Hope Springs Internal: Counsellors’ Experiences of Hope in the Counselling Relationship

A thesis submitted to the University of Manchester for the degree of Doctor in Counselling

In the Faculty of Humanities

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John Glynne Prysor-Jones

School of Environment, Education and Development
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WORD COUNT  57,416
ABSTRACT

The University of Manchester

John Glynne Prysor-Jones
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Hope Springs Internal: Counsellors’ Experiences of Hope in the Counselling Relationship

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The purpose of this research was to explore counsellors’ experiences of hope in the counselling relationship in a number of counselling contexts, early in the twenty-first century in the United Kingdom. This research takes place against the background of considerable changes in mental health policy affecting counselling in both England and Wales. The wider political, social-cultural and economic context was marked by recession and uncertainty. A lack of research into counsellors’ experiences of hope in the UK context was identified.

A phenomenological perspective was taken as appropriate for exploring human experience with a social constructionist approach to the creation of knowledge complementing realist ontology with a pragmatic underpinning. Semi-structured interviews were conducted individually with seven participants chosen using purposive and convenience sampling in both England and Wales from within professional networks and a variety of counselling settings. The transcribed data was analysed using Thematic Analysis and identified themes evidenced with quotations from the data.

The main findings were in the context of hope identified as a common human experience. Participants’ found difficulty in accessing their experiences of hope and it was found to be an intermittent and liminal experience varying in intensity and part of a meaning making process. Characteristics of this liminality were found to be placing participants at the limit of what they knew, living with uncertainty and waiting for new knowledge to emerge. This created vulnerability for some participants. Hope was also found to be an embodied relational experience within counsellors which they also saw in their clients.

Implications of the findings suggested that counsellors could more actively cultivate awareness of their own hope as a resource for clients within an understanding of counselling as a social and liminal process. It is recommended that professional training and Continuing Professional Development workshops provide opportunities for exploring hope in the context of liminality. Future research opportunities include encouraging counsellors to use case study method to explore their own experiences of hope in counselling relationships and that of clients. These findings are presented as specific to this context and not as general truths.
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DEDICATION AND ACKNOWLEDGEMENTS

This work is dedicated to the memory of Mary whose hopes may have been realised, we shall never know and for Jaime, Nathan, Daniel, Charlie and Oscar who unknowingly carry our hopes for the future.

This thesis would not have been possible without the encouragement help and support of many people who have in their own ways contributed to its construction. First I thank the participants for their generosity in giving of themselves, their interest and time.

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Deo Gratias
CHAPTER 1 - INTRODUCTION

HOPE IS NOT PROGNOSTICATION...AND IS DEFINITELY NOT THE SAME AS OPTIMISM. IT IS NOT THE CONVICTION THAT SOMETHING WILL TURN OUT WELL, BUT THE CERTAINTY THAT SOMETHING MAKES SENSE, REGARDLESS OF HOW IT TURNS.


THE MOST BEAUTIFUL THING WE CAN EXPERIENCE IS THE MYSTERIOUS. IT IS THE SOURCE OF ALL TRUE ART AND SCIENCE.

Old Man’s Advice to Youth (1955:64) Albert Einstein.

1.1 HOPE IS A ROPE: A METAPHOR FOR THIS THESIS

A fakir or shaman throws a rope in the air and it rises higher and higher. It does not fall. He assures those watching that the rope has attached itself somewhere and to prove it he or one of his assistants climbs the rope. The rope does not collapse. *It holds*. It carries the weight of the assistant. It is a story, with its theme of ascension, with parallels in many religious traditions. It is found in classical India, in Islam, ancient Mexico, the Dutch Indies, in Irish folklore. Versions are even found, in the works of Homer and Plato. (Eliade, 1962 cited in Desroche, 1979:1). Interestingly the story has never been explained or solved. ‘If the metaphors of the thread and the rope return continually to the imagination and speculation of man…this means these metaphors correspond to very deep experiences and in the end they reveal a human situation which cannot be expressed in other symbols or concepts’ (Eliade, 1962 cited in Desroche, 1979:2).

He asks what we can learn from this myth, which the story wishes to impart. Hope is a rope, (a meditation by Angelus Silesius, 1986) a seventeenth century mystic), is a metaphor for human aspirations, imagination, ‘flung in the air’, kept alive, the rope is anchored, *it holds*, and when people grab hold of it, it *takes the strain*, remains rigid, whether they are climbing towards something or pulling it towards them.

Metaphors have been used to describe the qualitative research process and provide a framework for such studies and theses (Schmitt, 2005). Frameworks help structure the presentation and shape it into a coherent whole, but need to be
compatible with both research paradigm and theoretical stance. Examples include quilt-making (Sommers, 1997); dance (Janesick, 2001); a classical music concert (Schalkwyk, 2002) and rope (Murcia, 2009). A metaphor can also play a role in constructing realities. It is particularly appropriate in a social constructionist approach (Schalkwyk, 2002) such as mine which I will discuss later in this thesis. The metaphor I have chosen is rope—making, not least because rope itself has been used as a metaphor for hope (Eliade, 1962; Desroche, 1979; Silesius, 1986).

In this thesis my purpose is to describe and explore the experience counselling practitioners have of hope in their counselling relationships, I do this in a number of counselling contexts, the NHS Primary Care, private practice and voluntary sector counselling charities; they form the micro-context. I intend the research knowledge created will be faithful to the complexity of participants’ human experience, stimulate conversation, therapeutic practice and provide the reader with an opportunity for deeper reflection and understanding of hope and its potential for human flourishing. It is set in the wider macro-contexts of politics, economics, mental health policy and socio-cultural change for the world of counselling (Seager, 2014). This has included the introduction of Improving Access to Psychological Therapies (IAPT, 2008) in England and in Wales the Mental Health (Wales) Measure, 2010, both of which introduced major changes to the planning and delivery of services. Similar policy initiatives were introduced in Northern Ireland (2010) and Scotland (2012) (Robinson 2014). It also includes the introduction of voluntary statutory regulation of counselling in 2012.

This research began with a hunch, or intuition that there was something about hope in the counselling relationship which was of significance. This can be seen as a moment when the ‘felt sense’ (Gendlin, 1997; West, 2011) was operative. This is a way of accessing tacit knowledge that is at the edge of awareness; I discuss both more fully in the methodology chapter. My research context is informed by motivations, both conscious and unconscious. Unconscious motivation for behaviour is by its nature ‘unavailable to introspection’ (Lancaster, 2004:195), we cannot be aware of these processes (Danchev & Ross, 2014; Morrow, 2005) in psychological research. When a friend suggested that perhaps I needed to research hope to explore it, to find out what it is for me in my life,
bringing to the fore events with experiences of both hope and hopelessness, it resonated. I own that now. Influences of which I am conscious include a social constructionist understanding that culture and context are the source of a meaningful socially constructed reality (Crotty, 1998), which includes objects, thoughts, emotions, and self (Burr, 2003). My approach to social constructionism is discussed fully in the methodology chapter. This places me as central to every part of this research; I am one of the threads in my ‘rope’ and I return to that metaphor.

Rope is an interesting metaphor. It has many uses and users and is made in every culture. Rope can be made from fibres or threads twisted or braided together for strength, for pulling and connecting but not pushing. So it is much thicker and stronger than other kinds of cord, string or twine. It can be made from natural and synthetic fibres and even out of metal. It is used in many diverse fields such as construction, sea-faring, fishing, exploration, rock climbing, and circus acrobatics. The context determines the kind of rope required, how it is constructed and from which materials. In rock climbing for example the rope needs to be ‘dynamic’, which is designed to stretch under load, so if climbers drop it will arrest their fall without causing injury. Rope used in caving or rescue is designed for minimal stretch. Rope used for tying ships at the harbour needs to be taut with little give (Plymouth Cordage Company, 1934).

The raw materials I have chosen for my ‘rope’ are the created, multiple, macro and micro contexts which shape my research frame, providing constraints, opportunities and continuity for the socially constructed practices within (Pilgrim, 1997). They are the threads which when intertwined, gain strength, but with flexibility. These threads also include me as researcher, counselling practitioner, my writing style, prior assumptions, and knowledge of the subject before research and what I have learned since; ethical sensitivity, epistemology, theoretical stance, data collected and methods. Not all these threads are of equal thickness. Once a rope is plaited together the whole is twisted and the ends sealed to stop the twist unravelling. The effect of twisting is that strands come in and out of view, but are always there. Some strands, comprising many threads like the methodology will be at the core, it is called the ‘heart rope’, others, like the macro contexts, have the
effect of binding at the edges; plaited together I hope will be strong enough for the task it has to perform. That it will carry the weight of this research and it holds. Those using the ‘rope’, my readers will test this.

1.2 MULTIPLE CONTEXTS

Amongst the many threads of this research are multiple contexts. Pilgrim (1997:97) identifies a number of levels in the context of therapy ‘the personal context; the organisational context; the mental health policy context; the macro-political context’, and though each are partial, together they contribute to the construction of a framework for both the counselling relationship, itself a context for this research, the research interviews and the research process. Pulling threads together is known as ‘roping’, and they need to be of an even ‘sliver’ (Plymouth Cordage Company, 1934:62). In identifying and describing these multiple contexts I am not making claims of specific cause and effect, rather that these factors are there, part of the background and may have influenced and been part of the construction of experience. It is not my purpose to directly investigate. It is however, compatible with my social constructionist understanding that culture, and social interactions, as contexts influence how individuals see, and feel things, and create their view of the world; in this case hope. These threads bind the ‘rope’ at its edges, with the exception of the personal, which is at its core, and to which I now turn.

1.3 PERSONAL CONTEXT

As the instrument of this qualitative research (Robson, 2011), the perspective I bring is part of the context. My approach to hope is primarily from a Judeo-Christian perspective which is the one I know best at this particular time in my life. Informed, tacit and intuitive knowledge determines the quality of the materials I have chosen, and the preparation required for forming them into my ‘rope’. These approaches as ways to obtain knowledge and make decisions are discussed in chapter three. It is, therefore important that the reader has some information about me as a person, a counsellor, a researcher, my background, experience, training, and prior understandings of hope; personal and professional information
which may have affected the research process (Patton, 2002); my capacity as a rope-maker. These can be understood to differentiate and frame my personal context (Pilgrim, 1997).

This personal narrative is woven into the text throughout this thesis (DeVault, 1997). However, I recognise it is important to find a balance between being unreflexive and narcissism (Reinharz, 1997). Two questions have guided me: How much do my readers need to know? And, how much of myself do I want to reveal? I have tried to give sufficient information about myself to assist the reader in understanding me as researcher and counselling practitioner in the work presented, without being open to the charge of self-indulgence (Bolak, 1997). Intuition has played a considerable part in achieving this, my use of which, I describe in detail in chapter three.

I differentiate for conceptualisation and clarity, the ‘brought’ self which includes my personal history, how the topic has affected me personally and is within my previous experience, from the ‘created’ self in the research process (Reinharz, 1997); both are constant, intertwined threads in my ‘rope’, in this relational research. I am a white, male, middle-class man, retired, in early old age. Like many counsellors of my generation I invested in training as a volunteer counsellor alongside my other career over fifteen years ago, and have since also worked in the National Health Service (NHS). My roots are in the voluntary sector and its values to which I am committed. In my view its great strength has been, and still is in providing an opportunity for altruistic, social commitment from those willing to train alongside their own work, fostering help and care in communities (Bondi, 2005). This sophisticated use of volunteers, unique to the UK, is the envy of America and Europe (Tyndall, 1993). However, this encouragement of the ordinary relationship skills of volunteers, emphasising equality of client and counsellor is subject to tension with the move towards professionalism (Bondi, 2005), which I describe below. From personal experience in the voluntary sector I believe counsellors’ not being paid for what they do has a significant positive impact on the counselling relationship, though I am not aware of any research which could support this.
My social work training was initially in ‘social casework’ (Perlman, 1957), regarded by some as a forerunner of counselling (Tyndall, 1993). My counselling training built on this with a relational and integrated model with one defining assumption ‘relations between people are the basis of social and individual life and relational concepts are used to understand human life in all its complexity’ (Paul & Pelham, 2000:110); and progressed to diploma, bachelor and master degree levels. To this I have added additional modality training in Eye Movement and Desensitising and Reprocessing (EMDR), Solution-Focused Therapy, and Energy Psychotherapy. Parallel to this I am aware of the social, political and economic base underlying many of the problems clients present (Feltham, 2010), and I am neither starry-eyed nor cynical about counselling, but I see the limits to what it can achieve in some contexts (Feltham, 2010). I also have some international and cross-cultural counselling experience, in India and Israel, demonstrated currently in leading an international multi-cultural counselling research project into hope, in four cultural contexts.

Although I am an accredited and registered counsellor and psychotherapist with the British Association for Counselling and Psychotherapy (BACP), I remain ambivalent about counselling moving to professionalisation and registration, even under a voluntary code and concerned about the impact on the voluntary sector (Bondi, 2005). I position myself on the edge of the counselling world. A boundary gives me some security, looking into the centre, but also a place of meeting with a wider world. I am suspicious of the growth of ‘guru’s master classes’ proposing they have the answer. Human life is in my view much more complex. The Improving Access to Psychological Therapies (IAPT) initiative launched in 2008 in England in Primary Care Counselling Services, for which I worked, required me to train in Cognitive Behavioural Therapy (CBT), with similar changes in Wales through the Mental Health (Wales) Measure, 2010 in Primary Care Counselling, for which I also worked. The requirements for a technical, manualised and standardised approach conflicted with my developing approach away from modalities to a more client focused, conversational approach, with a stress on the uniqueness of the individual, and the need for therapeutic flexibility (Feltham, 1999). My focus now is on what contributes to helping people be more human and flourish, accepting and working with their humanity, a point of view, increasingly
shared in the field (Seager, 2014). Hope is now part of that focus. I felt it important to work in services with whose ethos I am comfortable (Tyndall, 2003), so I resigned from both services. These developments in mental health policy are discussed below in the counselling context.

This change in my counselling practice was reinforced by my experience in an early research assignment (Prysor-Jones, 2008) in the doctorate programme; a case study of an asylum seeker (‘Michael’, a pseudonym), and his experience of being counselled by me. The limitations of a western diagnostic approach to personal trauma were highlighted and the need to focus on his ways of relating within his multi-cultural experience, and explore less intrusive ways to work with trauma. My experience has been shared by other therapists (Gordon, 2009). I remain very grateful to ‘Michael’ who taught me much about how to be human. It demonstrates the value that researching our practice can have in changing that practice and how we look at life. My ‘created’ self as researcher (Reinhartz, 1997) and counsellor arises in part from my status as insider (Bolak, 1997), in the sense of being bound by a regulatory, ethical and professional framework and the norms of academic behaviour, though a critical one. Being an insider I see as a valuable asset, sensitising me to ask particular and deeper research questions (Danchev & Ross, 2014), and giving me a unique perspective on hope within the counselling relationship. This has a potential negative; the risk of being blind to the familiar, of which I remain aware. My identity (my ‘brought’ self) and experience is shaped by a caring approach to life and is deeply related to how I describe and interpret my understanding of participants’ lived experience of hope and the meaning they give to it, creating different aspects of me as researcher (Bolak, 1997).

My research voice is created relationally, shaped in part by the interaction with participants (Charmaz & Mitchell, 1997), my engagement with the literature, and my supervisors. It becomes visible over time and in different contexts of the research, and is plaited into the fabric of this ‘rope’. My voice is neither neutral or muted, (Bondi, 2013), as I face and feel the data, it finds expression (Charmaz & Mitchell, 1997). In this sense my position and interests affect every stage of the research process (Hertz, 1997). Learning to trust my personal and cultural biography as a significant source of knowledge has been challenging, enriching
and strengthening. The challenge is of both merging and separating my roles as counsellor and researcher, yet offering a unique position from which to view and ‘re-think the familiar’ (Bolak, 1997) and remain open to the new. Both represent different communities of practice (Lave & Wenger, 1991) which I move within and between in relation to hope. This demonstrates what I as researcher became during the research and how the data interacted with me (Reinhartz, 1997).

1.4 POLITICAL, SOCIO-CULTURAL AND ECONOMIC CONTEXT

I also need to place my thesis in its socio-cultural, political and economic macro-context and the world of counselling over the years of its gestation. These are binding threads, broken down into manageable parts. Within the past two decades there have been unprecedented changes in the economic and political landscape of the world (Gordon, 2009). These changes have created insecurity as a dominant motif for many, affecting employability, relationships and ethical thinking and sense of a meaningful future (Gordon, 2009). The effect on some individuals has been a loss of a sense of sustained purpose, as though everything is now open to question and which it can be debated has led to the ‘corrosion of character’ itself (Sennett, 2006). This I argue affects people’s experience of hope for their families, themselves and the wider society.

Central to this are a number of events in both the UK and the wider world, set against a background of terrorist activity and violence, in Afghanistan, Iraq and Gaza/Israel. It came to the UK in July, 2005 with the London bombings with 52 dead and 700 injured and the terrorist attack on Glasgow airport in 2007; the disappearance of Madeleine McCann in Portugal; earthquakes in Peru, Solomon Islands and Japan which released radioactive water into the ocean. In this same month widespread destructive and unseasonal flooding hit many parts of the UK, making many homeless. In 2008 the banking crisis created fears of a depression and began a period of growing austerity, with social benefits reform affecting many people including our clients (ThePeopleHistory, 2015).

The disclosure of historical sexual abuse of children and vulnerable adults by a number of high profile individuals was brought into the counselling room by three
of my clients; old memories were re-awakened, particularly that as children their voices were silenced or not listened to. This experience of clients bringing cultural or political material into counselling sessions is confirmed by others (Samuels, 1993). It brings into focus abusive power relations between social groups as well as in families (Pilgrim, 1997). All highlight the social context in which counselling takes place and its effects on the experience of hope.

The political and cultural contexts for this research are in both England and Wales (here Health is devolved to the Welsh Assembly Government). Five of my participants were in England, two in Wales and me working in both. All were experienced in counselling in both paid and unpaid capacities, either sequentially or concurrent at the time of the research, including me as researcher.

Neoliberalism has influenced political, economic and cultural life in many contexts and a variety of ways in the UK. Defined ‘as a political commitment to free-market economy theory……..a discourse of market and quasi-market relationships’ (Bondi, 2005:498), it can be adapted to contradictory political ideas and used to support both authoritarian and social democratic policies. Its influence in the therapeutic field Bondi (2005:499) argues is in ‘a form of governmentality…..……….installing a concept of the human subject as an autonomous, individualised, self-directing, decision making agent at the heart of policy making’. Individuals in this view are seen as responsible for their own well-being and this is in part a result of the decentralisation of decision making. The paradox here it can be argued, is that people will ‘buy into’ this model of human subjectivity whilst at the same time wanting to resist some of its effects. It gives people choice about their lives, which can include opposition to prevailing systems of governance. In counselling ‘discourses...constitute influential vehicles through which neo-liberal governance is dispersed and achieved’ (Bondi, 2005:500). I see this as a desire to seek some alignment between political, social and institutional aims and the individuals’ desires for fulfilment of self. There are implications for the professionalization of counselling which is seen as broadly co-terminus with the rise of neoliberalism (Bondi, 2005). It is debateable that reports influencing mental health policy fall into this analysis (Layard et al., 2006; Layard, 2011; Layard &
Clark, 2014), with Layard for example linking the use of CBT with addressing unemployment (Feltham, 2010).

