). Hope: The simplicity and complexity. In J. Elliott (Ed.), *Interdisciplinary perspectives on hope* (pp. 259-289). Hauppauge, NY: Nova Science.
- Jevne, R. F., & Nekolaichuk, C. (2000). *Hope and the helping relationship: Educational Psychology 497/597 2000 Student Handbook*. Edmonton, Alberta: Hope Foundation of Alberta.

- Klinger, E. (1975). Consequences of commitment to and disengagement from incentives. *Psychological Review*, 82(1), 1-25.
- Koenig, T., & Spano, R. (2007). The cultivation of hope of social workers' hope in personal life and professional practice. *Journal of Religion and Spirituality in Social Work*, 26(3), 45-61. doi: 10.1300/J377v26n03_03
- Kübler-Ross, E. (2009). *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families*. New York: Routledge.
- Kuhn, T. (1996). *The structure of scientific revolution* (3rd ed.). Chicago: University of Chicago Press.
- Lambert, M. J., Morton, J. J., Hatfield, D. R., Harmon, C., Hamilton, S., Reid, R. C., ... & Burlingame, G. M. (2004). *Administration and scoring manual for the Outcome Questionnaire -45*. Orem, UT: American Professional Credentialing Services.
- Landrum, P. A. (1993). Philosophical positions. In R. P. Rawlins, S. R. Williams, & C. K. Beck (Eds.), *Mental health nursing: A holistic life cycle approach* (pp. 40-52). Philadelphia: Mosby.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120. doi:10.1191/1478088706qp062oa
- Larsen, D., Edey, W., & LeMay, L. (2007). Understanding the role of hope in counselling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly*, 20(4), 401-416. doi: 10.1080/09515070701690036

- Larsen, D. J., & Stege, R. (2010). Hope-focused practices during early psychotherapy sessions: Part I: Implicit Approaches. *Journal of Psychotherapy Integration*, 20(3), 271-292. doi: 10.1037/a0020820
- Lee, K. M., Volans, P. J., & Gregory, N. (2003). Attitudes towards psychotherapy with older people among trainee clinical psychologists. *Aging & Mental Health*, 7(2), 133-141. doi: 10.1080/1360786031000072303
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lopez, S. J., Floyd, R. K., Ulven, J. C., & Snyder, C. R. (2000). Hope therapy: Helping clients build a house of hope. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 123–149). New York, NY: Academic Press.
- Lopez, S. J., Snyder, C. R., Magyar-Moe, J., Edwards, L. M., Pedrotti, J. T., Janowski, K., . . . Pressgrove, C. (2004). Strategies for accentuating hope. In P. A. Linley, & S. Joseph (Eds.), *Positive psychology in practice* (pp. 388–404). Hoboken, NJ: Wiley.
- Lynch, W. F. (1965). *Images of hope: Imagination as healer of the hopeless*. Baltimore, MD: Helicon Press.
- Malterud, K. (2001). Qualitative research: Standards, challenges and guidelines. *The Lancet*, 358(9280), 483-488. doi: 10.1016/S0140-6736(01)05627-6
- Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory Manual* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.
- McGee, R. F. (1984). Hope: A factor influencing crisis resolution. *Advances in Nursing Science*, 6(4), 34-44.
- Menninger, K. (1959). The academic lecture: Hope. *The American Journal of Psychiatry*, 116, 481- 491.

- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge.
- Miller, J. F. (1989). Hope-inspiring strategies of the critically ill. *Applied Nursing Research*, 2(1), 23-29. doi: 10.1016/S0897-1897(89)80021-7
- Miller, W. R. (1999). *Integrating spirituality into treatment*. Washington, DC: American Psychological Association.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.
- Moore, S. L. (2005). Hope makes a difference. *Journal of Psychiatric and Mental Health Nursing*, 12(1), 101-105. doi:10.1111/j.1365-2850.2004.00802.x
- Moran, D. (2000). *Introduction to phenomenology*. London: Routledge.
- Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. *Journal of Nursing Scholarship*, 27, 277-285.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nekolaichuck, C. L., Jevne, R. F., & Maguire, T. O. (1999). Structuring the meaning of hope in health and illness. *Social Science & Medicine*, 48(5), 591-605. doi: 10.1016/S0277-9536(98)00348-7
- Nietzsche, F. W. (1908). *Human, all too human: A book for free spirits*. (A. Harvey, Trans.). Chicago: Charles H. Kerr & Company. (Original work published 1878).
- Nolan, S. (2011). Hope beyond (redundant) hope: How chaplains work with dying patients. *Palliative Medicine*, 25(1), 21-25. doi: 10.1177/0269216310380297
- Nowotny, M. L. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Oncology Nursing Forum*, 16(1), 57-61.

- Owen, D. C. (1989). Nurses' perspectives on the meaning of hope in patients with cancer: A qualitative study. *Oncology Nursing Forum*, *16*(1), 75-79.
- Owen, J. J., Wong, J. Y., & Rodolfa, E. R. (2010). The relationship between clients' conformity to masculine norms and their perceptions of helpful therapist actions. *Journal of Counseling Psychology*, *57*(1), 68-78. doi: 10.1037/a0017870
- Palmer, R. (1969). *Hermeneutics*. Evanston, IL: Northwestern University Press.
- Pasteur, L. (n.d.). In *Wikiquote*. Retrieved April 10, 2013 from http://en.wikiquote.org/wiki/Louis_Pasteur
- Patel, C. T. (1996). Hope-inspiring strategies of spouses of critically ill adults. *Journal of Holistic Nursing*, *14*(1), 44-65. doi:10.1177/089801019601400104
- Perry, B. M., Taylor, D., & Shaw, S. K. (2007). "You've got to have a positive state of mind": An interpretative phenomenological analysis of hope and first episode psychosis. *Journal of Mental Health*, *16*(6), 781-793. doi: 10.1080/09638230701496360
- Peterson, C. (2000). Optimistic explanatory style and health. In J. E. Gillham (Ed.), *The science of optimism and hope: Research essays in honor of Martin E. P. Seligman* (pp. 145 -161). West Conshohocken, PA: Templeton Foundation Press.
- Richardson, R. L. (2000). Where there is hope, there is life: Toward a biology of hope. *The Journal of Pastoral Care*, *54*(1), 75 -83.
- Ripley, J. S., & Worthington, E. L. (2002). Hope-focused and forgiveness-based group interventions to promote marital-enrichment. *Journal of Counseling and Development*, *80*(4), 452-463. Retrieved from <http://go.galegroup.com.ezproxy.lib.ucalgary.ca/ps/i.do?id=GALE%7CA95204663&v=2.1&u=ucalgary&it=r&p=AONE&sw=w>

- Rogers, C. R. (1960). *On becoming a person*. Boston, NY: Houghton Mifflin.
- Satre, J-P. (1948). *Existentialism and humanism* (P. Mairet, Trans.). London: Methuen.
- Schleiermacher, F. (1998). *Hermeneutics and criticism and other writings* (A. Bowie, Trans.).
Cambridge: CUP.
- Schwartz, B. (2000). Pitfalls on the road to a positive psychology of hope. In J. E. Gillham (Ed.),
The science of optimism and hope research: Essays in honor of Martin E. P. Seligman
(pp. 415-429). West Conshohocken, PA: Templeton.
- Schwartz, R. H., Tiamiyu, M. F., & Dwyer, D. J. (2007). Social worker hope and perceived
burnout: The effects of age, years in practice, and setting. *Administration in Social Work*,
31(4), 103-119. doi:10.1300/J147v31n04_08
- Scioli, A. & Biller, H. B. (2009). *Hope in the age of anxiety: A guide to understanding and
strengthening our most important virtue*. New York, NY: Oxford University Press.
- Scioli, A. & Biller, H. B. (2010). *The power of hope: Overcoming your most daunting life
difficulties – no matter what*. Deerfield Beach, Florida: Health Communications Inc.
- Scrivener, L. (2000). *Terry Fox: His story*. (Rev. ed.). Toronto, ON: McClelland & Stewart Ltd.
- Simons, D. (2011). The invisible gorilla [Video file]. Retrieved from
<http://www.youtube.com/watch?v=UtKt8YF7dgQ>
- Simons, D., & Chabris, C. (1999). Selective attention test [Video file]. Retrieved from
<http://www.youtube.com/watch?v=vJG698U2Mvo>
- Skovholt, M. T. & Ronnestad, H. M. (2003). Struggles of the novice counsellor and therapist.
Journal of Career Development, 30, 45–58. doi:10.1177/089484530303000103