1.5 COUNSELLING CONTEXT

The counselling context is a significant binding strand which affected all research participants and me as researcher, though to different degrees. It comprises four threads, mental health policy, regulation of the counselling profession, and NICE guidelines to determine practice, and the professional organisation. They form part of the environment for counselling practice during the period of this research and I describe them sequentially. The effect has been that the counselling world has gone through turmoil, uncertainty, change and conflict and has yet to reach a state of consolidation. Major changes in mental health policy in both England and Wales and the proposed introduction of statutory regulation after years of discussion, for and against in professional journals (e.g. Reeves & Mollon, 2009; Rizq, 2012; Davies, 2013), were contributory factors.

The political development of mental health policy and professional context for counselling and psychotherapy has an emphasis on thinking about mental conditions, diagnosis, treatment and clinical outcomes, measurement and ‘evidence-based practice’ (Layard, 2011; Layard & Clark, 2014), with mental health services propelled by cost effectiveness, throughput of numbers and ‘technologies of calculation’ (Bondi, 2005:511). These approaches seem not to recognise that many of the problems which people bring to counselling arise from social and economic factors rather than personal failure (Gordon, 2009). This has led to major changes in the culture of counselling defined as ‘an evolving and constructed configuration of beliefs, assumptions, values and practices’ (Vance-Peavy, 1996:146). For many in the field, including myself, these changes conflict with values, previously inscribed in that culture. There seemed little place for developing positive human qualities such as hope.

The agency context for this study also includes the NHS and voluntary sector. In England the Layard et. al. (2006) report led to the Improving Access to
Psychological Therapies (IAPT) initiative funded by the Government with £173 million and the intention to recruit 10,000 therapists, predominately trained in Cognitive Behavioural Therapy (CBT). The term CBT covers a number of approaches determined by an evidence-based approach using randomised control trials (RCTs) as its preferred standard with a prolific research base. The rise in CBT’s influence has taken precedence over other therapeutic modalities whose research approaches do not favour RCTs (Cooper 2008). However, the person-centred approach to depression has been incorporated into IAPT. The concern with brief time-limited ways of working and management by targets, psychiatric diagnosis, and a range of clinical outcome measures has led experienced NHS counsellors to train in CBT. But many felt their status was not equal to others in IAPT, reflected in this work being opened up to non-counsellors with appropriate training and differential levels of pay (Pearce et al., 2013).

Parallel changes with similar effects took place in Wales when the Welsh Assembly Government commissioned reviews of mental health services (Burrows & Greenwell, 2007; Williams, 2008), leading to the implementation of the Mental Health (Wales) Measure, 2010. The voluntary sector was also affected by these changes, with some charities struggling to make the transition from grant funding to commissioned services. Counsellors not trained for this level of fundraising were taken away from counselling work, and both they and their clients lived with the constant uncertainty that services may close, and some did (Jackson, 2014), this was true for some of my participants. There is a real risk of the distinctive contribution of voluntary sector counselling being lost within discourses of individualistic treatments and narrowly constructed psychological interventions (Bondi, 2013).

Many see these changes threatening to medicalise counselling practice through standardisation and regulation (Bondi, 2013), and presaging a reductive view of the human person. Rizq (2013) draws attention to how these developments have their own language and terminology which is required and ‘established and reproduces invariant laws; one that polices the legitimacy of knowledge and ensures its disciplinary boundaries are maintained……it defines the basis of its own authority’ (Rizq, 2013:22). The vast amount of research confirming the
importance of the therapeutic relationship (irrespective of theoretical orientation) for effective outcomes (Hubble et al., 1999) has been ignored in favour of research claims for a more technical approach (Feltham, 2010).

1.6 STATE AND STATUTORY REGULATION OF COUNSELLING

Part of the counselling context is a thread of regulation which impacted on all of us in this research and which affected both England and Wales; the proposal to introduce State regulation of counsellors. The White Paper ‘Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (DoH February, 2007) proposed that regulation and disciplinary functions be invested in the Health Professions Council (H.P.C.); counselling was considered to be a health profession. This is differentiated from statutory voluntary regulation organised and administered by professional bodies, which are themselves registered with a government authority. The British Government at the time decided for State regulation, rejecting the statutory voluntary option as lacking independence. Some in the field saw this as heralding a shift from personal responsibility to external accountability, without research into the effects of regulation in other countries, and its effectiveness in protecting the public being considered; one of the primary motivations for introducing regulation (Reeves & Mollon, 2009). Many do not see their practice as a health profession (Gordon, 2009), which could restrict an approach exploring with clients their humanity, emotions and thoughts, e.g. hope, rather than diagnosed mental health conditions (Reeves & Mollon, 2009; Bondi, 2004).

In 2010 with a new government there was a change of policy from State to Statutory regulation. A Council for Healthcare Regulatory Excellence (H.C.R.E) was established to regulate health care professionals not statutorily controlled. In 2012 this body was renamed as Professional Standards Authority for Health and Social Care (P.S.A.) and has developed a scheme to accredit voluntary registers. It sets standards for organisations that hold registers for people working in a variety of health and social care occupations, as well as counselling, and accredits those that meet them in the UK. They assess performance and report to Parliament (P.S.A. 2015). BACP holds one such accredited register.
A significant thread which has had an impact directly or indirectly on most counsellors’ practice comes from the National Institute for Clinical Excellence (NICE) established to determine the cost-effectiveness and therapeutic value of drugs to be used within the NHS. It also produces guidelines which govern Improving Access to Psychological Therapies (IAPT) and other therapeutic services within the NHS and in other settings. Working to a bio-medical model, it has authority to determine the kinds of psychological therapeutic treatment to be provided in the NHS (Mollon, 2009). It became the National Institute for Health & Clinical Excellence in 2013 but is still referred to as NICE. The bio-medical model it uses sees psychological distress as disease specific with clinically effective psychological therapies to treat them (Guy et al., 2012). Hence, for example, the NICE website lists mental health under ‘conditions and diseases’ (NICE 2015).

These NICE guidelines are increasingly used ‘as prescriptive and prohibitive instructions’, disregarding the difficulty and complexity which clients often bring (Mollon, 2009:10). With the instigation of this manualised approach many in the field, including myself, felt it discourages use of intuition, observation and creatively adapting to the evolving needs of the individual client in a relational and dialogical approach (Mollon, 2009); and I would argue the role that hope plays in this process. The British Association for Counselling and Psychotherapy (BACP) HealthCare Division demonstrates its support for these policy developments, encouraging its members to be compliant with NICE approved training, for enhanced employability (Robinson, 2014), though not supported by all its members (Gordon, 2009; Seager, 2014).

The NHS White Paper Equality and Excellence: Liberating the NHS (DoH, July 2010), had consequences for counselling in the NHS, voluntary sector, private practice and other non-NHS settings particularly in its requirement that IAPT providers be compliant with quality outcome measures in a Payment by Results system. The ‘choice and control’ (DoH, 2010:1) over services offered to the public, I argue, is actually reduced with insistence on such a narrow focus (Guy et al., 2012). It is also possible that some clients reading these guidelines may expect their counselling to conform to officially approved ‘evidence-based’ modalities, and
get better, complaining if they don’t (Mollon, 2009). What remains difficult for me and for others is mental health research, service design and policy guided by a view of mental health conditions which does not value human relationships (Seager, 2014). Significant research demonstrating that the person of the therapist is central to the therapeutic process (Feltham, 2010); that the effectiveness of therapy is equivalent across modalities and that common factors (which include hope), and the therapeutic relationship are responsible for beneficial outcomes is ignored (Wampold, 2001). Experience indicates that people often present with more than one symptom (Gordon, 2009). This has implications for a therapeutic approach which values the development of common human factors such as hope.

1.8 THE PROFESSIONAL BODY

The British Association for Counselling and Psychotherapy (BACP) claims it is the largest professional body representing counselling and psychotherapy with over 41,000 members in the UK. It holds an Accredited Register with the P.S.A and requires all its members to be registered (BACP, 2015). It provides the professional context for this research; participants and researcher; all of us were registered members of BACP at the time of research interviews. It has seven divisions: BACP-Children & Young People; BACP-Coaching; BACP-HealthCare; BACP-Private Practice; BACP-Spirituality; BACP-Universities & Colleges; BACP-Workplace. Four Forums work alongside these on specific issues: Criminal Justice; Equality & Diversity; Supervision; and the Voluntary Sector. They indicate the broad areas of interest of the membership. On its website the term ‘therapist’ is used throughout to cover both counsellors & psychotherapists in the information available to the public. It has advanced this professionalisation with an accreditation system, leading to Registration, with defined criteria for individual counsellors and psychotherapists; senior counsellors and psychotherapists; counselling services; training courses; and a continuing professional development endorsement scheme.

These four threads it should be noted affected research participants and researcher in providing background ‘mood music’ to their counselling work and self
understanding in their professional role; the changing counselling culture influencing the counselling work, though with individualised responses.

1.9 THE RESEARCH QUESTION

My research question is a core thread, set within these multiple contexts. It has taken time to refine my research question and purpose, regarded as essential (Hanley et al., 2013), as it helps to define the work, set boundaries, and give a sense of direction to the research (Robson, 2011). My research question became ‘What are counsellors’ experiences of hope in the counselling relationship?’ It seemed an intuitively reasonable question (Robson, 2011). I am not asking the question “what is hope”? though this question inevitably arose for the participants and will be addressed in the Literature Review. This research question is not seeking explanation or causation but rather some understanding of the human experience of the phenomenon of hope through description of, and dialogue with, the text of participants’ interviews. Informal conversations with counselling colleagues, family and friends revealed a pattern. They thought hope was important but could not really explain, define or elaborate it. In a counselling context it was assumed to be there. This is what the literature would call an implicit concept (Larsen et al., 2007). This intrigued me, I wanted to know more.

Initially I thought of exploring experiences of hope for both clients and counsellors in the counselling relationship. In discussion with my supervisor I decided this would be too big a project for thesis purposes (Robson, 2011). My focus then moved to counsellors and their experiences of hope. As one of my fellow doctoral colleagues pointed out I had gone for the easier or safer option. The difficulties of researching with clients have been well documented (Hanley et al., 2013; Robson, 2011). Working full-time also puts a constraint on what can be achieved in part-time doctoral study.

Gradually, my research intention clarified; its major purpose to raise counsellors’ conscious awareness of hope, help them reflect on their practice and possibly learn something new about hope for themselves. I would do this by exposing them
to experiences of hope as they arose in my research interviews. I see this as an important stage in the development of an evolving, flexible research design (Robson, 2011). My purpose developed and became clearer after presenting a case study of experiences of hope with a former client (Prysor-Jones, 2009) at a counsellors’ training workshop. They engaged emotionally, reflected on their work with clients, in which hope or its absence came to the fore. This experience confirmed for me that the research was worthwhile and already having an effect consistent with my purpose (Braun & Clark, 2013). Further refinement took place within the research interviews and as the data revealed further insights.

Asked why I had chosen hope as a research topic was not easy to answer. What follows is a retrospective recollection of factors which when put together forms part of my research journey. Reading a book ‘The Inspiration of Hope in Bereavement Counselling’ (Cutcliffe, 2004) left me feeling dissatisfied but interested; I wanted to know more. I discuss this book in the Literature Review chapter. At the time my working context was a large teaching hospital with responsibilities caring for patients, relatives and staff facing dying, death and bereavement whilst teaching medical and health professionals’ communication courses such as ‘how to break bad news’. A question which came up frequently was ‘how do I give hope’ when there is a terminal diagnosis or life limiting condition? This provided a starting point for thinking about working with hope. Hope was on my agenda professionally. In counselling group supervision, a client’s question ‘Is there any hope for me?’ had a profound immediate effect. A client had set an agenda. How do I work with hope in my counselling relationships? Lastly, a close member of my family took her own life. The devastation this caused for us all raised many questions, not least where was hope here? Where was her hope? Where was mine? Hope was now a personal matter.

The research context is also the university. During the course of my research the university merged with another academic institution. I experienced a move from a relaxed, informal atmosphere to a regulated, milestone based system requiring additional written work. My first supervisor left the University and a new one appointed. This caused me some initial anxiety and was challenging. However, I was encouraged to think more deeply about what I was doing and found it a
clarifying and supportive influence. This experience has been absorbed as part of the constructed nature of this thesis.

1.10 SOME DEFINITIONS

A number of different terms are used in the course of this thesis. I offer some definitions and descriptions to guide the reader. Flyvbjerg (2001) reminds us that definitions give distinct meanings which are context specific, but cautions that something essential, like aspects of experience can be lost when summarising, or defining a phenomenon, but this is not a reason not to try (Flyvbjerg, 2001). The definitions offered here are to be seen as tentative, context specific which can evolve with human experience (Rodgers, 1989).

There has been a growing convergence towards eclecticism and integration in the field of counselling and psychotherapy, shown in research interest in the therapeutic relationship as one of the common factors found in effective therapy (Hollanders, 2000). I examine the therapeutic relationship in the Literature Review Chapter. Research evidence demonstrates that there is little substantive difference between the varieties of therapeutic modalities affecting outcomes (Wampold, 2001). Whether counselling and psychotherapy are distinct or similar is a focus of substantial debate in English-language societies. Both positions have sincerely held lines of demarcation. Within and between counselling and psychotherapy there are complex, diverse and fragmentary practices (McLeod, 2013). Context accounts for this multiplicity of working practice. Length of training, personal analysis, use of terms like ‘patient’ and ‘client’, frequency of sessions, modality, humanistic, psychoanalytic, psychodynamic and higher status and pay are some of the factors at play here (Haugh & Paul, 2008). In this thesis there will be a range of uses of these terms. I offer a user-centred definition consistent with my counselling approach:

‘Counselling is a purposeful, private conversation arising from the intention of one person (couple or family) to reflect on and resolve a problem in living, and the willingness of another person to assist in that endeavour.’ (McLeod, 2013: 7).

I also offer a definition of psychotherapy which is similar:
‘It is essentially a conversation which involves listening to and talking with those in trouble with the aim of helping them understand and resolve their predicament’ (Bateman et al., 2000: xiii).

The term therapy will also occur, the BACP website (2015) offering information to the public about therapy says:

‘Therapy offers you a safe, confidential place to talk about your life and anything that may be confusing, painful or uncomfortable. It allows you to talk with someone who is trained to listen attentively and to help you improve things’.

In this thesis I will use counselling as an inclusive concept encompassing psychotherapy and therapy. I will be faithful to my sources’ usage as is appropriate in context and the Literature Review.

1.11 THESIS STRUCTURE

My thesis follows a conventional pattern making this a six ‘strand rope’. This Introduction has described the multiple contexts within which it is set and introduced the research question. Chapter two gives a broad historical, interdisciplinary sweep of the literature on hope and narrows focus to the counselling relationship experience. Chapter three explores the methodology, methods and ethical understanding; a strand throughout the thesis. Chapter four presents a description of and commentary on the findings. Chapter five discusses the findings in the context of the literature review and draws together some of the attributes of hope that have arisen. Chapter six extracts some conclusions from the study, discusses its strengths and limitations and finishes with a personal reflection on my experience of this research.

My approach to writing has been shaped by three experiential factors; confronting emotional responses I experienced, e.g. lost confidence and fear, leading to procrastination (Kearns & Gardiner, 2011), which caused what is known as ‘writer’s block’ (Evans, 2011); developing my knowledge of how to do it to meet academic norms, and a growing sense of myself as a writer (Cameron et al.,
The process of writing and re-writing is untidy, but through it I have created meaning. This has meant owning what I write, and intending to be engaging, interesting, and clear, demonstrating what I have learnt (MacMillan & Clark, 1998). It became clear to me that I don’t know what I think until I write it, the creativity is in the writing, and I am also part of the audience (Richardson, 1990; Richardson & St. Pierre, 2005; Pelias, 2011).

1.12 SUMMARY OF THE CHAPTER

The research I have described responds to an area of counselling practice which has received little attention in the UK. My intention in exploring the counsellor's experiences, and raising awareness of the value of hope in the counselling relationship, is to make an important contribution to UK counselling literature. I have described the multiple contexts within which this study is set and my motivations and intentions in carrying it out. An overview of the thesis presentation and defined terms, are given to guide the reader through this study.

Every user expects the rope to be of good quality, shown in selection of the best materials, in the right proportions, prepared well, to the best advantage for its purpose. Good rope requires “expert workmanship and watchfulness (as) very important factors…and ceaseless attention to the little details” (Plymouth Cordage Company, 1934:63). I hope that my ‘rope’ has done justice to this standard.
FIGURE 1: MY ROPE
CHAPTER 2 - LITERATURE REVIEW


Plymouth Cordage Company (1931:27).

Ridley (2008) argues such a literature review for research purposes has a number of aims related to giving both researcher and reader an understanding of the subject. These include providing a historical background, placing the research in context and showing developed understanding over time. I include a critical discussion of the contemporary research context its concepts, theories, questions and synthesizing arguments. These provide a base upon which my research will be constructed and help in identifying the niche for this research. The choice of these ‘raw materials’ is mine and I outline the criteria for inclusion I have used.

Ridley (2008) also advises having an organisational structure to a review which resonates with the research topic and its literature. I have chosen a four part structure. My focus is on western literature and understandings. I begin by introducing hope in its wider cultural context followed by a brief history of hope from Greek times up to the twentieth century. Secondly, I consider the main contributions to hope research coming in the twentieth and twenty-first centuries which require a more complex presentational structure with elements of chronology. To assist the reader this includes a short summary of the main understandings of hope from various disciplines. This brief historical context gives an indication of the growing breadth of academic disciplinary research interest in hope from the post second world war period right into the twenty first century and arguably against an unstable cultural and political background. The universal and enduring nature of hope in much of western human history I argue lends itself to this approach.

In a third section I consider conceptions of hope found in seminal studies in nursing and psychology, which contribute something conceptually of significance
to our present understanding of hope and have been influential in further research often beyond their discipline; and are representative of a particular insight or understanding of hope. I also draw attention to research which in my view contributes to our understanding but has been neglected in hope research.

In a fourth section I examine recent research exploring how hope is conceptualised and practiced in counselling and psychotherapy. I also look at developments conceptualising the therapeutic relationship which is the context for this study and this will include aspects of the counsellor, self and role and their influence on clients. Recent conceptualisations of the co-existent relationship of hope and hopelessness are surveyed. Additionally, I consider an emerging liminal understanding of counselling and the counsellor. I have to acknowledge that it has not always been possible to keep to these four discrete sections as I would have wished. Finally, I provide a brief summary of the review.

An electronic search of published literature was conducted using the databases PsychInfo; British Nursing Index; Medline; Google Scholar; ProQuest; Hope-Lit Data Base University of Alberta; The British Association for Counselling and Psychotherapy dissertation data base. I also followed up references in papers and books as intuitively seemed appropriate. Key terms used were- hope in – counselling – psychotherapy; hopelessness; hope quotes.

2.1 INTRODUCING THE WIDER FIELD OF HOPE STUDIES

Hope has been researched in many disciplines and a vast amount written particularly over the past fifty years (Eliot, 2005) as I have indicated above. The Professional and academic interest and research in hope have been mainly in the fields of medicine, nursing and psychology, counselling and psychotherapy and mostly in the USA and Canada until recently. There has been agreement between most academic disciplines that hope is a significant concept for research though there is less agreement about what hope is and how it is conceptualised even within disciplines. There is an immense amount of research, for example, on the nature and role of hope in illness. One source identified fifty four definitions (Benzein & Saveman, 1998) and another twenty-six theories (Lopez et al., 2003)
of hope in the health sciences alone. In a review of the literature on hope in psychiatry Schrank et al., (2008) identified forty-nine definitions of hope and thirty-two measurement tools. To consider these is beyond the scope of this review.

Hope has been a theme of poets and writers over time and from different parts of the world and. Hope and related ideas both implicit and explicit abound in the western world e.g. Keats (1817) To Hope; T.S Eliot (1940) East Coker (No. 2 of ‘Four Quartets’); Dickinson (1981) Hope is the things with feathers; Shelly (1810) Song: Hope; and from the eastern world, Sri Chinoy (1973) Hope Abides; from Africa Kunene, (1992) African Language, Literature: Hope and Tragedy.  Hope has also been the subject of paintings. I have selected two paintings, one an allegorical piece by Watts (1886) in the Tate Gallery London called Hope. I provide a brief description from their website. 'Traditionally the figure of Hope is identified by an anchor, but Watts was seeking a fresher, more original approach. He painted blind Hope seated on a globe and playing on a lyre which has all its strings broken except one. She bends her head to listen to the faint music, but her efforts appear forlorn; the overall atmosphere is one of sadness and desolation rather than hope’ (Fowle, 2000).

The other is more recent (2012) by Tatiana (a young person) from Moldova called Planting Hope she was a regional winner in a painting competition. She describes her work ‘My artwork is a symbol of hope that my country’s Medical Care has given me. This stage was soon replaced by light and serenity, as the doctors told me that I will make it, proving the right medicine for me. Now I feel fulfilled, as my disease has been disappearing as days went by. I am now filled with hope, and I am gracious to the Doctors and the Program that stand by me every day’. Tatiana sends a message ‘Don’t stop hoping and expecting the best, since there will always be angels sent from above, in the shape of Doctors, and they will make everything bright for you again! (The Max Foundation, 2014).

In ‘The Impossible Will Take a Little While: A Citizen’s Guide to Hope in a Time of Fear’ (2004:3) Paul Loeb brings together forty-nine extracts from essays, some originally published, others commissioned specially which he describes as ‘a conversation in which some of the most eloquent, visionary and provocative
people of our age explore the historical, political, and spiritual frameworks which have shaped their lives’. It is a sharing of hope as a way of looking at the world.

Averill et al., (1990) in the USA collected figures of speech for hope from books, dictionaries and thesauri of folk sayings, maxims, proverbs, colloquialisms and metaphors in everyday usage, also from miscellaneous sources such as novels and political speeches. Additionally students were asked to list three expressions related to hope. When these sources were combined a list of three hundred was refined iteratively to one hundred and eight and classified into eight basic categories, I quote just two as examples, hope is a vital principle, and hope is a form of support. In their final analysis they draw out four abstract attributes of hope. Hope is difficult to control; hope affects the way a person thinks and/or behaves; hope motivates behaviour; hope is a common or universal experience. They have demonstrated this last point in particular; the embeddedness of hope in culture and everyday language and usage, not always consciously. However, this research can be criticised as it is based in part on American undergraduate psychology students self-reports on their thinking in an achievement related context and they were given course credit for participating. It can be argued their responses to hope reflect their place and experience in the life cycle and the specific academic context. A wider age group may have accessed different personal experience and understanding of hope as a folk concept and been more representative.

Bruininks & Malle (2005:353) also in the USA support Averill et al.’s (1990) research approach in accessing the everyday experience of hope as opposed to an artificial research constructed definition of hope and additionally in their research the psychological attributes of hope. They argue that any research into hope must take into account this ‘well-developed folk concept’ because it arises in part from people’s experience which when understood will have implications for hope considered as a psychological state. However, they also used undergraduate psychology students whose participation partially fulfilled course requirements to access hope as a folk experience. It raises the question as how well acquainted these students would be with hope as a folk experience in their American context. Such selectivity can be seen as placing a limitation on their sampling. Their paper
only references psychological studies. There is no reference for example, to the considerable hope research in nursing which might have widened their conceptual framework. While, therefore these studies can be criticised they do point to hope as a ubiquitous folk experience in culture and human life from the earliest times.

There is widespread agreement in the literature that hope is an essential component of mental health (Erikson et al., 1986; Frank, 1968, 1971, 1974; Lynch, 1974; Frankl, [1959] 2004); effective therapy, (Beavers & Kaslow, 1981; Dufrane & Leclair, 1984; Mitchell, 1993; Buechler, 1995; Snyder et al., 1995, 2005; Hubble et al., 1999; Babits, 2001; Edey & Jevne, 2003; Larsen et al., 2007; Wagg, 2008; Larsen & Stege, 2010a, b; O’Hara, 2013), coping strategies, (Korner, 1970; Carson et al., 1988; Lazarus, 1999; Edey & Jevne, 2003); and a viable human life, (Frankl, [1959] 2004; Vande Kemp, 1984; Weingarten, 2000; Dutney, 2005).

All of these writers conceptualise hope within their own disciplines and in terms of their own theoretical models and define hope within them. Whilst this gives clarity to the aspect of hope their model is promoting it does in fact exclude other attributes and experiences of hope. This restriction highlights the difficulty in considering hope solely from a theoretical or philosophical perspective rather than beginning with lived experience with its potential to offer diverse perspectives. This is the approach which my research has taken. It is possible to lose the individual and nuanced nature of experiences of hope without having a critical reflective stance towards theoretical knowledge and conceptualisation. This will guide my sequenced move through this chapter.

2.2 BRIEF HISTORY OF HUMAN HOPE UP TO THE TWENTIETH CENTURY

With this in mind this review moves to a short history of hope, to set this research in an historical context. The earliest references to hope go back to Classical Greek times and have appeared subsequently in Christian scriptures and other texts; philosophical and theological writings. Whilst I do not examine these in detail they indicate the extent and universality of hope as a human experience which I argue is a factor in my research findings and the argument I make for my approach to hope in counselling. The earliest reference to hope comes from a myth of ancient Greece (Graves, 1992). Campbell (2001:4) says that myths have from “ancient
times.....to do with the themes that have supported human life.....and have to do with deep inner problems, inner mysteries, and inner thresholds of passage”. They hold some meaning. In an age governed by a deterministic understanding of human life, according to Averill et al., (1990) the two versions of the Greek myth of Pandora’s Box, show hope was clearly in consciousness from earliest times and is thought of as evil with unpleasant consequences alongside a natural yearning for things to be different. The dilemma is not resolved. However, as Lynch (1974) points out when everything else has left Pandora’s Box hope is still there, it has an enduring quality. This ambivalence regarding the value of hope to human life recurs in later writings in both philosophy and psychology as we shall see. This review whilst acknowledging hope as a universal human experience moves away from myth and considers the literature which helps understand how hope has been developed within human life, culture and different disciplines.

Our western understanding of hope owes more to the Judeo-Christian tradition than to Greek thought. According to Macquarrie (1978) hope here is seen as a wholly good and positive concept in human life, though how it is understood changes through time. In the Old Testament hope is forward looking and focused in the figure of the Messiah who would come and fulfil the promises God had made (Isaiah 42, 44, 49, 53, The Revised English Bible, 1989) In the New Testament the arrival of the Messiah is seen as the fulfilment of the hope of Israel and became the expectation of a future good as well as of salvation (2 Corinthians 1: 19-20, The Revised English Bible, 1989). This hope was both universal for all humankind but also individual (Macquarrie, 1978). In the thirteenth century the theologian Thomas Aquinas (1967) saw hope as one of the Christian virtues, along with faith and love. It was not a passion but a habit of mind stemming from the emotions. He saw hope as practical, increased by acts of goodwill towards others with a place for the activity of God to infuse human hope. Hope is both an individual attribute and invested in another.

Hope appears to have become a neglected subject for some time as I was not able to find published material written in English originating from between the fourteenth and seventeenth centuries. A number of philosophers writing in the context of the major cultural upheaval known as the Enlightenment and
consequently developed a secularised understanding of hope. Writing in the eighteenth century British philosopher David Hume (1888) saw hope as an emotion arising from a perception of good or evil, (pain or pleasure). He conflates good with pleasure and when something desired is certain he suggests joy is experienced. If such a desired good is uncertain he suggests this is when hope arises. When evil (or pain) is certain, grief is experienced, if uncertain fear arises. He posits fear as the opposite of hope (Muyskens, 1979).

The German philosopher Kant ([1781] 1966) was concerned primarily with the analysis of reason. Knowing of the mind was independent of experience. Emotions such as hope are seen as either positive or negative to the extent that they are contrary to rational thought. Thus hope is good if it leads you to behave morally but like a disease if it leads to immoral or irresponsible behaviour (Muyskens, 1979). Webb (2008) argues that Kant’s question ‘For what may I hope?’ linked to his doctrine of the immortality of the soul was so badly received that it led to a lack of intellectual inquiry into hope.

Later in the nineteenth century the German philosopher Nietzsche ([1878]1986) reacted to the seeming failure of the Enlightenment to change conditions for many people. He saw hope as the worst of evils as it just prolonged human suffering and encouraged delusional thinking by encouraging people not to respond to the reality of a situation, but rather to strive for what was not rationally possible (Muyskens, 1979). Taussig (2002) argues that in his later work Thus Spoke Zarathustra (Nietzsche 1883-84) he modified his thinking with a move from cynicism to hopefulness. His great ability is to see things from an entirely new vantage point (Muyskens, 1979).

This brief and selective survey so far serves to illustrate the place hope has had in western cultural, religious and philosophical thinking as an individual attribute considered up to this point as an emotion. These writers are not all fixed in their views of hope there is a sense of fluidity. It demonstrates that experience of hope is culturally constructed in different historical periods often marked by considerable cultural disturbance. This will become evident as we consider the developments in twentieth century studies in hope. We see also the beginnings of the differential
conceptualisation of hope as emotion, cognition, behaviour and spiritual. The next section will look at how hope has been understood across disciplines within the twentieth century.

2.3 A BRIEF HISTORY OF HUMAN HOPE FROM THE TWENTIETH CENTURY

I begin by considering in more detail three works which have had some influence beyond their own disciplines. Writing on hope emerges during the twentieth century from a particular European social and political context. Large scale political and social changes characterised the twentieth century. The rise of Fascism and Nazism in Europe provides a background and connection to three major works which contribute to our understanding of hope and have influenced subsequent intellectual developments.

Marcel ([1952] 2010) writing in France during German occupation during the Second World War and from a Christian existential position emphasised hope as an experience. He draws on his own experience in the trenches of the First World War as a soldier. He is explicit that he does not want to define hope but rather to start from an experience which he claims all will have of hope. Whilst his approach is more narrative some of his formulations seem to approximate to definitions. He suggests that hope motivates the inner life of a person and can only be known where there is the temptation to despair. Accepting what he calls a trial as a part of oneself is necessary for change to occur ‘by the inner workings of a certain creative process’ (Marcel, [1952] 2010:33).

This ‘certain creative process’ is central to his understanding of hope. For this to be activated a relationship of love is needed which makes possible what he calls ‘the transcendent act’. Hoping is a way of countering an inner determinism which threatens to take over and change the individual. To despair is to determine what the future will be. Hope is a relational and spiritual concept in his thinking. His formulations characterise hope as having time, being open ended, actively waiting, accepting of the reality of a situation but not of fate; not clinging rigidly to an inner self, ideas or projects but sitting lightly to them. The quality of this inner life is marked by an exchange between and within people. Marcel’s conception is
focused on the individual’s hope or hoping though not at the expense of others. There is no sense of a hope for others. This is a development which we shall come to. The importance of his work is the place of hope in the inner life of a person as a dynamic force which resonates throughout hope research across disciplines emphasising its centrality to the human person.

Bloch ([1959] 1986) a German atheist Jew fled successively to Austria, Switzerland, France and the USA, after the Nazis came to power, returning to Germany after the war. He wrote his three volumes about hope from a Marxist perspective after the end of the Second World War and the failure of Nazism and Fascism. Perhaps it is arising from the experience of hopelessness that thinking about hope comes. It seems that context gives shape and direction and impetus to this writing; a kind of seeking for something better. It raises the question what is hope? How are we to understand it? Bloch saw the degree to which hope was a driving force present in each human being throughout their life but it has to be learned. He recognised hope as both personal to an individual and corporate to nations and human kind in human history as well as society in particular. He brings together the individual psychological and societal utopian dimensions of hope for a better world in every human field of interest with a prescription for personal fulfilment and a just society open to change and the future. Hope is no longer just an individual attribute. Bloch used his understanding of Christianity as seeing the world and the future as it could be whilst rejecting its ability to achieve it advocating Marxism as the way to realise it. Muyskens (1979) questions his Marxist view that moving to a classless society will guarantee the happiness of each individual and allow for each individual’s hopes and worth to be realised.

Frankl ([1959] 2004) was a medically trained Austrian Jew. With the annexation of Austria in 1938 by the Nazis his work as a doctor was restricted. In 1944 he and his wife were sent to Auschwitz concentration camp where he was allowed limited medical duties. His wife, mother and brother all died in the gas chambers. He drew on his experiences in concentration camps during the Second World War observing that the absence of hope affects both physical and mental health and without hope for the future a person dies. He held to his belief that whatever his captors did to him they would never destroy his inner life with its values, feelings
and freedom. This is central to his understanding hope as the search for meaning in a person’s present circumstances and relationships with others. According to Frankl this search is directed by a will to find meaning and a freedom to determine attitudes, actions and experiences. This creation of meaning he sees as unique to each individual. Lantz (1986) understands Frankl as advocating that life has an intrinsic meaning contrasting that with views that life has no meaning but a decision is made to live as though it has. In both views a creative or constructed process can be seen at work. Building on his experiences Frankl developed Logotherapy as a means to help clients find the meaning of their life, lack of which he saw as the source of their problems. He sees frustration in this search for meaning not as pathological but a sign of being truly human. It brings the knowledge that what is valued may be achievable in the future. He points us to an understanding of hope as a part of what it means to be human. This search for meaning is found to be a factor in later conceptualisations of hope.

Whilst having different starting points, Marcel Bloch and Frankl converge at a number of points. Hope is a common human experience, a deep inner propensity of the individual to hope. The context has a bearing on the type, strength and possibilities hoped for. Hopes arise from the desire for something better in life often in adverse situations acceptance of such realities is tempered with an attitude which says ‘there is more to life than this’. They diverge on the uses of hope for the individual and society.

2.4 SOME HIGHLIGHTS OF HOPE IN OTHER DISCIPLINES

Within two decades of the end of the Second World War we begin to see a growing interest in hope from a breadth of disciplines which has continued into the twenty-first century. This period has been marked by the ‘cold war’ and war in every decade since 1950, affecting many parts of the world; here are just a few examples: Korean War, 1950-1953; Vietnam War, 1959-1975; Ethiopian Civil War, 1974-1991; Insurgency in Jammu and Kashmir, 1989- ongoing all creating social and economic instability (‘Wars Fought Since 1945-2010’ 2015). This research has focused on philosophical and theological development, conceptual, theoretical constructs designed to understand hope’s origins and functions or uses in
disciplines and practice purposes and exploring human experience. I set out an illustrative selection first from historical, theological and anthropological fields.

Webb (2007) in the UK seeks an historical perspective, reviews the literature on hope over a half century and identifies little interdisciplinary discussion of hope. He tries an interdisciplinary approach but only looks at anthropology, philosophy, politics, psychology and theology and strangely ignores nursing. He finds hope has been regarded as undifferentiated in experience and advocates it be thought of as universal and that it can be experienced in different ways, but needs to be seen in the context of past, present and future.

In the German theologian Moltmann’s (1967) writing we see a movement which reacted strongly against the privatised and individualistic approach to hope found in Marcel’s Christian existentialism drawing heavily on Bloch’s ([1959] 1986) secular analysis. Christian hope in this new understanding was about hope for a future in this life. His vision of a new and radical future required a ‘passion for what has been made possible through the event of Jesus Christ in the world’ (Moltmann, 1967: 20). Hope in his view takes these possibilities seriously with the reality of life’s significant difficulties. Webb (2008) enlarges this societal dimension identifying a complex relationship between Christian hope and concepts of utopia and explores both as a system and a process in Utopian Studies.

Dutney (2005), also within the theological field in Australia, develops this sense of what is possible for the individual by contrasting the experience of despair as a closing off of possibilities with awareness and feeling there is a way through the present difficulties. He sees this as more than a vague feeling that things will turn out for the best. For Dutney, the person who experiences hope is intimately involved in the process of the difficulty they are facing. Hope here is related to their intimate self and the deepest sense of what is meaningful and fulfilling and can lead to inner change. He argues this personal engagement can result in the person not defining themselves by their problem with the realisation that there is more to them than these present circumstances. Dutney’s work does not specify how he arrived at these theological reflections. They appear however, to be very person centred (Rogers, 1951) and it is possible they are based on his pastoral
experience. Indeed, we see here strong resonance with some of the purposes of counselling.

In Anthropology Zigon (2006, 2009) based in the Netherlands, explores Muscovites’ experiences through in depth interviews, in what he calls an ethics of hope with two temporal aspects. First, he finds it as a background attitude which perseveres through the everyday routines of life and sustains what has already been achieved. Secondly, it is characterised by an active quality identified as the conscious reflection on the kind of person they are becoming in the face of perceived ethical dilemmas and ‘moral breakdown’ in their life in post-Soviet Russia. This includes hope sustaining them through the inevitable difficult moments of social and personal life. (Zigon, 2009; 254). These papers are important because there are very few studies which focus on hope in the setting of everyday human experience as opposed to research contexts such as illness or counselling.

This experience of hope sustaining present life as a coping strategy is supported by Carson et al., (1988); Lazarus, (1999); Edey & Jevne, (2003); and O’Hara & O’Hara, (2012) in psychological research. His second attribute, reflecting and envisioning a future in spite of significant social difficulties, the search for a viable human life finds resonance with Frankl, (1959, 2004); Vande Kemp, (1984); Weingarten, (2000); and Dutney, 2005 in the multi-disciplinary research literature.

2.5 HOPE IN PROFESSIONAL AND APPLIED DISCIPLINES

I now move to consider noteworthy research into how hope has been practiced and constructed for particular purposes within disciplines. The origins of professional interest in the concept of hope in medicine seem to date back to an influential paper by Menninger (1959) to the American medical and psychiatric world. His purpose was to raise awareness, encourage research and create a climate in professional circles in which it is acceptable to talk about hope and use it. He believes it to be both enabling and transforming but given by a doctor to a patient, suggesting it is heavily medicalised. Interestingly, his writing in non-
scientific terms seems to suggest an approach more art than science is being advocated.

In a UK led joint study with the USA, psychiatrists (Schrank et al., 2008) have recognised hope as a component in recovery and reviewed hope literature particularly in psychiatry with a view to seeking conceptual clarity and methods of measurement which would help predict the value of hope in clinical work. Hope and hopelessness were seen as diagnostic concepts. Interestingly, they focussed their review mostly on quantitative research and seem to be operating in a positivist framework consciously excluding from their review any sources advocating a spiritual dimension. This appears as a further example of the tendency to medicalise hope.