- Smith, J. A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.), *Analysing qualitative data in psychology* (pp. 35-50). Los Angeles, CA: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. Los Angeles, CA: Sage.
- Smith, J. A., Harré, R., & Van Langenhove, L. (1995). Idiography and the case study. In J. A. Smith, R. Harré, & L. Van Langenhove (Eds.), *Rethinking psychology* (pp. 59-69). London: Sage.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology* (pp. 51-80). London, England: Sage.
- Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology* (Vol. 2, pp. 73-82). Washington, DC, US: American Psychological Association; US.
- Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York: The Free Press.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling and Development*, 73(3), 355-360. Retrieved from <http://go.galegroup.com.ezproxy.lib.ucalgary.ca/ps/i.do?id=GALE%7CA16968177&v=2.1&u=ucalgary&it=r&p=AONE&sw=w>
- Snyder, C. R. (1998). A case for hope in pain, loss, and suffering. In J. H. Harvey, J. Owarzu, & E. Miller (Eds.), *Perspectives on loss: A sourcebook* (pp. 63-79). Washington, DC: Taylor & Francis.

- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-275. doi:10.1207/S15327965PLI1304_01
- Snyder, C. R., Illardi, S., Michael, S. T., & Cheavens, J. (2000). Hope theory: Updating a common process for psychological change. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change: Psychotherapy processes and practices for the 21st century* (pp. 128-153). New York: Wiley.
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*(2), 321–335.
- Stefano, J., D'iuso, N., Blake, E., Fitzpatrick, M., Drapeau, M., & Chamodraka, M. (2007). Trainees' experiences of impasses in counselling and the impact of group supervision on their resolution: A pilot study. *Counselling and Psychotherapy Research, 7*(1), 42–47. doi: 10.1080/14733140601140378
- Stephenson, C. (1991). The concept of hope revisited for nursing. *Journal of Advanced Nursing, 16*(11), 1456-1461. doi: 10.1111/j.1365-2648.1991.tb01593.x
- Talley, J. E. (1992). *The predictors of successful very brief psychotherapy: A study of differences by gender, age, and treatment variables*. Springfield, Illinois: Thomas C. C.
- Truell, R. (2001). The stresses of learning counselling: Six recent graduates comment on their personal experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology Quarterly, 14*(1), 67–89. doi: 10.1080/09515070110059133
- Turner, D. S. (2005). Hope seen through the eyes of 10 Australian young people. *Journal of Advanced Nursing, 52*(2), 508-515. doi: 10.1111/j.1365-2648.2005.03619.x

- Udelman, D. L., & Udelman, H. D. (1986). A preliminary report on antidepressant therapy and its effect on hope and immunity. In L. A. Gottschalk, F. Lolas, & L. L. Viney (Eds.), *Content analysis of verbal behaviour: Significance in clinical medicine and psychiatry* (pp. 249- 256). Heidelberg, Germany: Springer-Verlag.
- Vailiot, M. C. (1970) Living and dying hope, the restoration of being. *American Journal of Nursing*, 70(2), 268-273. Retrieved from <http://www.jstor.org/stable/3421157>
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario: The University of Western Ontario.
- van Manen, M. (1997). *Researching lived experience* (2nd ed.). London, ON: Althouse Press.
- Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist*, 62(8), 857-873. doi: 10.1037/0003-066X.62.8.855
- Watson, J. (1979). *The philosophy and science of caring*. Boston: Little Brown.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory*. Buckingham: Open University Press.
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic.
- Yarcheski, A., Scoloveno, M. A., & Mahon, N. E. (1994). Social support and well-being in adolescents: The mediating role of hopefulness. *Nursing Research*, 43(5), 288-292.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215-228. doi: 10.1080/08870440008400302