In contrast doctors working with patients in the USA, at the end of life or with life limiting conditions recognise hope arising from the personality of the patient and their families and the influence of past experience, and beliefs in the construction of the future. They see the influence of physicians, as helping to maintain or restore hope (Brooksbank & Cassell, 2005). This change in tone is captured powerfully by Srivastava (2011:1213), suggesting that ‘medical paternalism’ is slowly coming to an end. He advocates that doctors working with cancer patients need to find ways of opening up difficult subjects like withdrawal or limitation of treatment and choice of methods along with patients’ personal thinking about life and death. My own experience in a teaching hospital finds agreement with Srivastava (2011) in palliative care but not in general medical care; ‘medical paternalism’ is still experienced. Olver (2005) reflecting on hope in a medical setting questions how it is defined and from whose point of view. He argues for nuanced thinking about finding the line between presenting hope in a way which prevents harm to a patient but could in practice distort the truth of their situation and future. Hope seems to be conceptualised as a process.

Within the field of education two studies from the UK identify two attributes of hope, senses of cohesion and achievement. Scherer (1998) in a conversation with Herb Kohl, an author and educator discusses his approach to developing hope for students. He advocates an attitude of respect and the creation of a learning
community characterised by curiosity and creativity. Such an educational environment, he suggests can nurture a sense of belonging, instil self-worth, and help students’ develop their own opinions and encourage an imaginative future which is hopeful. This does seem to be based on a view of hope as predominantly an emotion. However, he seems to advocate engaging the whole person of both teacher and student as necessary to experience hope.

Egan & Butcher (2009) see hope as essential to the practice of education. It is conceptualised cognitively as making goals and the means to achieve them, which when achieved can have a positive effect on hopefulness in other areas of life. Nine references out of eleven in this paper are to the work of the psychologist Snyder, discussed elsewhere in this review, the two remaining are also cognitive and problem solving references. Such emphasis on goal attainment may risk losing the experience of hope as an emotion and a motivator. However, I would argue that this paper and that of Scherer (1998) do demonstrate the interrelated nature of hope as involving thinking and feeling.

The worlds of management and retail in the UK have particular interest in the behavioural dimension to hope for both individuals and organisations found in Leadership, Management and Organisational Studies. Ludema et al., (1997:1021) used a constructionist approach to creating ‘vocabularies of hope’ by which they mean using language positively to create relationships with possibilities and ethical conversation, thus creating a range of practical and theoretical resources to support healthy social and organisational relationships. They made an extensive review of the western literature available on the topic of hope from the fields of theology, philosophy, medicine, psychology and sociology. Early nursing literature appears to have been ignored. They do not specify their method for selection of themes although they reference Glaser & Strauss, (1967). They identify four qualities of hope: it is created in relationship; the future is open and can be influenced; is sustained by dialogue; and creates positive emotions. They offer a conceptual framework for creating forms of socio-organisational inquiry designed to support the growth of hope as a significant resource. Its purpose is to identify and advance the most positive aspects of social and organisational aims and
direct them to a future which also explores the hopes and aspirations of organisational members. Hope is seen as future oriented and aspirational.

Helland & Winston (2005) have several aims in this conceptual paper: building on existing theory concerning motivation, goal setting and pursuit as applied in leadership studies they identify common links with hope theory as developed by Snyder (2002). Secondly, they review recent leadership concepts which include hope as a component. These include spiritual leadership, Positive Approach to Leadership (PAL) and Authentic Leadership. They rely on a predominantly cognitive conceptualisation of hope and emphasise it as a personal characteristic, state or trait of the leader. There seems little understanding of the relational dimension of hope as found for example, in nursing literature, which they do not reference. This places a limitation on their study and for me the view of leadership seemed idealistic and ungrounded.

MacInnis et al., (2005) present a conceptual paper designed to explore the relationship hope has to consumer behaviour, marketing strategies and public policy. Two examples from their paper illustrate how marketing can be used to induce and enhance hope. One implies the possibilities of what a product may achieve commensurate with the consumers’ goals and designed to create a yearning for the product. A second is suggesting the possibilities of what a person may achieve, through realisation of a degree of personal control that a desired outcome is possible thereby reducing uncertainty. These they call tactics designed to stimulate hope which they seem to regard as both cognition and emotion in the service of product promotion. Hope here it seems is being used to affect consumer choice, attitudes and behaviour.

Desroche (1979) the French sociologist analysed hope as a social phenomenon and the stimulus for various categories of millenarianism and utopian experiments which are now more social in character with a common aim to promote the perfect society. Hope is seen as a multifaceted experience in community with the potential to transform or generate social innovation. Amsler (2006:1) a sociologist writing in a UK context much later, identifies a growing pessimism and hopelessness about the human condition in capitalist societies with hope marginalised and even
opposed. She argues for hope as a significant sociological category and begins a
dialogue between what ‘Is and what Might Be’ with the intention to encourage the
development of a theory of collective hope for sociology (largely unexplored)
particularly as a means of social change. She advocates re-considering hope and
its significance for informing and inspiring socio-political practices. She
acknowledges her work is exploratory and designed to create discussion within
her field.

We see a further example of hope being developed for particular disciplinary
purposes. Lueck (2007) in the USA critiques the two main theories in the sub
discipline of environmental sociology, which she sees as being in opposition: eco-
Marxism, focused on the problems and pessimistic; ecological modernisation
focused on solutions and optimistic, neither she argues are effective. She argues
for the integration of collective hope, understood as existing within groups in
society who share a desire for a better world through an agreed set of goals
sustained by hope that improvement and/or change in the environment is possible.
She advocates the study of mechanisms for environmental change which must
include hope.

The origins of hope have provided scope for theoretical and conceptual reflection
in three areas biology, psychology and neuroscience all from the USA. From a
biological perspective hope is seen as evolutionary found in the body and
therefore in human nature and a component in human action (Tiger, 1979, 1999).
Tiger explores biological aspects of ideas and moods drawing on work in
anthropology, psychology and research. He asserts that it is basic to human
beings to hope, to prefer the positive to negative in their lives and create desirable
outcomes so he discusses the physiology of hope in work which today we might
consider as assertive. A conceptual difficulty in Tiger’s work is that he treats hope
as being nearly identical with optimism.

The embodied nature of hope was identified by Cousins (1989) who states hope is
not just a mental or cognitive state; as an emotion it can produce physiological
reactions which affect the body’s immune system; learning to work with this he
argues is a factor in health and illness. He established that laughter reduces pain,
raises the threshold of discomfort and in raising salivary immunoglobulin-A helps fight respiratory infection. He advocated integrating humour in treatment. His book is a personal account of how he overcame severe illness and he describes how helpful a collaborative relationship with his doctor and positive attitudes were in his recovery. Subsequently he interviewed hundreds of doctors, and patients on their experiences of what aided recovery and combined that with research into the human immune system. This he suggests demonstrates his conceptualisation that a positive outlook and a strong relationship with a doctor help produce biochemical reactions in the body. These reactions can reduce pain in illness and improve survival rates. These he argued produced hope for the patient and the doctor. Lyons (1993) points out how he was much derided as a non-scientist for his work on the basis of its lack of scientific rigour. However, over time he helped create both acceptance and legitimisation of such integrative perspectives and founded an important psychoneuroimmunology research programme.

Gottschalk et al., (1993:271) in an exploratory study investigated the relationships between measures of hope and hopelessness derived from examination of speech using content analysis and ‘localised cerebral glucose metabolic rates during silent, wakeful mental activity’ in a group of ten normal young males; normal is not defined. Using brain scans they identified hope and hopelessness (which they call psychological states) as involving participation in areas of the brain that deal with functions of cognition, language, perception, vision, audition and emotions. Levels of cerebral glucose metabolic rates were seen to correlate differentially with the measures of hope and hopelessness, respectively, derived from the content analysis of the participants’ verbal reports. They seem to be saying that the brain is able to discriminate between hope and hopelessness but are unclear as to whether these are to be considered as in opposition or in some way psychodynamically interrelated. They offer their results for further replication and to help develop theory on how hope and hopelessness function in the brain. I found their terminology confusing, for example, using positive hope and negative hope and sometimes hopelessness. They only reference one psychotherapeutic study on hope and there is no definition to which they seem to work. The methods section does not comment on the content analysis used. Despite their
recommendation for replication of their work I could find no published follow up studies.

Erikson (1965) in his eight stages of development in the life cycle sees hope’s origins in the first cycle as an instinctual response which is developed by the mother through the quality of her reliability and responsiveness to the infant; helping it learn about trust and mistrust in a mutual relationship he sees as the source of hope. The experiences of both help hope develop throughout life. He maintains the mother brings to this her own experience of that relationship as an infant and whatever helps sustain her in balancing a trust in life with a realistic awareness of its uncertainties in her own life. He is one of the first to offer a conceptual understanding of the origins of hope placing it in the life cycle.

Erikson et al., (1986) research into how older people work with their past histories whilst living in the present showed how they linked hope with generativity, placing hope in their families and especially in the younger generation. The relational attribute of hope with a forward looking disposition over the life span is balanced with hope for and in others.

These disciplinary studies from a wide academic field indicate the level of interest in and developing understanding of hope. This disciplinary context determines the purposes of their research and the use hope is put to. They do not provide definitive understandings or experiences of hope, rather conceptual insight into contextually determined human experiences. However, I argue that in isolation they cannot provide a comprehensive conceptualisation of hope across the human life span and experience. Nevertheless, I argue these studies show some clear consistency with some attributes of hope: it is relational, it has a forward looking dimension; it sustains in the present; it is both a personal experience and a communal one; it involves the search for meaning; it can be experienced cognitively, emotionally, behaviourally and spiritually. The next section examines significant research into some of these dimensions which have been so influential in hope research in counselling.
2.6 CONCEPTIONS OF HOPE IN NURSING AND PSYCHOLOGY

In this section I consider major conceptions of hope of particular significance in fields related to counselling. I provide an overview of their theoretical underpinnings from nursing and psychology, drawing on seminal papers and written works that have been influential within and beyond these disciplines. My criteria are papers that contribute important insights into the understanding, definition, experience and attributes of hope. They broaden our understanding and have been widely used as a basis for further research in hope in therapy.

2.7 HOPE STUDIES IN NURSING

References to hope and its importance abound in nursing literature. It is perhaps not surprising that are we more aware of hope when health is threatened. Nursing scholarship has focused on trying to understand hope and create knowledge which can inform nursing practice. A number of writers have conceptualised hope as multi-dimensional. The first serious research to examine the concept and processes of hope is found in a seminal paper by Dufault and Martocchio (1985) from the USA. This participant observation research collected clinical data from cancer patients and the results were generalised in a parallel study with terminally ill patients. They established that ‘hope is a multidimensional dynamic life force characterised by a confident yet uncertain expectation of achieving a future good, which to the hoping person is realistically possible and personally significant’ (Dufault & Martocchio, 1985:380). It is in their view not one-dimensional or trait oriented. They distinguished two spheres. The first was a generalised hope which held a sense of some future beneficial development; an outlook which makes everything worthwhile; a hopeful disposition. Later researchers would conceptualise this as hope as a trait, an approach to life (Averill et al., 1990). However, Dufault & Martoccio, (1985) only reference their own respective doctoral dissertations, a conference presentation and a self-written book. They have it seems not drawn on sources within these which may have supported or critiqued their findings.
Secondly, particularised hope focused on an object which is concerned with what is most important in a person’s life. This was later conceptualised as hope as a state; the present feelings about a situation which may fluctuate over time (Farran et al., 1995; Snyder, 2002). If such a particularised hope is not realised they found, it is the generalised sphere of hope which will sustain the individual whilst seeking new objectives. Their delineation of six dimensions to hope, affective, cognitive, behavioural, affiliative, temporal, and contextual, established hope as part of the experience of being human. Whilst breaking new ground in understanding hope their work arises from a specific ill-health context with an interventionist approach. Its focus is the individual’s hope for themselves. Their definition seems to assume that a future good will be achieved. Whereas this can be part of the experience of hope in some contexts it is not the total experience of hope. Hope can be experienced even when the future is bleak and very uncertain (O’Hara & O’Hara, 2012; O’Hara, 2013). It is important to recognise that the specific context for their research like that in many health science studies is the experience of hope when facing cancer, end of life, or life limiting conditions in which pain is a factor, provides a nuanced understanding. In general counselling the specific context may be different and affect the kind of experience.

Stephenson (1991) in a USA nursing context conducted a seminal review of fifty-seven papers on hope and used concept analysis to try to clarify the concept to develop nursing knowledge and interventions. It is a strength of this paper that she draws on literature from philosophy, psychology, theology as well as nursing to determine how hope was used contextually. She sees hope as a basic response that is essential for human life and found ‘hope can be defined as a process of anticipation that involves the interaction of thinking, acting, feeling and relating, and is directed towards a future fulfilment that is personally meaningful’ (Stephenson, 1991:1459). This definition is broader and flexible and introduces the concept of what is personally meaningful. However, it too is focused on the individual’s hope for themselves and does not allow for a corporate response or hope to be experienced for others. It is however, a definition that is used as a basis for research in both health sciences (Eliott & Olver, 2002) and counselling and psychotherapy (Howell & Larsen, 2015; Larsen et al., 2014; Flesaker & Larsen, 2012; Larsen & Stege, 2010a & b; 2012)
It is hard to underestimate the contribution that these nursing studies have made to hope research. Whilst Dufault and Martocchio (1985) focused on producing knowledge for use in nursing practice, their multi-faceted understanding of hope as capable of being holistically experienced in both particular and general ways has provided a spring board for hope research across the academic field. Stephenson’s (1991) consolidation of existing and sometimes contradictory hope studies in nursing produced conceptual clarity and a definition which has guided subsequent hope research in many disciplines particularly counselling.

2.8 HOPE STUDIES IN PSYCHOLOGY

In psychology there has been criticism that for a long time the emphasis was on the negative or pathological in human beings especially emotions and that more research was being conducted into negative emotions than into positive (Eliot, 2005). In counselling research focus was more on the tragic and negative not on happiness or joy (Speed, 2008). Here I consider how hope has been understood, defined, described and conceptualised within psychology and as applied to counselling and psychotherapeutic literature.

The most systematic and sustained psychological research into hope comes from the work of Snyder in the USA who in contrast to nursing conceptualises hope as uni-dimensional and essentially cognitive; emotions playing an important but secondary role. He has produced some forty four articles in peer reviewed journals, (e.g. 1995, 2002; Snyder et al., 2005,) a book on the psychology of hope (1994) and chapters in edited books. His theory defines hope as “a cognitive set that is based on a reciprocally derived sense of successful (a) agency (goal-directed determination) and (b) pathways (planning of ways to meet goals)” (Snyder 1995:335). He has developed scales for both adults and children to measure hope as both a trait and a state. The main focus for this work has been academic attainment, athletic achievement, physical health and psychological adjustment and psychotherapy. He reports that his research consistently shows that higher hope is related to better outcomes in these areas.
His theory has spawned a considerable amount of research. I would however, be cautious about his claims as to truth. Snyder’s work shows little reference to research into hope in other disciplines. This has a narrowing effect in his conceptualisation. The major criticism of his theory is that in his terms it equates hope with successful agency. Lazarus (1999) criticises this position arguing that it is possible for someone to hope even when they are unable to affect the outcome; the sustaining attribute identified earlier. Lazarus (1999) agrees ways to achieve desired goals (pathways) and the motivation (agency) to use those pathways can facilitate hope through problem solving activity. It is not however essential to hope. Hope is more than problem solving, it can be an emotional experience and a motivator outside of thinking as Buechler (1995) also found. Snyder’s conceptualisation has the effect of psychologising hope something my research argues against. I could find no published response from Snyder (1995) to Lazarus’ (1999) criticism; it still therefore stands. Snyder’s cognitive approach is widely used in CBT and similar approaches and it resonates with goal setting and expectation found in approaches to counselling. His theory relies on the individual having perceived control over an outcome and the motivation to reach their goal, without this it seems there will be little hope. I argue that many clients coming for counselling lack this control and motivation which is why they come. His theory perhaps reflects the dominance of a positivist paradigm in psychological research in the United States with a cultural emphasis on the right to individual happiness.

In comparison to Snyder’s theory Weingarten (2000) writing from a family therapy and feminist perspective in the USA, develops hope as relational and having a community context. She draws on the African philosophy of Ubuntu with an emphasis on the self in community. She sees hope as being not just a feeling but rather something people do. If someone does not feel hope then it is the responsibility of those who love that person to do hope with them. “Hope is something we do with others. Hope is too important-its effects on body and soul too significant-to be left to individuals alone. Hope must be the responsibility of the community” (Weingarten, 2000:402). The emphasis on the community first and individual second counters a western view of individual first and community second yet has a strong resonance for the shared experience of hope. This seems to be more than just holding hope for someone; it has an active quality which may
lead to hope being shared. Her conceptualisation is for human relationships generally and not specifically therapeutic. This relational attribute of hope for others is identified by a number of researchers in the counselling relationship and process (Beavers & Kaslow, 1981; Menzies, 2001; Bergin & Walsh, 2005; Flaskas et al., 2007; Larsen et al., 2007; Hollis et al., 2007; Howell & Larsen, 2015).

Hope is also conceived as an emotion. Averill et al., (1990) in a USA psychology context see hope as in part a socially constructed pattern of internal behaviour and argue that cultural variations indicate the part socialisation plays including subjective behaviour; it is culturally relative. Their theory allows for the influence on emotional reactions of biological factors and individual development. These would include the individual’s immediate context, e.g. in counselling what they are facing, their own personal history, values and future intentions. They argue that this helps to account for differential individual responses in similar circumstances and culturally diverse contexts. Hope as an emotion they found is difficult to control and affects thoughts and actions and motivates behaviour. This concept of hope as a socially constructed emotion is supported by data from research participants who are psychology undergraduates who gained course credits for participation. As with other studies cited, the reliance on psychology undergraduates can be viewed as problematic. Foot & Sanford (2004) have drawn attention to ethical concerns about the potential risk of coercion with pressure to participate which may deny freedom of choice and further risk influencing research responses of individual students. This they acknowledge is very difficult to evaluate.

These conceptions of hope arise within disciplines and particular research paradigms. This focuses the attribute of hope they are exploring and offers a partial view of hope. Some claim no more than this. Some have defined hope within their modality and claim this as definitive. A progressive understanding of hope, also found in the work reviewed suggests we should be careful about such claims as to certainty. The next question is how hope has been researched and experienced in therapeutic work.
2.9 HOPE IN COUNSELLING AND PSYCHOTHERAPY

In this review’s final section I now turn to consider specifically research into hope within the therapeutic relationship; how it has been conceptualised and practiced; research concerned in part with process. I also consider the identified close relationship between hope and hopelessness. Hope is seen as arising from the therapeutic relationship in four ways: qualities present in the counsellor, things the counsellor does, changes in the client’s thoughts feelings and behaviour, and what emerges between client and counsellor.

Hope is one of four common factors identified in all forms of therapy as contributing to therapeutic change. Lambert (1992) identified these as: extra therapeutic what the client brings from their personal life, family, work, social networks; hope, expectancy and placebo; model or technique; and the therapeutic relationship. Asay & Lambert (1999) in a meta-analysis allocated percentages in terms of therapeutic effectiveness as follows: therapeutic relationship, 30% extra therapeutic, what the client brings 40%, expectancy and hope, 15%, model or techniques, 15%. This approach has been criticised as implying that these factors are independent and capable of operating alone. Hubble et al., (2010:34) argue that these common factors ‘are interdependent, fluid and dynamic’ and allocating fixed percentages denies this. Research has, for example, established that hope is experienced relationally and separating it from the therapeutic relationship is artificial (Larsen et al., 2013; O’Hara, 2013).

Hope has also been conceptualised as relational and experienced in that context through shared experiences with others, including the counselling relationship as an interpersonal process (Beavers & Kaslow 1981; Weingarten 2000; Menzies, 2001; Bergin & Walsh, 2005; Flaskas, 2007; Larsen et al., 2007; Hollis et al., 2007; Larsen & Stege, 2010a & b; O’Hara, 2013). The ways in which this happens is less understood. Two researchers draw our attention to differing views as to whether hope should be considered explicitly (Edey & Jevne, 2003) or implicitly (Cutcliffe, 2004) in counselling work. Edey & Jevne (2003) writing from a person centred and integrated perspective in Canada advocate a “hope-focused” approach in which client and counsellor agree to work with hope intentionally and explicitly. They take
a developmental stance, helping clients to learn about and nurture their own hope during the counselling process conveyed with ‘the language of “yet”, “when” and “I believe”’ (Edey & Jevne, 2003:49). However, their insistence that both client and counsellor must possess hope for counselling to be successful is challenged by the nuanced and fluctuating nature of hope found for example in Larsen & Stege (2010a & b). Some have gone as far as developing hope therapy (Lopez et al., 2000; Lopez & Snyder, 2003) using hope theory derived from Snyder (1995) and applying forms of cognitive-behavioural, solution-focused, narrative and ‘hope reminding’ interventions. The focus it seems is on progressing hope rather than working within the clients’ frame of reference.

2.10 HOPE RESEARCH IN COUNSELLING SESSIONS

Cutcliffe (2004), a nursing researcher in Canada in his grounded theory study of hope inspiration in bereavement counselling (which I referred to in the Introduction), advocates it should become a core condition, consciously building on Rogers’ (1951) theory of the necessary and sufficient conditions for therapeutic change. His theory seems to place all the responsibility on the counsellor as one who ‘tops up’ the clients hope but without explicit talk of hope. Such explicit introduction of hope he thinks could be seen as the counsellor’s agenda and thus counter-therapeutic. Significantly he states there will be no hope for the client unless the counsellor brings it; it appears as very therapist centred. I am not convinced by his argument; previous research (Roche, 1996; Helm, 2004; Rodrigues-Antonucci, 2006) finds that when a client enters counselling at some level they are already investing some degree of hope in the counselling process (or the counsellor), as a wish to feel differently, though it may fluctuate in strength. They argue the counsellor’s task is to work with and nurture that hope. I do not think Cutcliffe’s (2004) theory is different from or adds anything new to Roger’s (1951) theory.

Larsen et al., (2007), Canadian hope researchers advocate an approach which combines both implicit and explicit uses of hope. They suggest “that hope and working with hope be considered more a conversational process than an outcome” (Larsen et al., 2007:406). During this process both client and counsellor “may
position … [themselves] with either an implicit or explicit focus on hope. Subtle nuances may also begin to become apparent as the relative degrees of explicitness or implicitness in the way in which hope is approached may vary” (Larsen et al., 2007:406). This approach does seem to reflect and ring true to my counselling experience of the complexities of the counselling relationship.

Further significant research has developed this conception (Larsen & Stege, 2010a, 2010b,) breaking new ground, investigating how psychotherapists understand they are using hope focused practices and interventions in therapeutic sessions using Interpersonal Process Recall (IPR). Participants individually viewed playback of video-recorded therapeutic sessions with a researcher in which they could identify hope interventions and reflect upon their work. In this two part study with hope educated psychotherapists they found in study one (Larsen & Stege, 2010a) that interventions were implicit, i.e. the word hope was not used openly. These practices, in the context of trying to create a supportive co-operative relationship included witnessing their clients’ pain and hopelessness; focusing on the clients personal resources; and encouraging a change of perspective. They acknowledge that most of these are already well recognised as helping build the therapeutic relationship. The difference they suggest is that their study is one of the first to connect these practices in therapy to hope. I do question how conscious participants were aware of implicit hope when in session.

In study two (Larsen & Stege, 2010b) using the same methodology found hope to be explicit in dialogue, usually initiated intentionally by the therapist to move away from problem-centred conversation. These interventions included focus on the clients’ hopes for future intentions and possibilities for themselves; encouraging hopeful behaviour; reminders of previous hopeful successes; exploring embodied feelings of hope; discussing clients’ relationships which give or threaten hope; and teaching clients about hope. An explicit focus on hope has been the subject of serious unease from some researchers (Hanna, 2002; Cutcliffe, 2004), recognising the danger of introducing the therapists’ agenda and being counter-therapeutic. Bozarth & Motomasa (2008) remind us that researchers’ assumptions can influence their direction and conclusions. At times I felt that this research with psychologists using psychotherapy was in danger of promoting hope.
This IPR approach sometimes felt self-fulfilling as a research emphasis on the immediacy of hope in therapeutic sessions risks masking what the client brings. A much neglected paper from the UK by Bergin & Walsh (2005) writing about psychotherapy with older people adds an extra dimension taking a developmental perspective of hope locating it in the context of a client’s personal life history. This includes their experience of hope in their past. This approach they suggest allows hope to be understood by client and counsellor in terms of what may be possible therapeutically. They ask where is hope for change through counselling invested. Is it in the resolution of inner conflict or in the acceptance of a good enough future? It is possible in context it could be both. Age as a context for hope research has received no attention apart from this paper that I could find.

A paper by Larsen et al., (2013:475) explores factors Canadian psychologists identify as influencing their hope in a therapeutic session. It is important to note that all participants were psychologists who had had ‘formal hope education’. Their findings included the psychologist influence on their own hope; the client’s influence on psychologist hope; and psychologist’s hope within the therapeutic relationship. In this latter category there were three elements: a sense of being connected with the client with a hope for a good outcome; experiencing the client’s hope and hopelessness; a sense of shared responsibility and hope. I was especially concerned at the interventions some participants used to explicitly introduce hope with a client to keep their own hope alive thus it seemed to me stepping outside the client’s frame of reference. That said this research is I think the first to look at how therapists use hope in this way. It contrasts with my research study focused on the counsellors’ experiences of hope, asking a more nuanced question. The importance of therapist hope for their clients is supported by research which found that such hope for and in their clients was associated with better outcomes, and surprisingly more so than clients’ own hope (Coppock et al., 2010) though they acknowledge this requires further research.

2.11 HOPE AND HOPELESSNESS

Larsen et al., (2013) in drawing attention to the importance of a therapist’s hope identifies a common assumption that therapists have an infinite amount of hope
which is always available (Koenig & Spano, 2007; Cutcliffe, 2004). Larsen et al., (2013) found that psychologist participants’ levels of hope fluctuated during sessions. One of the factors affecting fluctuating levels of hope is the relationship between hope and hopelessness closely identified in the literature. Hope is seen as arising in circumstances of adversity or suffering i.e. in its absence (Marcel, [1952] 2010; Farran et al., 1995; Flaskas et al., 2007). However, it is conceptualised in different ways. They are often presented as opposites, in an either/or relationship deeply rooted in everyday language. This can be expressed as a person with high hope having low hopelessness and vice-versa, for example in a nursing context Farran et al., (1995) and in psychology Snyder (1995). More recent research has identified hope and hopelessness in therapy as co-existing in a complex dialectic with contradictions where bleakness sits with expectations of life and the freedom to ask the question, is life worth living (Flaskas, 2007; O’Hara, 2011, 2013). Flaskas (2007) also draws attention to this complexity and its implications for therapists, arguing for a balance or acknowledged distribution of hope and hopelessness. Bergin & Walsh (2005:7) writing in the context of counselling with older people advocate helping clients learn to balance the difficult parts of life with the satisfying and so develop a sense that life is ‘good enough’. This all resonates with me as a counsellor and my practice experience.

The terms despair and hopelessness are used synonymously in all of these writings. This synonymous use of terms like hopelessness and despair has some consequences for how hope is understood by some therapists within different modalities. Omer & Rosenbaum (1997:232), writing from a psychoanalytic view, for example are explicit in suggesting that hope can be a disease, (a view we found earlier in Greek myth and some philosophical writing e.g. Nietzsche), partly because of its unlikely achievement but also when it leads to a disparaging attitude towards the present, rigid attitudes and behaviour. They strongly advocate helping clients to let go of their hope and begin “the work of despair”. They suggest that focusing on their hopes clients keep missing what is in their experience. Letting go, for example of a desire for a life as it was they describe as freeing a client from bondage to their future. Despair they see as active in therapy not a passive resigned state of despondency. However, many writers also advocate the need to work with despair but also with realistic hope (for example Babits, 2001; Tantum,
2002; Beste, 2005; Bergin & Walsh, 2007; Hollis et al., 2007; Wagg, 2008; Larsen et al., 2014). Omer & Rosenbaum’s (1997) view could be interpreted as having realistic hope for a future based on an acceptance of the present. It could still be seen as working with hope. There seem echoes here of Hollis et al., (2007) warning of the danger of projecting premature hope before a client is ready.

Counsellors having to contend not only with hope but also despair and realistic and unrealistic hope all point us to the importance of the therapist’s own hope. To try to understand therapist hope O’Hara et al., (2013) in a rare UK exploratory study examined the construct of differentiation of self to see if it might be related to hope as a therapist quality. According to O’Hara et al., (2013) it is the ability of a person to maintain a clear sense of self whilst exposed to an emotionally charged relationship. They examined it in relation to a hopeful disposition and found a strong correlation. They found the higher a person’s sense of differentiation the higher their level of hope was likely to be. It does seem to imply that this level of differentiation of self is a constant. Interestingly, they found that participants whilst acknowledging the importance of hope in therapy were not conscious of it as they worked. These researchers categorise hope as a subliminal experience. It seems to be an implicit assumption to some of these research approaches that hope arises solely through the counsellor in therapeutic sessions. Hollis et al., (2007) identify sources of hope for the client can be found outside the therapy room in family, friends, spiritual beliefs, symbols, metaphors and in memories of previous experiences of hope.

2.12 HOPE RESEARCH WITH CLIENTS

The research reviewed so far has focused on the therapeutic relationship and the therapist. I note that the client is regarded as the first common factor linked to positive therapeutic outcomes (Haugh & Paul, 2008). In a further study using IPR Larsen & Stege, (2012:47) asked what influences clients’ sense of hope during a single session early in the counselling process and how was it done. They identified three main categories: ‘a hope-fostering counselling relationship, supportive identity development and perspective change’. Factors in the counselling relationship included feeling safe and accepted, feeling heard and
understood, and feeling the counsellor was engaged with them. Factors in supportive identity development included being helped to make changes in the way they saw themselves through a sense of personal control, developing self-awareness, and hope experienced in their bodies, and feeling their self-worth. Perspective change included becoming aware of personal strength, being able to see new possibilities, talking intentionally about hope, reframing ways of thinking. Through these factors clients were saying that their hope became apparent. I note that all the counsellors participating in this study had been chosen because they had been familiarised with hope research and its application in counselling which may have influenced the clients’ experience, e.g. it all seemed to be very positive I did not hear any experience of hopelessness their co-existence did not appear (Flaskas, 2007). This may indicate an unwillingness to admit what might appear as failure in public (Wosket, 1999). Both Mearns (1988) and Casement (1985) advocate learning from such failures to improve practice.

2.13 THE COUNSELLING RELATIONSHIP

A fairly consistent theme of this review is that hope is experienced relationally, not least in the counselling relationship. Research emphasis on the therapeutic relationship and the therapists’ qualities to facilitate it led Mearns & Cooper (2005:15) to state that ‘despite all research into the therapeutic relationship we still know very little about what happens between therapist and client’. This can also be said in relation to hope. Recent research in the UK may offer possibilities to understand how hope works between counsellor and client. Mearns & Cooper, (2005) in their concept of Relational Depth posit two distinct aspects: an ongoing relationship of depth and connection sustained by the therapists’ congruence, empathy, unconditional positive regard which are experienced by the client. The second is specific moments when both client and therapist experience a greater depth of connection and engagement which can lead to change. They argue such moments are given they cannot be made to happen. It is possible hope may be part of such moments and be considered as liminal which I discuss below. Cooper (2013) states it is arguable how far such an elusive experience can be measured and objectively quantified. However, he advocates researching factors which may facilitate such experiences.
Geller, (2013) researches one such factor arguing that therapists’ ability to be present to their clients is necessary for relational depth experiences. She delineates features involved in it as the therapists’ self-awareness; openness to and receptiveness to the emotionality of the moment; a sense of expanded awareness; and intentionally being focused with and for the client. According to Geller (2013:180) there are a number of effects for clients resulting from this therapeutic presence. Clients become more present to themselves and to their therapists and feel a ‘sense of expansion and higher levels of connectedness; they feel safe and emotionally held making it possible to explore their inner experiences and can be healing.’ Knox’s (2013) research on clients’ experience confirms this sense of emotional safety. Geller (2013) also argues that the therapist being present can result in them behaving in spontaneous ways towards their client which are perceived as helpful by the client leading to deeper levels of connection and exchange.

2.14 THE COUNSELLOR AND HOPE

It is established that in therapy the therapeutic relationship is the second most important factor for effectiveness (Haugh & Paul, 2008). As a consequence counsellors are inextricably caught up with the process of therapy (Duncan et. al., 2010). They also identify the person of the therapist and their professional competence as key factors amongst others for effective outcomes. In distinguishing the counsellors’ person, their ‘independent self’ (Rowan & Jacobs, 2002:56), from their role, their ‘intersubjective self’, that is what is known in the therapeutic context with a particular client, they identify the complex task of working with both therapeutically. They recognise that these are experiences rather than constructs and in practice difficult to separate. Rober (1999:4) develops this experience describing therapists’ inner conversation as they work with not only what they observe but also the impact these observations have on their present experience and past memories.

Clarkson ([2003], 2004:285) in differentiating the self of the therapist from what she calls the ‘core self’ recognises the tension between remaining open and rigid seen as a closing off of possibilities; how we experience ourselves fluctuates in
different contexts including counselling. Buechler (1995) draws attention to this
tension and the complex relationship between thoughts and feelings and how they
influence each other specifically in relation to hope. Dufrane & Leclair (1984)
argue that the hope counsellors feel for the client they are with and the meaning
they give to the relationship is part of what they bring. Buechler (2002:277) writing
from a psychoanalytic standpoint argues strongly that therapists’ whole approach
to life, beliefs about its meaning will shape every aspect of their work and influence
the direction of therapy and she goes on ‘it is who we are, as people……that
inspires hope’; essential for bringing hope into the therapy. Buechler (1995) and
Jevne (1994) both argue in relation to hope, counsellors cannot give what they
have not got themselves. There is general agreement that who we are, our ‘self’
what we bring to the relationship is central to therapeutic practice, e.g. Wosket,
(1999); Rowan & Jacobs, (2002); Brinich & Shelley, (2002). Interestingly, Spinelli
& Marshall (2001) argue that they found that therapists’ modalities have an
influence on them as individuals and reciprocally they in turn influence their
modality. They suggest that the individual’s engagement with their model needs to
be on an intellectual level and a felt emotional level; the therapist embodying their
model which will enhance the possibility of the relationship being of benefit to the
client.

This all points to the counsellor’s influence on the client as important here for our
understanding of the development of hope. Buechler (2002) elaborates this
arguing hope arises as the counsellor and client influence each other at conscious
and unconscious levels. Influence here is understood as powerful because the
counsellor brings into the therapeutic relationship all that they are as persons
raising questions of power and direction in therapeutic process (Dufrane & Leclair,
1984). Frank (1968) established a link between hope, expectation and the
influence of the therapist. According to Frank (1971) these positive expectations
are closely linked to confidence and trust in the therapist; client conviction that the
therapist can be helpful. However, counsellors do not always appreciate this.
Spong (2006, 2007) in her research draws attention to how ambivalent counsellors
can be in understanding and accepting their influence on clients. She recommends
that counsellors consider carefully how they manage their influence, the range of
ways their presence and work has an impact on their clients. Wosket (1999)
argues this is crucial to help clients use the counselling relationship in different ways according to their needs not always consciously and how counsellors use and allow themselves to be made use of. Buechler (2002) says that we therapists have no choice about having an impact, only a choice to recognise it. This has particular resonance for the experience of hope as a process of mutual influence (Larsen et al., 2007). Counsellors’ sustaining their own hope is seen to be crucial to the therapeutic task (Hollis et al., 2007).

2.15 COUNSELLING AND LIMINALITY

Previous discussions in this review about whether hope is explicit, implicit or subliminal as an experience direct us to another possibility, could it be liminal? McLeod (1999a) points us in this direction offering a different way of seeing counselling as a post-psychological social process. He means by this that relying solely on psychological concepts and language restricts the direction of counselling and what can be said and constructed. His approach is not advocating any therapeutic modality or techniques rather ‘offers a set of principles which may be of value both to consumers and practitioners of counselling and psychotherapy’ (McLeod 1999a:221). He posits that counselling reflects the society in which it is occurs. Living in society entails for the individual constructing an identity which he sees as a process; we are not fixed entities we become. Similarly, Frank (1968; 1973) saw the aim of psychotherapy as being to restore morale regardless of presenting problems or therapeutic approach. He sees it as common to all therapeutic approaches to help change an individual’s sense of isolation and re-establish a sense of connectedness with society and therefore bring meaning to life. Frank’s approach can be seen as paving the way for hope research but also for the post-psychological approach to counselling advocated by McLeod (1999a).

According to McLeod (1999a) problems in living which might include a sense of hopelessness, a loss of personal power or feeling an outsider may trigger someone coming for counselling when their usual solutions to such problems no longer work. McLeod (1999a: 218) sees the counsellor as ‘a liminal figure’ who inhabits the space between particular social groups and the wider social world to help the individual to find a place back into that social world not just to conform to
societal conventions; the client in re-constructing themselves will have learnt something new. The counsellor’s qualities required are acceptance of the client, without judgement, the client feeling valued and understood; factors already found in many therapeutic approaches. The counsellor as a liminal figure may also have liminal experiences. Clients coming for counselling could in McLeod’s (1999a) understanding also be having a liminal experience. Hope, also as part of that social world may be such a liminal experience.

McLeod’s (1999a) depiction described earlier of the counsellor as a liminal figure who may experience moments of liminality opens up the question what is liminality? Liminality has been developed conceptually as having applications in many disciplines (Szakolczai, 2009). It is not a new concept to counselling as McLeod (1999a) demonstrates but we may question how far it is seen as such in the field. So how are we to understand liminality? Thomasson (2014:89) drawing on the work of Turner (1967) on rites of passage in anthropology develops a typology of liminality. Experiences of liminality can be found in three different categories, the individual, social groups and whole societies. He delineates two dimensions to the experience, first the temporal dimension which can relate to, ‘moments (sudden events), periods (weeks, months, years), epochs (decades, generations, arguably centuries)’. He suggests these can work together in various ways. Secondly, Thomasson (2014:91) offers a threefold classification of the spatial dimension which relates to ‘specific places, thresholds; areas, zones and ‘closed institutions’; countries or larger regions, continents’. He acknowledges the arbitrariness of these analytical categorisations.