APPENDIX A: RESEARCH ADVERTISEMENT POSTER



Hope Research Participants Needed A Study Exploring Counsellors' Hope

The study is currently being conducted by Gloria Crowe, a M.Sc. candidate in Counselling Psychology program at the University of Calgary. The purpose of this study is to better understand counselling interns' experiences and views of hope in their personal lives and professional practices.

- To participate in this study, you must be a graduate student currently enrolled in counselling practicum/ internship/ field placement in the province of Alberta.
- You will be asked to participate in an interview lasting approximately 60 to 80 minutes.
- You will be reimbursed **\$20** at the end of the interview in recognition of your time and effort.

For more information, please contact Gloria
Phone: 403-585-0702 or Email: hgjung@ucalgary.ca

Hope Research - Gloria hgjung@ucalgary.ca 403-585-0702					
--	--	--	--	--	--

APPENDIX B: INFORMED CONSENT FORM



Name of Researcher, Faculty, Department, Telephone & Email:

Gloria Crowe, M.Sc. Candidate, Faculty of Education
Educational Studies in Counselling Psychology, (403) 585-0702, hgjung@ucalgary.ca

Supervisor:

Dr. Helen Massfeller, Faculty of Education
Educational Studies in Counselling Psychology, (403) 220-3866, hfmassfe@ucalgary.ca

Title of Project:

Making Hope Visible in Therapy: Counselling Interns' Reflections of Hope in Personal Life and Professional Practice

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Study:

The main purpose of the study is to gain greater understandings of student counsellors' experiences and views of hope in their personal lives and professional practices. Research interviews will be used to explore the construct of hope and to find commonalities among student counsellors' personal experiences and perceptions of how hope influences their counselling practices. In inviting you to participate in this research, it is my hope that you will have an opportunity to share your stories of hope that will help foster new insights, which may contribute to the advancement of counsellor education and clinical supervision.

What Will I Be Asked To Do?

If you choose to participate in this study, you will meet with the researcher for an audiotaped interview that will require approximately 60 to 80 minutes of your time. During this interview, you will be first asked to provide demographic information and then to reflect upon and share your own personal experiences of hope and perceptions of how hope influences your counselling practices. You will be given an option to review the transcript for accuracy and add further information. After a period of two weeks, the primary researcher will proceed with data analysis if she does not receive further feedback.

Participation in this study is completely voluntary and free of any coercion. Consequently, you may choose to refuse to participate altogether or may choose to withdraw from the study at any time without penalty. All participants will be provided with a \$20 honorarium for taking part in the study.

What Type of Personal Information Will Be Collected?

All participation will remain anonymous in the study. If you agree to participate, however, you will be asked to provide some demographic information, such as your age, gender, levels of education, theoretical orientation(s) to counselling practice, and the length of your professional training experiences in counselling, which will be used for descriptive purposes only. To further ensure your anonymity, you will be asked to choose a pseudonym of your choice.

Are there Risks or Benefits if I participate?

This study poses minimal risk to participants. Since you will be asked to share your lived experience of hope, however, some participants might experience a degree of distress associated with revisiting their hope experiences. Should you feel distressed as a result of your participation, the researcher will provide you with a list of agencies and their contact information. You are free to discontinue participation at any time without penalty.

The anticipated benefits of participation in this study include an opportunity for you to share your unique story of hope, during which you could potentially identify ways to foster hope in your life. Another potential source of satisfaction is that your participation may help enhance personal and professional hope among mental health practitioners and contribute to the advancement of counsellor education and clinical supervision. Finally, you will receive a \$ 20 honorarium in recognition of your time and effort for taking part in the study.

What Happens to the Information I Provide?

Your participation in this study is completely voluntary, anonymous and confidential. If you agree to participate, the research interview will be audiotaped and then transcribed verbatim for the researcher’s data interpretation in order to achieve research aims and inform a Master’s degree project. You are free to discontinue participation at any time during the study without penalty. In such a case, any data gathered to that point of the interview will be retained for data analysis. To ensure your anonymity, a pseudonym of your choice will be used during the interview and in any research communications (e.g., conferences, research articles, etc.)

All materials from the study, including informed consent forms, audiotapes, and the transcribed documents will be kept confidential in a locked cabinet at the researcher’s private home office or in password protected files on an encrypted computer for five years. During this time, access to these materials will be available only to the researcher and her supervisor for the purposes of data analysis. Thereafter, all materials will be permanently disposed of in a secure and confidential manner.

There are several options for you to consider if you decide to take part in this research. You can choose all, some or none of them. Please put a check mark on the corresponding line(s) that grants me your permission to:

The pseudonym I choose for myself is: _____

You may quote portions of my interview: Yes: ___ No: ___

I would like to review the transcript of my interview: Yes: ___ No: ___

I would like a copy of the results of the study: Yes: ___ No: ___

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) _____

Participant's Signature: _____ Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____ Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Gloria Crowe M.Sc. Candidate
Educational Studies in Counselling Psychology, Faculty of Education
(403) 585-0702, hgjung@ucalgary.ca

and

Dr. Helen Massfeller, Associate Professor
Educational Studies in Counselling Psychology, Faculty of Education
(403) 220-3866, hfmassfe@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, please contact the Senior Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; e-mail: rburrows@ucalgary.ca.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

APPENDIX C: A SAMPLE INTERVIEW GUIDE

Participant Demographic Information

Name:

Age:

Education (years):

Theoretical orientation(s) to Counselling:

Length of Counselling Training Received (months):

Pseudonym:

Sample interview questions

1. Let's say you have a camera in your hands and I ask you to take a picture that conveys hope. 'What would you like to capture in your picture? How does the object(s)/ person(s) speak hope to you?
2. What does hope mean to you personally? I'd like you to complete the sentence, "Personally, hope to me is..."
3. To the extent you feel comfortable sharing, can you tell me about a time in your life when hope became very important to you? How did your hope influence you during that time?
4. What gives you hope? What takes away your hope?
5. What does hope mean to you as a counsellor? What role does it (hope) play in your work with clients?
6. Have you experienced hope in your work with clients? Tell me about your experience of hope in that context.
7. (Did you notice hope during therapy?) When did you notice hope? (In what forms or ways...), how was hope noticed?
8. What change(s) did you see in you client after hope was noticed/expressed? What about in yourself as a counsellor?
9. Can you tell me more examples of hope seen during therapy in different forms and ways?
10. In your opinion, how do you think hope influences counselling processes? What about outcomes?
11. Looking back at your practicum experience thus far, can you identify the ways in which you fostered and maintained hope? What would you like to do more of?
12. Going forward, what other ways can you see beneficial for you to cultivate hope as a professional?

**APPENDIX D: PARTICIPANT DEMOGRAPHIC AND BACKGROUND
INFORMATION**

Participant Gender	
Male	Female
2	5

Ethnic Backgrounds	
Caucasian	Asian
5	2

Participant Demographic	Average	Range
Age	34 years	27 to 51 years
Total Years of Education	19 years	19 to 20 years
Lengths of Counselling Training Received	11 months	11 to 12 months

List of Participants' Therapeutic Orientations
<ul style="list-style-type: none"> • Humanistic – existential • Solution-focused • CBT • Rogerian • Family Systems • Narrative Therapy • Strength-based • Attachment Theory • Multicultural Theory • Gestalt • Internal Family Dynamic