How does an experience of liminality begin? Thomasson (2014) uses the word event to depict the start of this temporal dimension of liminality. La Shure (2005), describes the experience as being on a threshold ‘betwixt and between’ two sensory states, at the initial stage of a process. Barron (2013:2) explains living in the ‘liminal space’ as a transition between these two states. She suggests that learning to live with feelings of uncertainty, and anxiety can be challenging, but openness to the new, that answers will come or things take shape, trusting meaning and self-understanding will be found can be creative and lead to changes in behaviour. How we human beings experience and react to change seems to be
at the heart of liminality. Jennings (1988: 299) develops this idea in a therapeutic context seeing the therapist as ‘a liminal specialist’; a resource for their clients during a time of transition from dislocation to health. I want to extend the use of liminality to include not only clients but others also in transition e.g. researchers and research participants.

Hope has been established as an interpersonal process in effective counselling and psychotherapy. It is conceived and understood differentially and for some at certain points in the life cycle. Hope and hopelessness are being conceptualised as a co-existing dynamic relationship. Hope as a subject for research in the counselling relationship is still in its early stages. Developments in conceptualising counselling as a social and liminal process and understanding counsellor-client dynamics in the counselling relationship have provided a context for research focused on the therapist as an individual, their own hope, their role, and how they work with it. This has included specific concentration on how they understand and use hope-focused practices and interventions in their work. This has begun to be extended to researching clients understandings of hope. There are implications for considering hope conceptually as a liminal experience.

2.16 A CHAPTER SUMMARY

The history of hope from earliest times to the twenty-first century pointed to the ubiquity of hope in mythical, cultural, religious and intellectual life and as a folk experience in common usage. The context for thinking about hope has been mostly post Second World War and arguably the failure of corporate hopes for the future of societies leading to an emphasis on individual hopes and perhaps an increased demand for counselling services. In many contexts it has been shown to be a common and enduring human experience. Writers and researchers have found hope to be important and worthy of intellectual and research interest. All conceptualise hope from within their spheres of interest, disciplines and theoretical models. There is less agreement on what hope is, how it functions and is present in human relationships. The close relationship between hope and hopelessness has begun to be explored.
A growing body of research from North America has established the importance of hope and begun to explore its relationship to the counselling process. Such initiatives have turned to look at interventions which can foster hope and how therapists understand and practice it giving valuable insight. The relative lack of such research in the UK is difficult to evaluate. Perhaps hope is an implicit folk concept and taken for granted. It may reflect the changing status of Britain as a post-colonial and declining power. Politicians in the UK rarely, to my knowledge, use the word hope in public discourse compared to USA political counterparts. The indexes to current UK published works on the counselling relationship do not reference hope. However, recent British research has highlighted the importance of the therapist’s presence and influence and the relational and intersubjective approaches to effective counselling. A re-conceptualisation of hope as a post-psychological social process provides a hinterland to this research. The need for research, in particular, into the counsellor’s own experience of hope, especially in the UK, and what the experience felt like for the counsellor in therapeutic sessions, how they understand it and use it and its influence in the counselling relationship is highlighted as a significant gap in the literature. This research seeks to investigate experiences of hope in counselling sessions as a contribution to remedying this lack of UK based research.
CHAPTER 3 - METHODOLOGY

"WHAT WE ARE REALLY SEEKING IS NOT MEANING BUT RATHER AN EXPERIENCE OF BEING ALIVE"

The Power of Myth, Joseph Campbell, (1988:3)

This research began with my interest in the phenomenon of hope. In the “Introduction” I gave a clear account of my personal and professional interest, and reflected on my motivation for this subject. I also described the wider socio-cultural and political context for this research (Braun & Clark, 2013). The “Literature Review” identified a gap in knowledge which has motivated me, and led through a process of refinement, to a research question with a discreet boundary. This question is ‘What are counsellor’s experiences of hope in the counselling relationship?’ My purpose is to describe and explore these experiences to create new knowledge to inform practice. My choice of a qualitative paradigm is particularly suited to researching human experience and meaning (Braun & Clark, 2013). This has not been a straight forward progression from topic to question, purpose and methodology. Having decided on hope as my topic, my pragmatic desire to ‘get the job done’, led to an iterative process moving between topic, question, methodological approach and methods until intuitively a point of decision was reached compatible with my competence as researcher (West, 2013). I describe my use of intuition in my research process below.

The research strategy has been designed, conceptualised and guided by Crotty’s (1998) traditional four component structure for a research process; an underlying epistemology, theoretical perspective, methodology and methods, each informing the other. The epistemology is social constructionist, of which I give a brief introduction, and describe how it has influenced the research process, and is complemented by realist ontology. Secondly, I provide an overview of philosophical and theoretical considerations; a phenomenological perspective and pragmatism. Similarly I describe the role intuition has played in decision making at every stage, informed by an understanding of Polanyi’s (1966:9) ‘tacit knowledge’ and Gendlin’s (1997:144) ‘felt sense’. These are complementary, and I would argue sit easily in a social constructionist epistemology, and practically inform the
qualitative methodological framework. I have chosen semi-structured interviews as the method most suitable to obtain data of personal experience (Braun & Clark, 2013). Additionally, I describe what I mean by experience; discuss some of the methodological issues which arise from researching human lived experience; make clear my research position and assumptions; describe and justify the method used for data analysis, and criteria for evaluating this qualitative research. The ethical considerations underpinning this research project are also discussed.

My research has a qualitative flexible design. Robson (2011:132) defines this as including characteristics ‘such as an evolving design, the presentation of multiple realities, the researcher as an instrument of data collection, and a focus on participants’ views’. It is more of a relational approach which responds to the evolving nature of the research. It is particularly appropriate for my research, exploring subjective human experience (Robson, 2011).

A part of the rationale for this study is my belief that exposure to, and dialogues with other people’s experiences, touches our own, (Findlay & Evans, 2009) often not in our immediate awareness; realising what was known tacitly (Gendlin 1962). The intuition implied here is also a way to experience the inner world of other human beings (Alvesson & Skoldberg, 2009). Raised consciousness about a phenomenon opens up new perspectives (Danchev & Ross, 2014) creating new knowledge, of a largely implicit experience of hope. Here is the potential for learning, growth and development as human beings, but also in our role as counsellors (Grafanski, 1996).

This was my experience of conducting this research. I was changed professionally. Listening to participants’ stories helped me to connect with them, and I found it both cathartic and therapeutic. Exposure to other counsellors’ experiences with their clients, offered an almost immediate entry into my own world of practice. Hope came into my consciousness when working with clients, although not explicitly. Some clients were explicit; ‘well that gives me hope’ or ‘I feel more hopeful now’. I thought ‘that’s funny’! I was changed personally. I can best describe this as hope became embodied in me, part of who I am. This was not a single experience but a gradual one, described as a ‘continual
transformational process’ (Bager-Charleson, 2014:3). This experience of being changed by research has been shared by others (Grafanski, 1996). It may also be an indication of the ethical soundness of the research (Danchev & Ross, 2014) and a demonstration of what Stiles (1999:100) calls ‘reflexive validity’. I reflect on my research experience in the Concluding Chapter.

This resonates with the work of Flyvbjerg (2001) describing how people learn skills in the context of their working lives, progressing in five stages, from novice, guided by rule based thinking to expert, one marked by ‘intuition, context and experience’ (Flyvbjerg, 2001:23). He sees this as equally important as rational analytic processes. In the context of counselling and counselling research, intuition can be understood as the means by which we draw directly on our own experience, and identify similarities between these experiences and new contexts (Flyvbjerg, 2001). This has been part of my research experience. The knowledge produced has arisen from this ability to make intuitive judgements in a practice context, and parallels a ‘reflection in action’ approach (Schön, 1983). All of the participants in this research can be regarded as being at the expert end of this progression, chosen for this reason.

This intuitive approach to decision making resonates strongly with Kahneman’s (2011:20-21) two modes of thinking. System 1, which ‘operates automatically and quickly, with little or no effort and no sense of voluntary control’. System 2 which refers to the ‘conscious reasoning self that has beliefs, makes choices, and decides what to think about and what to do’. According to Kahneman System 1 is always the first to operate. System 2 applies reason to the knowledge arising from System 1. This understanding, together with Flyvbjerg’s analysis, resonates with each stage of my research.

There is another way that intuition has played a part in my process. As the research progressed I became aware of a concept which helped to inform my intuitive experience; Gendlin’s ‘felt sense’. He advocates what he calls an ‘inner act of focusing’ (Gendlin, 2003:43), on whatever we are attending to at any given moment. The understanding rather than the experience is in the body, not in the mind. Unaware of what it is, we know potentially there is something of importance
at the edge of our awareness. Focusing can bring it into consciousness, and then we know (Gendlin, 2003). Todres & Galvin (2008:571) building on Gendlin’s (2003) work developed what they call ‘embodied interpretation’ as an innovative methodological approach to translating research findings into ways which engage thinking and emotions for both researcher and reader. Its application requires a creative movement between words and the feeling created in the body. For the researcher their bodily understanding of the particular and the whole in their data needs to be presented in ways which are faithful to their participants but also evoke ‘the aliveness of the meanings for the reader’ (Todres & Galvin, 2008:575). Its purpose is not to have the same experience as the researcher but that ‘the reader can relate to the understandings in personal and unique ways’. This resonates with the approach I have tried to take in my study.

Polanyi’s aphorism ‘We can know more than we can tell’, conceptualises this as ‘tacit knowledge’ (Polanyi, 1966:4). According to him it comprises two types of awareness, focal, attending consciously to something and subsidiary, background clues on which focusing depends. Tacit knowledge requires the integrating of both by a (in Polanyi’s word) ‘knower’, in a continual process. West (2011) argues for the greater use of this tacit dimension in qualitative research, already present in much counselling practice. In exploring new territory in this way, there is a playful quality as I try to get a feel for things, and discover something new and interesting (Schön, 1983); challenging my own ideas (Hedges, 2010). This conceptual understanding articulated an aspect of my own research experience, already present in my counselling practice.

The research context has provided an experience of learning through participation in a research practice community, not so much from a body of abstract knowledge, but skills developed by engaging with the process of research, alongside those who have expertise. Learning here is seen not so much a way of coming to know about the world, rather a way of being in the world (Lave & Wenger, 1991; Braun & Clark, 2013). My purpose was not to solve a problem, but to explore a common human experience, and its implications for counselling. I have noted that most of the methodological text books I consulted made the assumption that the purpose of research was to investigate a problem (e.g. Robson, 2011; Denzin & Lincoln,
McLeod (2001) has a wider perspective, seeing qualitative research as primarily concerned to develop appreciation of how the world is constructed. This viewpoint is commensurate with my research approach.

My own pre-understandings of hope have led to the desire for research and are unavoidably part of that process. I do recognise in my research experience the operation of many of Moustakas’ phases of a Heuristic research process e.g. initial engagement, immersion, incubation, illumination (Moustakas, 1990). Both heuristics and my study are informed by phenomenology, the latter gives importance to the intuitive and tacit knowledge in internal experiencing rather than bracketing off. My study whilst acknowledging the intuitive and tacit differs in moving away from a central focus on exploring self-experience to focus on participants experiencing and not as a means to explore the phenomenon of hope. My approach is intended to heighten awareness of the experience of hope for my target audience of practitioners in a way which will lead to dialogue; better understanding of the way hope is experienced by research participants and the development of insight which might improve practice (Creswell 2007).

3.1 EPISTEMOLOGY: SOCIAL CONSTRUCTIONISM

Epistemology is concerned with the nature of knowledge; what it means to know and what kinds of knowledge are possible underpinning research. Social Constructionism is widely identified as an epistemological base for theoretical perspectives and methodology by qualitative researchers (Crotty, 1998). My choice was influenced by an intuitive approach to the counselling relationship, which I see as jointly constructed with a client, and forms part of the research context. In giving a brief introduction to this concept I also describe how I am using it in this thesis and how it directs the way this research has been constructed.

3.2 A BRIEF INTRODUCTION TO SOCIAL CONSTRUCTIONISM

There is no one definition of social constructionism, it is not a unitary concept and there are multiple approaches and nuanced understandings of its application in
research which exist side-by-side (Crotty, 1998; Edley, 2001). This is what Gergen (1985:266) refers to as ‘a shared consciousness rather than a movement’.

Social Constructionism has its early origins in the work of Berger and Luckmann’s ‘The Social Construction of Reality’ (1966). This developed as a reaction against a positivist approach to scientific knowledge which stressed objective observation, researcher neutrality, testing and measurement of cause and effect (Finlay, 2011). This approach did not accept it was affected by culture, history, or ideology (Gergen, 2001a).

In their study in the sociology of knowledge, Berger and Luckmann (1966) see us human beings as continuously constructing our social world, which then becomes our reality, to which we have to respond, building on what has been previously constructed by our predecessors. Engaged in a cyclic process, we externalise our experience, making it available to others through symbols and language which become objectified. When these are internalised by others, the cycle is complete. Shared understanding and meaning, determined by what we see, and react to, within a given context, makes meaningful interaction possible as socially constructed. I distinguish this from constructivist individual meaning making, which I discuss below.

In practice, it creates multiple subjective experiences which may be called ‘truths,’ having equal strength in time and context, though not absolute and necessarily generalisable. There is no one ‘truth’ or interpretation (Crotty, 1998). Acknowledging different ways of knowing, understanding and interpreting realities within cultural and historical contexts in this way, is known as relativism (Crotty, 1998; Braun & Clark, 2013). Constructed experiences of hope are but a snap-shot in a particular context. Repeated elsewhere it may produce different experience and interpretation (Nightingale & Cromby, 1999), although there may also be similarities, a generalising effect (McLeod, 2001). There is research evidence to support this (West & Talib, 2002). We can discriminate between these multiple ‘truths’ by ethical engagement with them in context, without the need to generalise (Patton, 2002). This way of understanding social constructionism seems entirely consistent with its own approach (Creswell, 2007). My research lies easily in this world view.
I make a distinction here between an epistemology which posits the construction of meaningful reality, from a realist ontology (the study of being, the nature of existence, (Crotty, 1998) which asserts that realities exist outside the mind, but without meaning. It is consciousness which creates a meaningful reality. I am differentiating between an (ontological) reality, and how it is given (constructed) meaning (Edley, 2001), of hope in this research. In this sense social constructionist epistemology is perfectly compatible with an ontology based on realism (Nightingale & Cromby, 1999; Crotty, 1998). Distinguishing between different constructed realities if there is no one ‘truth’ or interpretation of the experience of hope will be addressed in the evaluation section.

Burr (2003) develops Gergen’s (1985:266) reference to social constructionism as ‘a shared consciousness’. She accepts there is not a single description of the concept, but advocates what she calls a ‘family resemblance’ (Burr, 2003:2); characteristics which may be found in those calling themselves social constructionists; their approach having certain key assumptions. She suggests that at least one of these assumptions should be present, for a study to be regarded as Social Constructionist. First, a critical stance is adopted towards taken-for-granted ways of understanding the world. Secondly, ways of understanding the world are historically and culturally specific, and relative. Third, knowledge of the world is constructed by people together through their interactions. Fourth, these understandings can take the form of many social constructions of the world, or aspects of it. Each construction may call for a particular kind of action from people.

If social constructionism is difficult to define how may we understand it? Hacking (1999:5) suggests a different approach, rather than going for a definition asking ‘What’s the point’? What is a social constructionist approach being used for? What is it trying to achieve?’ He sees a primary use of this concept to raise consciousness of a particular kind of phenomenon. My research is seeking to raise consciousness of hope in the counselling relationship, encouraging engagement and action from my readers. The experience of hope I see as a socially constructed, taken-for-granted, largely implicit phenomenon for counsellors, and people generally. In seeking to raise consciousness of it, I agree with Hedges
(2010), when she calls these accepted constructions ‘grand narratives or ‘presuppositions’ which:

‘usually go unremarked and unnoticed, yet become so assimilated into our view of life that they are accepted as ‘common sense’ and have profound implications for how people come to describe the world’ (Hedges 2010:16).

The under examined concept of hope is re-visited, constructing knowledge from experience, forming multiple realities, which are context specific, each having its own ‘truth’, though possibly with points of similarity, tentatively approached, and therefore relative. It can be seen as an example of Berger & Luckmann’s (1966) cyclic process. It meets three of Burr’s (2003) four characteristics. I take seriously the wider multiple contexts for this research; cultural and historical depictions of hope. The micro-context of counselling research, the counselling interview and the interactive nature of the construction of experience, self and hope, make this a research construction.

To add to this complexity social constructionism is often used interchangeably with social constructivism in the literature (e.g. Denzin & Lincoln, 2005; Creswell, 2007). Crotty (1998) makes an important distinction between the two. He suggests for the sake of clarity, we use constructivism for the individual mind, making its own meaning. Constructionism we reserve, for the collective creation and transmission of meaning. This distinction highlights the uniqueness of my individual participants’ engagement; making sense of personal experience of hope; as constructivist. It is to be respected and seen as authentic within itself, and in this view not to be criticised. However, it was dependent on my interaction, and theirs, with their individual clients; we are all part of the context for that unique experience. We all contributed to a complex, multi-layered socially constructed reality, not constrained by time or context; bringing our implicit, explicit and tacit understandings of hope. (Tacit knowledge will be discussed later as a theoretical perspective).

These constructed layers bring together, the constructivist and constructionist understandings of knowledge creation, and include the experience of hope in
multiple past contexts, providing a base for the present construction of the experience of hope; the creation of meaning, and something of our selves. Meaning and any sense of a ‘truth’, is only created, when this conscious engagement takes place (Crotty, 1998). This has something in common with the phenomenological concept of ‘intentionality’ (Husserl, 1931), to be discussed below. Conscious reflection on our interactional experience, also constructs our self (Burr, 2003) This interactional encounter is central to relational research, and me, as researcher, being part of the world I am studying (Finlay & Evans, 2009) and helping to construct. It exemplifies the social constructionist view that culture, and social interactions, influence how individuals see, and feel things, and create their view of the world; in this case hope.

As the ‘instrument of research’ (Crotty, 1998; Robson, 2011) I bring to this process my life experience in a number of contexts, as social worker, priest, counsellor and psychotherapist. I bring my humanity with me in doing this research (Robson, 2011). In each of these communities of practice (Flyvbjerg, 2001; Lave & Wenger, 1991) I feel like I have developed an innate capacity for intuition (Hollwey & Brierley, 2014), which has contributed to my personal and professional growth, spirituality, and formation as the person I am, and in my role as researcher. During the taught component of the doctorate programme, I struggled to make sense of things intuitively; I was not inculturated in the paradigm of qualitative research (Braun & Clark, 2013; Ponterotto & Grieger, 2007). I was tentatively intuitive, and subsequently, had cognitively, to justify, and make sense of, intuitive decisions (Kahneman, 2011). This I see as part of my accountability.

Part of this struggle was a sense of being ‘stuck’ in the research process, which together with periods of ill-health, created an experience of hopelessness and awareness of hope and its lack. On reflection-on-action in practice, I was embodying the experience of my participants. The challenge was how to use this experience to motivate and contribute to my research (Lennie & West, 2010), and work with my hope and hopelessness. Such periods of difficulty emphasise the socially constructed nature of intuition, as it arose contextually, from relationships with supervisors, fellow students, and the values which we hold and share (Robson et al., 2000) within our research community and culture, and other
communities of which I am a part. I experienced difficulty describing what I knew intuitively. It seemed that only in the doing, what is tacit can emerge. Schön (1983:49) puts it like this ‘our knowing is in our action’.

3.3 THEORETICAL PERSPECTIVES

A theoretical perspective provides the philosophical considerations which inform methodology; provide the context for the research process and the criteria used (Crotty, 1998). The theoretical underpinning of this research is informed by a phenomenological perspective, pragmatism, understanding and experience of Polanyi’s (1966:9) ‘tacit knowledge’ and Gendlin’s (1997:144) ‘felt sense’. In my view these complement a social constructionist epistemology. Tentatively choosing perspectives congruent with me as a person, and my counsellor role and world view, felt intuitively right and seemed to work, which confirmed my choice. There follows an overview of these perspectives.

3.4 PHENOMENOLOGICAL PERSPECTIVE

My approach to this research has a phenomenological perspective (Patton, 2002). When researching human experience phenomenology has to be considered without necessarily taking on board all of its assumptions (McLeod, 2001). In researching the lived experience counsellors have of hope in their work, I am not looking for the essence of hope, or a definitive understanding.

“One can employ a general phenomenological perspective to elucidate the importance of using methods that capture people’s experience of the world without conducting a phenomenological study that focuses on the essence of shared experience “ (Patton, 2002:107).

Phenomenology has its origins in the philosophy of Husserl (1931). Key to it is the concept of intentionality. He argued that human consciousness is always moving in relationship, towards something other than itself (Moran, 2000). My participants’ consciousness intentionally focused on hope. However, for Husserl (1931) in order to experience, directly and immediately such a phenomenon, i.e. get back to ‘the
things themselves’, to see it in its ‘essence’, one of the processes he advocates is ‘bracketing’. This entails focusing on the phenomenon and putting aside all preconceptions and assumptions, so as to experience its essence, prior to any conceptualisation, known as pre-reflective (Van Manen, 1990). As a result new understandings can emerge of a phenomenon which may have been taken for granted, or whose original meaning lost. It assumes there is a reality to be revisited (Crotty, 1998) which I share and discussed earlier. I set out below my points of divergence from Husserl’s approach. Interest in his work has spawned not only philosophical reflection, but also developed a phenomenological method (Finlay, 2011). Drawing on this philosophical background Finlay (2011) advocates six characteristics necessary for research to be considered as phenomenological; the study of individual human experiences and meanings; rich description; an interest in existential issues; the intertwinedness of the body and world; the potential for transformation, and the ‘phenomenological attitude’ (Finlay, 2011:16). However, there are differences of emphasis determined by research positioning. I shall return to this below.

3.5 RESEARCHER STANCE

My perspective acknowledges points of similarity, but is not a phenomenological study in those terms. First, the kind of knowledge I am looking for is not a definitive understanding, meaning, truth or logic to an experience. However, I am seeking to be open to the possibilities of different meanings being created, by those engaged with the research, as participant or reader, as they intentionally focus (Husserl, 1931) on hope in the context of a counselling relationship. Secondly, I do not want to critique my participants’ experience. Critique was central to Husserl’s (1931) phenomenological approach. Honouring the descriptive, subjective character of their understanding, and interpretation of experience through the stories they tell, allows them to speak for themselves. However, I recognise that my behaviour and relationships will have an impact on my participant’s responses (Finlay & Evans, 2009). These constructions of experiences will include some description and interpretation (Finlay, 2011), determined intuitively, from my experience of the hope data themes. What was previously inculturated; the pre-reflective (Van
Manen, 1990) is part of this present created reality, and cannot in my view be separated.

Thirdly, I position myself in this research (West, 2009) in a number of ways. As researcher I am part of the research process. I am not convinced that the bracketing required in some phenomenological approaches is possible, or indeed desirable. Our knowledge of the world, both internal and external is governed by conceptual frameworks; if these are present in my work as researcher, then it follows that they may also be present in my participants, as they re-call their own experiences (Le Vasseur, 2003), of hope. Awareness of my own understandings helps sensitise me to their world of meaning. My researcher framework includes decisions made as to research topic, design, question, methodological approach and methods. The choice of literature, selection of themes, findings and discussion, ethical development, my pre-understandings of hope, together with my role and influence as interviewer (Braun & Clark, 2006), all express my values as part of the research in a socially derived context (Gergen, 1985).

My position assumes that I do not know, or understand all aspects of the experience of hope. My curiosity can have the effect of questioning what has been previously understood, or culturally created. This is a different conception of researcher stance from bracketing, which requires a state of ignorance of all prior knowledge (Le Vasseur, 2003). This is in fact how I usually approach my therapeutic work with clients. The intention is to invite the reader’s attention, encourage engagement, initially not so much to analyse or interpret, but rather to experience meaning, engage with their own stories and be aware of a deepening ability to make sense of things (Van Manen, 1990), in relation to hope. This may raise questions, and provide answers to others (Shelef, 1994); resonating deep agreement within the reader, but could also challenge and disturb (Sela-Smith, 2002). However, some ‘truth’ or new understanding (Stiles, 1999) can be found in their lived experience, and be a means of learning for others (Le Vasseur, 2003). Experience is a dependable source of knowledge, because it rests on the individual’s understanding of their reality (Scott, 1991); a central counselling concept.
Scott (1991:793) comments:
“experience is collective as well as individual…. (it) can both confirm what is already known (we see what we have learned to see) and upset what has been taken for granted (when different meanings are in conflict we readjust our vision to take account of the conflict or to resolve it) that is what is meant by ‘learning from experience’ though not everyone learns the same lesson ….or at the same time or in the same way’

Experience as socially constructed can refer to an individual’s, continuous stream of feelings with little explicit content or knowing (Gendlin, 1997). This is conceptually differentiated from experiencing as the directly referred ‘felt’ meaning of some situation, concept, object, or personal relationship, (Gendlin, 1997), in this case the phenomenon of hope. My participants highlight this distinction. Hope, for them needed to be ‘felt’ to find words, metaphors, symbols expressing understanding and meaning. Experience here is understood as a way of talking about what occurred, of establishing difference and similarity and of claiming knowledge that has the authority of experience (Scott, 1991). This addresses questions of what counts as experience and who decides in a socially constructed framework.

3.6 APPROACHES TO WRITING

To assist you I set out my approach to writing. I keep in mind the view that much qualitative research is found to be boring (West, 2013; Caulley, 2008; Richardson, 1990), and dull and unhelpful (Sandelowski, 1998); I feel the weight of the challenge to be interesting.

Writing qualitative research requires the use of rhetoric (Hunter, 1999). This is defined as ‘the art or use of language so as to persuade others’ characterised by eloquence, defined as ‘fluent, forceful, appropriate expression, and elegance, a state or quality of tasteful correctness, ingenious simplicity, neatness’ (The Shorter Oxford English Dictionary). I have attended to style which includes diction, its manner of expression, the choice of words used; syntax, the ordered arrangement of words, using short and longer sentences. West (2013) argues for the greater
use of rhetoric and clarity in our approaches to presenting research findings. In my research context this comprises three main elements, author, argument and audience and their reflective and reciprocal relationships (Hunter, 1999). This is quite daunting.

Secondly, argument I have tried to write a clear, coherent account which will be found credible, and consistent with the criteria for evaluation (Fossey et al., 2002) set out below and my stated intentions. This approach suggests that the process of trying to persuade, is bound up with coming to know, and is in this sense epistemological (Zarefsky, 1999). Further consideration of argument will be addressed in the discussion chapter. However, I will acknowledge here that my prior knowledge of hope makes me aware of aspects which have not been revealed or not to a great extent in the data (Braun & Clark, 2006). I am aware of not wanting to push the data beyond what it can bear, i.e. not imposing meaning on the data from pre-conceived formulations. An example of that would be that the spiritual quality of hope is implicit in the data.

The audience for this thesis has three main constituencies, they are academics, practitioners and participants; my awareness of them shapes the rhetorical choices I have had to make (Zarefsky, 1999). I acknowledge these findings are positioned within their experience amongst other texts and voices which these readers know and I may not and vice-versa. It is the sharing of such that makes a community of discourse possible (Hunter, 1999), as will be experienced in the viva. I choose the ‘story’ I will tell, but also how I am going to tell it (Sandelowski, 1998). I feel, however, the vulnerability that I have no control over how these readers will receive and interpret this work (Patton, 2002).

My aim is to have ‘information rich’ data. In handling the data I am employing the concept of ‘thick description’, a concept developed by the anthropologist Geertz (1973). I set out here my use of this concept as a way of describing and interpreting the activity in an interview in its context, ascribing purpose and intentionality, capturing the thoughts and feelings of participants and the relationships (Denzin, 2001). Such thick description can lead to thick interpretation, leading in turn to thick meaning, which resonates with you the
reader and gives a sense of verisimilitude, in which you can ‘place’ yourself in the research (Ponterotto, 2006). My intention is that thick description will be found, throughout the thesis in the introduction, literature review, methodology, methods and in descriptions of my participants, to help make the findings and discussion chapters more accessible (Ponterotto, 2006).

3.7 PRAGMATISM

I give a brief introduction to pragmatism, acknowledging it takes different and nuanced forms, and how it applies to this research. Philosophical Pragmatism arising from an American cultural context and arguably addressing that context (Koopman, 2006), has a number of approaches with common characteristics (Crotty, 1998). Its origins are found in the work of Charles Sanders Pierce, William James and John Dewey. There are two central themes; contextualism; in a complex and changing world we choose some contexts which ‘are humanly created structures that integrate and explain experience’ (Fishman, 1999:107). Secondly, their theory of meaning and truth; these are seen as a function of practical usefulness in a given and limited context (Fishman, 1999). What is true is what works at the time in that context.

There has been increasing attention given to the role that hope plays in pragmatic thinking, exemplified in the work of Rorty (1999). This can be seen in part as a reaction against traditional philosophies, pessimistic or optimistic long-standing search for certainty. The willingness to live without such assurance or guarantee is replaced by hopefulness in possibilities achievable by human effort (Koopman, 2006). For research the emphasis is on outcome; its practical consequences. Rorty (1999:33) advocates giving up the idea that ‘knowledge is an attempt to represent reality. Rather we should view inquiry as a way of using reality’. He is advocating changing the way we think about our relationship to the world, and therefore research. He suggests ‘the quest for certainty be replaced with the demand for imagination……..that one should replace knowledge with hope’ (Rorty, 1999:34). However, we need some knowledge to work with for our purposes. This resonates strongly with social constructionism’s relativity as I have
described it. This, together with the use of imagination will be addressed in the evaluation section. The choice of methods for this research has been determined by what helps achieve the research purposes (Creswell, 2007).

3.8 RESEARCH METHODS

Research methods are procedures and techniques used to obtain and analyse data; the means used to answer the research question (Crotty, 1998). The choice of methods in a pragmatic study is concerned with their appropriateness in answering that research question. The purpose of the research is the guiding principle here (Patton, 2002). This section will describe the process of semi-structured interviews and introduce the interview participants.

3.9 SEMI-STRUCTURED INTERVIEWS

Interviews have been the methodological choice for the social sciences including psychological orientated research in the 20th. Century. They have been effective in entering the experiences, understandings and meanings participants give to the aspect of their world being researched (Kvale & Brinkmann, 2009). As a method for obtaining knowledge (Kvale & Brinkmann, 2009) I argue, they fit easily within a socially constructed epistemology.

I have chosen semi-structured interviewing (the most commonly used), in one-to-one relationships for a number of reasons. They give a flexible opportunity to replicate a boundaried experience similar to the counselling relationship (Bondi, 2013) (the context for this research), with guided questions, ensuring some consistency between interviews and aspects covered (Kvale & Brinkmann, 2009). But follow-up questions are possible, as determined by the flow of the interview (Robson, 2011; Bager-Charleson, 2014), creating openness to the unanticipated (Braun & Clark, 2013). This approach fits very well with the flexible design of this research (Robson, 2011). This is particularly so given the difficulty participants experienced in thinking about hope identified earlier. The metaphor of traveller also resonates with this socially constructed approach, accompanying the
participant with questions, encouraging them to tell their stories, their lived experience (Kvale & Brinkmann, 2009) of, in this case hope.

I devised a schedule of questions (Appendix 1) designed to be brief and simple (Kvale & Brinkmann, 2009) and sequenced from the general to the specific (Braun & Clark, 2013). An introductory open question was intended to help the participant respond in a variety of ways which might include rejecting the premise on which the question is based. I was aware of using follow-up questions to probe, ‘could you say a bit more about that’ or to clarify ‘are you saying’. I indicated when I was moving from one question to the next and concluded with a closing ‘catch all’ question.

3.10 PARTICIPANT RECRUITMENT

My criteria for selection of participants for interview were: they should be professionally qualified, with at least five years post-qualification experience, established in professional practice, in a variety of settings, with the capacity for reflection, depth of experience, and willingness to engage. This would meet the criteria for purposive sampling (Creswell, 2007; Robson, 2011). The hope was that interviews would provide an in-depth understanding which was ‘information-rich’ (Patton, 2002).

How many participants should I recruit? Patton (2002:244) is clear ‘there are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what’s at stake, what will be useful, what will have credibility, and what can be done with available time and resources’. He advocates using judgement to determine ‘minimum samples’ which will provide reasonable coverage of the phenomenon (Patton, 2002:246). A range of six to ten interviews, when researching experience using Thematic Analysis, are recommended by Braun & Clark (2013:45).

Pragmatically, after seven interviews I thought I had sufficient data. I would not describe this as ‘saturation’, a concept derived from grounded theory which can determine sample size (Braun & Clark, 2013). This is defined as the point when no
new information emerges, that adds to the understanding of the subject (Creswell, 2007). It is possible that more participants may have produced further interesting data. The question is when to stop; working within the limits of ‘available time and resources’ (Patton, 2002:244).

The practical considerations of part-time doctoral research, whilst working full-time and living in a rural setting, necessitated elements of convenience sampling, defined as doing what is easiest, saving time, and opportunism, defined as following new leads, taking advantage of the unexpected as it arises (Patton, 2002). Solely convenience sampling raises questions about the value of research produced only, in this way (Silverman, 2011; Patton, 2002). This was not my sole criteria, purposive sampling was primary. Advertising might have produced potential participants who met the measurable criteria, but only meeting face-to-face would determine capacity, experience and the depth I needed; pragmatically I decided against it.

3.11 INTERVIEW PROCESS

I was fortunate to have many contacts, within counselling practice and training, through my work in the public and voluntary sectors. Initially, I informally approached eight potential participants known to me. Six were interested and a participant information sheet (Appendix 2) discussed, a further week was given for consideration and response. Knowing them gave me confidence that they would meet my criteria and make a valuable contribution. Three had been in senior positions to me, and three in peer relationships. Just one was unknown to me, and introduced by one of my other participants. This is known as ‘snowball’ sampling and is seen as a particular type of purposive sampling (Robson, 2011). Interviewing people known to me, described as ‘acquaintance interviews’ (Braun & Clark, 2013:87; Garton & Copland, 2010) for research, can involve dual relationships (Gabriel 2005). Knowing people in different contexts and maintaining boundaries, especially if relationships are hierarchical, have the capacity to become blurred, with a potential for confusion for both parties as to what is happening and what is appropriate (Bondi, 2013). The dynamics arising from pre-existing relationships are often subtle, and can include, pressure to participate, or
disclose information at interview; participant positioning in relation to a particular question or me asking it; distinguishing information disclosed about a participant at interview, which counts as data, and needs to remain confidential to the interview, from previous knowledge of a participant (Braun & Clark, 2013) which is confidential and should not therefore be included in the data unless otherwise agreed. Keeping these in mind was important, though not always easy to discern. Participant checking is discussed in the Evaluation Section. How participants respond to me and the social categories to which I belong is of epistemological and practical concern (Miller & Glassner, 2011).

Whilst the hierarchical relationships I had with some of my participants ended some years previously, I experienced some discomfort, being now in a more dominant researcher position (Garton & Copland, 2010), and exposed to their scrutiny. How would they think of me? (West & Byrne, 2009). Yet, I found rapport was easy to establish (Garton & Copland, 2010). This compares differently from the participant previously unknown to me; establishing rapport took longer and there was a qualitative difference to his interview, after which he indicated he wished to withdraw from the process, but gave permission for his data to be used. Continuing relationships with peer colleagues, created in me a need to be respectful of the research dynamic created. Issues about power in these relationships are addressed in the ethics section.

A process for interviews was agreed and consent forms signed (Appendix 3). Three of my participants, separately, prior to the interviews, asked for the research questions in advance. They were given to all participants, who found them helpful. This is consistent with the socially constructed approach of this research project, and indicative of the flexible research design. All interviews except one, took place in participants’ homes. I adhered to the University of Manchester Lone Worker Policy. One interview took place in a counselling charity office, all at mutually convenient times. They were recorded on a digital voice recorder, lasted between one and one and half- hours and were subsequently transcribed. In one interview the machine did not record, we discovered at the end of the interview. The participant, stalwart that she was agreed to do another interview. This second interview was different in quality from the first and I felt something was lost. Each
participant was sent a copy of their interview transcript with personal and/or identifying details removed, for amendments, deletions or additions. None were requested. Permission was given to use their data in any subsequent conference presentations, published work or training workshops, and to retain it for possible future analysis. My attention is focused on preserving participants’ anonymity.

3.12 RESEARCH PARTICIPANTS

I introduce my participants now. Each has been given a pseudonym and an identifying code. The code is P= Participant, followed by an individual identifying letter A-G. Transcriptions were printed onto various colours of A4 paper so that each individual transcript was easily identified by colour.

**Bethan** is a white, female counsellor in her seventies, now retired. She has worked in the NHS as a staff counsellor and the voluntary sector for over thirty years. She has also been a diploma course tutor and continues to provide supervision in the voluntary sector. She describes her approach as initially person-centred, which developed into integrated. She has a post-graduate diploma in counselling. Code PA. Transcript colour -Gold.

**Gareth** is a white, male, person-centred counsellor in his sixties, semi-retired. He has worked in NHS Primary Care as counsellor and supervisor. He also has experience with several counselling charities, including specialist child sexual abuse for over thirty years. He has a Master’s degree in counselling. Code PB. Transcript colour-Blue.

**Aled** is a white, male, person-centred counsellor in his forties with over five years’ experience. He works for a specialist young person’s bereavement charity and a generalist counselling charity. He is the one participant who was not known to me personally. He has a diploma in counselling. Code PC. Transcript colour–Red.

**Eleri** is a white, female counsellor in her fifties working with an integrated model. She has over twenty years’ experience. She works in NHS Primary Care and also in a generalist counselling charity. She has been a counselling course tutor, and
provides counselling supervision in the voluntary sector. She has a post-graduate diploma in counselling. Code PD. Transcript colour – Yellow.

**Delyth** is a white, female counsellor in her forties working with an integrated model. She has over fifteen years’ experience in university student counselling, staff counselling for a local authority, and a generalist counselling charity where she is a counselling service manager. She has a Master’s degree in counselling. Code PE. Transcript colour – Green.

**Rhian** is a white, female counsellor in her fifties, working in a psychodynamic-integrated model. She has over twenty-five years’ experience and is currently working in a children’s hospice with staff training responsibilities. She has a Master’s and a Doctorate in Counselling. Code PF. Transcript colour - Light Green.

**Nesta** is a white, female therapist in her early forties, working with a gestalt model. She has over fifteen years’ experience in NHS Primary Care, and Private Practice. Has considerable experience of working with suicidal clients. She has a post-graduate diploma in counselling and post-graduate training in gestalt therapy. Code PG. Transcript colour - Light Blue.

### 3.13 DATA ANALYSIS

The choice of method for data analysis is best determined by the purpose for which it is required (Guest et al., 2012). In this research I am describing and exploring counsellor’s experiences of hope in a counselling context. In this section I introduce Thematic Analysis; give an account of the process of data analysis; provide an ‘audit trail’ as an aid to transparency. This includes how codes were determined and themes chosen (Guest et al., 2012). My choice of Thematic Analysis was influenced by my experience using it in two doctoral assignments (Prysor-Jones, 2008, 2009), both researching human experience which was effective, gave me confidence, and demonstrated my competence. There was no good reason to change at this critical point, moving into my thesis. Additionally, it is not dependent on a particular epistemology or theoretical perspective. “In
contrast to IPA or grounded theory (and other methods like narrative analysis or discourse analysis) thematic analysis is not wedded to any pre-existing theoretical framework, and can therefore be used within different theoretical frameworks” (Braun & Clarke, 2006:81). It is therefore compatible, with the constructionist, and pragmatic stance of this research.

Additionally, whilst Thematic Analysis is widely used in qualitative research, there is no clear agreement on what it is and how to do it (Braun & Clark, 2006). This lack of definitional and procedural consensus leaves each researcher freedom to shape it in their research (Rapley, 2011). Ryan & Bernard (2003:85) suggest ‘Analysing text involves several tasks: (1) discovering themes and subthemes,(2) winnowing themes to a manageable few(i.e., deciding which themes are important in any project), (3) building hierarchies of themes, (4) linking themes into theoretical models’.

To achieve these objectives Thematic Analysis offers a flexible method for reporting experiences, meanings and the individual reality of a research participant; identifying, coding, and analysing themes across a dataset, describing rich detail related to the research question (Braun & Clark, 2006). The voice of the researcher can also be distinguished and heard. (Etherington, 2004). By ‘complete coding’, the entire dataset, segments were chosen concerning the research question (Braun & Clark, 2013:206). These codes were arranged to form themes which ‘capture’ something important about the ‘data... [ ]...and represents some level of patterned response or meaning within the dataset’ (Braun & Clark, 2013:224). Themes can be manifest, directly observable in the data, or latent within the text. (Boyatzis, 1998). Flexibility makes it possible to illustrate a theme with a condensed excerpt of text, engaging directly with a participants’ experience in context.

This analysis is inductive, derived from the text, not deductive, generated from a theoretical template, originated from the research question and imposed upon the text (Fereday & Muir-Cochrane, 2006). This demonstrates my active role in choosing themes and patterns, and counters the tendency in some qualitative
research that themes were discovered or emerged in a rather passive way (Braun & Clark, 2006). However, my own prior understanding of hope, gained from definitions and analysis in the literature, cultural and common sense understandings, and my own personal experiences, will inevitably sensitise my inductive analysis (Ryan & Bernard, 2003). This demonstrates my embodied presence in this research. I detail below the criteria used for theme selection.

Interview recordings were downloaded to my personal home computer, from a digital voice recorder, encrypted, and sent anonymised for transcription, to an experienced professional via Send Space; a secure service for sending large amounts of data. She was paid by me for this work. She understood confidentiality, and was resilient to emotionally sensitive material. However, I did alert her to sensitive data, and strong language. Considering her well-being is an ethical issue which I address in the ethics section.

Transcriptions were returned by e-mail attachment. I checked these against the recording for accuracy, and required no corrections. This was an important step in familiarising myself with the data; listening, reading, absorbing and identifying non-verbal aspects such as intonation, emotional tone and pauses (Robson, 2011). With this immersion, criteria for choosing themes began to develop. I noted down what I was responding to, cognitively, emotionally and intuitively (Rapley, 2011) drawing on my previous experience of using this method. (See Appendix 4 for the early development of my criteria from my journal page).

Transcriptions were printed on individual coloured paper, one for each participant, for ease of identification. These sheets were spread out on all available surfaces, including the floor in my home study (Appendices 5 & 6 show photos of this), conveying a sense of the whole data, enabling scanning and moving iteratively between participant’s transcripts; my preferred way of working.

These categories were then synthesised with Robson’s (2011:482) ‘Techniques for identifying themes’ and Love’s (1994:2) thematic ‘features of significance’. These involved: emotional tone, what was compelling, the nature of the affect, evident through non-verbal cues such as the rise and fall of voice, slowing down or
quickenings of speech, pauses and speaking thoughtfully adding significance to the
content; recognising a resonance with aspects of the literature which confirmed
something in the data; feeling moved by the sensitivity of an experience being
described with a client and knowing something to be ‘true’ i.e. knowing it resonates
with my experience; interpretations both explicit and implicit by the participant,
making their own connections, and the experience of reflection and meanings
ascribed by them; descriptions, experience different from what might have been
expected, based upon my reading of the literature and my experience; unexpected
surprises recognising new ideas not seen before.

I have been influenced by the work of Braun & Clark (2006, 2013) in developing
the phases of my thematic analysis. This table is adapted from their work. It
delineates the process I have followed.
TABLE 1 - PHASES OF THEMATIC ANALYSIS (adapted from Braun & Clark, 2006:87)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarisation with the data:</td>
<td>Checking the transcription for accuracy against the recording, reading and re-reading the data, noting down initial ideas. Being immersed in it.</td>
</tr>
<tr>
<td>2. Generating initial codes:</td>
<td>Coding interesting features of the data, line by line, in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes:</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4. Reviewing themes:</td>
<td>Checking if themes work in relation to the coded extracts, and the entire data set, creating a table of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes:</td>
<td>Refine the specifics of each theme, and the overall story they tell, creating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the Findings:</td>
<td>Selection of vivid, interesting extracts of data which help describe the story; relating back from the analysis to the research question and literature, producing Findings and discussion.</td>
</tr>
</tbody>
</table>

Immersion in the data (Phase 1), over time, allowed new, intuitively ‘felt’ experiences, to reveal something important. Applying my criteria I worked through each transcription and coded line by line, (“complete coding” Braun & Clark, 2013:206), items of significance (Phase 2). This could be a key word, a phrase, a sentence or a whole paragraph. These codes were written on post-its, trying to capture its character (Rapley, 2011). I attached them to the transcripts opposite the relevant line, on the right hand side of each sheet of data transcript. (See Appendix 7 for an example of working with Participant G Nesta’s data).

Moving from codes to identify themes is an iterative process, starting with clarity about the research question; the experience of hope. This provided the lens through which I looked at the codes, using the criteria I have delineated (Guest et al., 2012) sorting them into potential themes (Phase 3). A theme is identified when
a phrase or sentence suggests what ‘a unit of data is about and/or what it means’ (Saldana, 2009:139). This engages our ‘human tendency to look for patterns, storylines, plots, causality and relationships’ (Guest et al., 2012:66). The significance of a theme was not necessarily determined by the frequency with which it appeared in the data (Braun & Clark, 2013; Guest et al., 2012) but rather something which resonated with me, in one or more of the ways I have described.

As part of a winnowing process I reviewed the themes (Phase 4), looking at the relationship between codes, and between main themes and sub-themes, identifying similarities, where themes could be merged e.g. hope and hopelessness dialectic, and stories of hope were merged into experiences of hope and hopelessness. Others were of less significance and could be discarded (Braun & Clark, 2006). I decided metaphors of hope and their meanings would be better described contextually, within the themes in which they arose. The key concern here was to have a manageable few of importance. I had a growing sense of the significance of individual themes and the data extracts which supported them, and of the distinctions between them. This seemed to provide a coherent account of the experience of hope. I noted Braun & Clark’s (2006:92) ‘word of warning’, knowing when to stop and work with what you have, as the process could go on continually.

Gathering these codes up into themes in a refining and iterative process led to two stand-alone themes and two main themes with five and six sub themes respectively. These themes were given individual coloured post-it strips which were attached next to the segment of data illustrating the theme, down the left hand of each sheet of data transcript (see Appendix 8 for an example of working with Eleri’s transcript). Having selected my themes, segments of data were chosen to illustrate each theme. I cut these segments from the transcripts saved in my computer and pasted them into my findings chapter, giving each segment a code as follows: P= Participant, A-G, their individual identifying code, then the page number of their transcript and finally the paragraph number from which a quote was taken e.g. PD,1,1. This is part of the audit trail for an independent person to trace back from my Findings, to the data extract in its original context. Phases 5 and 6 are addressed in the Findings chapter.
3.14 EVALUATING RESEARCH

The criteria for judging the soundness of qualitative research is a controversial area. Traditional criteria for judging quantitative research in a positivist paradigm focuses on validity and reliability, usually relying on quantitative measurement, the testing of hypotheses (Robson, 2011) and replicability; the objectivity of the researcher and the elimination of bias (Bager-Charleson, 2014). Such approaches are not suitable for evaluating research exploring subjective experience in which the role of researcher is a key factor (Guba & Lincoln, 2005; Fossey et al., 2002). This is especially so for social constructionist research not concerned with establishing objective facts or making absolute ‘truth’ claims, since all knowledge is considered as provisional, local, historically and culturally situated and contextually constructed (Burr, 2003). Evaluation criteria need to be consistent with the research paradigm itself (Fossey et al., 2002) and the methodology of the evaluator (Patton, 2002).

So how may we rely on the findings of qualitative research? On what criteria can this qualitative research be evaluated? Fossey et al., (2002) develop the concept of trustworthiness acknowledging that findings are both descriptive and interpretive.

“Principle issues…of …. trustworthiness are related to the representation of views (authenticity); how the findings are presented (coherence); claims about their typicality; and the contribution of the researcher’s perspective to the interpretation (permeability).” (Fossey et al., 2002:730).

My intention is to present the process of this study as transparent, and evaluate congruence or fit between the intentions and process by asking a number of questions. Does it do what it set out to do? On the ‘face of it’ is it believable? (Patton, 2002). Does it seem reasonable? (Robson, 2011). Do the conclusions intuitively make sense? Is there a convincing case for the descriptions and findings? Is it internally consistent? (Guest et al., 2012). Do the findings connect with peoples' experience of the world? Is the researcher credible? Is there a belief in the value of the qualitative research? (Patton, 2002). Can the reader have a sense of my engagement with, and positioning in the research and clarity about
my assumptions, and internal dialogue, as the research progressed? (Schön, 1983). Imagination also has a part to play; we should not ask 'is this true?' but rather 'what if this were true, what then?' (Bochner, 2000:267). This calls for imagination to experience hope, in a kind of dialogue where difference can be explored and represented, including common points of interest, which may have a generalising effect (McLeod, 2001) or typicality.

I have endeavoured to demonstrate throughout this thesis intellectual rigour, with a clear understanding of the research topic, a sound methodology, clarity about the criteria for methods chosen for collection, coding and analysis of data, creation of themes, participant sampling and been transparent about my intuitive approach. Evaluation will also require a clear sense of my pre-understandings, assumptions and interpretations, and how these have been influenced by the process of the research itself, including my emotional involvement with the phenomenon of hope. The provision of a transparent ‘audit trail’ allows an independent person, to follow the data back to source (Fossey et al., 2002), using page and paragraph codes. However, I would add, that in so doing, they may come to different conclusions; not every ‘truth’ is equivalent (Gergen, 1985).

As ‘the researcher is the instrument in qualitative inquiry’ (Patton, 2002: 566) have I demonstrated by my engagement, that I have learnt from the research in a way which has changed me? (Stiles, 1999). I address this question in chapter 6. Secondly, it is arguable that we cannot fully know ourselves and our pre-suppositions (Morrow, 2005). My prior reading of the literature has created multiple ways of understanding the phenomenon of hope, which have effectively influenced each stage of the research (Morrow, 2007) I have however, tried to allow participant’s experience to be differentiated and explicit (Fossey et al., 2002). The provision of personal and contextual information will I hope, help the reader evaluate both the research, and myself as a credible researcher. The University of Manchester, School of Education Research Review Panel agreed my research proposal, commenting that I had established myself as a credible practitioner and researcher. Up to this point my trustworthiness has been established.
Research credibility is enhanced if it creates new knowledge which has the potential for influencing practice (one of my aims), and the ability to create interest and conversation (Morrow, 2005). Presenting at three Manchester University, five international research conferences and three counselling practitioners' workshops heightened my belief in this research. Raising consciousness of hope was effective in encouraging engagement, and reflection on practice, (Patton, 2002). This confirmed that what was emerging from the data, and my understanding was valued, and made sense; widening my perspective with new insights (Braun & Clark, 2013). This affirmed the importance of researching experiences of hope in counselling. Encouragement came too from the doctorate group, and the vital expert feedback, from my research supervisors (Braun & Clark, 2013). I was also alerted to cultural and socio-contextual differences in understanding hope. These will be the focus of future international cross-cultural research into hope. Two aspects of trustworthiness are highlighted. The decision to trust a researcher can be based partly on their track record. Secondly, these experiences helped me to trust myself in this research process. Hawley (2012) suggests that trusting ourselves can make us more capable and even more trustworthy; this has been my experience.

Participant checking as a way of enhancing trustworthiness is advocated by a number of writers (Patton, 2002; Creswell, 2007; Robson, 2011). Ashworth (1993) identifies two main positions that can be taken by research participants, when their comments are sought as a means of ‘validation’. People can be concerned with how they present themselves, and dislike how they are portrayed, or show ambivalence to being understood. This is contrasted with over eagerness to accept findings and descriptions; an anxiousness to please. These characteristics are found in normal social interactions. Participants' initial consent can be marked by over-exposure in interview, and scrutiny. Their thinking may have changed during the research. I have taken seriously my participants’ contribution, and they have checked the accuracy of their individual transcripts, but distinguish that from using their comments as evidence, for or against the research findings (Ashworth 1993). Some did write to me after the interviews and I use, with permission some of that material in the Discussion chapter. Others were less inclined to get too
involved, which I respect. Their views can be considered as provisional, contingent and subject to change.

This is consistent with a social constructionist epistemology. My responsibility is to provide adequate detail, description and interpretation. The responsibility of the reader is to evaluate the applicability in their own context (Fossey et al., 2002).

3.15 RESEARCH ETHICS

“We become like that which we attend to with the utmost seriousness”
The Varieties of Religious Experience (1902:79 William James

Central to a consideration of research ethics is ‘who the researcher is’, the character of the individual researcher (Danchev & Ross, 2014). This interiority has been described in a number of ways, as ‘ethical-mindedness’ (Bond, 2005:243), an ‘internal reflective space’ (Danchev & Ross, 2014:16), and a capacity to ‘grapple reflexively’ (Finlay & Evans, 2009: 172). However, described they are referring to a ‘state of being’ (Danchev & Ross, 2014:16) which needs to be developed and nurtured. Here within an internal dialogue are held an awareness of values, the principles they inform, of self in relation to others; asking ethical questions about professional relationships and practice; and a commitment to acting ethically. Such increased ethical sensitivity is part of forming ourselves as ethical researchers (Danchev & Ross, 2014).

I do not come to this research as a ‘blank screen’. Kvale & Brinkmann (2009) remind us that ethical thinking is shared within a community of researchers. I bring over thirty years’ experience as a registered social worker, priest, counsellor and psychotherapist, adhering to ethical codes; working with ethical dilemmas; creating ethical relationships; and developing skills which are transferable (Hanley et al., 2013).

My research has been guided by the BACP Ethical Framework for good practice in Counselling and Psychotherapy, revised edition (2013) and the BACP Ethical guidelines for researching counselling and psychotherapy (Bond, 2004), to which I
am accountable (Bond, 2005). These are socially constructed and contextually situated (Danchev & Ross, 2014) demonstrated by periodic revision. The first advocates, values, as an expression of a general ethical commitment; principles to focus ethical responsibilities in a more defined and practical way; and personal moral qualities to which counsellors are ‘strongly encouraged to aspire’, recognising that practitioners may not possess all of them. The second advocates trustworthiness, appropriate management of risk, consent, protection of personally sensitive data, research integrity, and governance. I have addressed these factors earlier in this chapter.

Adherence to these codes does not, however, guarantee ethical behaviour (Bond, 2005; Kvale & Brinkmann, 2009; Danchev & Ross, 2014) Indeed, Bond (2005) states that unquestioning adherence to a professional code may itself be unethical in a context which is primarily concerned with diverse human relationships, in different cultural contexts. The ability to make ethically responsible judgements, responding to circumstances in context, including where codes may be in conflict, is preferable to simply following rules (Kvale & Brinkmann, 2009). Ethics is not so much a set of skills to be learnt as ‘a state of being that needs continuous attention’ (Danchev & Ross, 2014:16).

Yet codes and guidelines often require certain procedures to be followed (Ellis, 2007). I adhered to the University of Manchester, School of Education Ethical Practice: Policy and Guidance and Policy on Informed Consent. A proposal was submitted to The University of Manchester Committee On The Ethics Of Research On Human Beings arguing the moral imperative for new knowledge informing counsellor’s practice, and engagement with hope, and was approved without amendment.

An example of ethical-mindedness arose when presenting some of my initial findings to a counsellor’s workshop on hope, (at which one of my research participants was present), I had to ‘think on my feet’ and respond to an unpredictable situation with unintended consequences, arising from my research findings being made public (Flanagan, 2014); an example of ‘situational ethics’ (Ellis, 2007). There was a negative reaction to her data; permission for its use had
been given. How could I protect my research participant, whilst at the same time not close down discussion, which could be seen as defensive on my part? An acknowledgment of differences of interpretation, enabled us, and the participant concerned, to move on unaffected. This illustrates that research participants, (and researchers) when giving consent, cannot know how their words will be received and interpreted by readers (Braun & Clark, 2013). Different constructions are created and can be in conflict. I discussed this in the evaluation section. Ethical decisions are seen to be influenced by, and consistent with, its unpinning epistemology (Ryen, 2011) in this case social constructionist. There is no easy answer to ethical dilemmas (West, 2002).

This example emphasises that ethical decision making is not just a rational process. Intuition plays an important part and should not be ignored, or it will impair our research, and our participants (Robson et al., 2000). They support my use of intuition in my ethical decision making, shaped by the values I hold. This is also consistent with my social constructionist epistemology. The challenge is to maintain motivation for ethical behaviour (Danchev & Ross, 2014).

My own way of sustaining motivation for ethical action arises from a daily practice of contemplation, which for me has a religious base, though it need not. Interior indwelling has been an important part of my counselling practice. It has also helped to install desired qualities. This interiority has been essential in this research process at every stage. There is for me a resonance with Gendlin’s (1997:144) ‘felt sense’ and Polanyi’s (1966:9) ‘tacit knowledge’ here. The sense of not being able to tell what I know until it emerges, but also, a desire for what I would like to know deep within; the kind of character I would like to develop.

3.16 ETHICAL CONSENT

Research participants are required to give informed consent. West & Byrne (2009) have questioned whether it is really possible for participants to give consent at the beginning of research, having no previous experience, or way of knowing what it involves. This is illustrated in the example given above from my own research experience when presenting some research findings at which a research
participant was present. They advocate a three-fold process which I have followed: initial consent, obtained at the explanatory stage; process consent throughout the research, re-visiting consent, as participant's understanding may change over-time; and closure consent when the research is finished. Participant reflection on the research and its effects, gives them the right to withdraw at any stage. Crocket (2014:155) describes this as a “relationally responsive exchange”. One participant withdrew after the interview, declined to view the transcript, but allowed the data from it to be used. Additionally, I did not know at the time of seeking consent exactly how I would analyse the data and present it. At that point participants’ words in the data are changed as I present my ‘story’. Consent, in this sense, cannot be said to cover the final form of presentation (Braun & Clark, 2013). A difficult ethical dilemma could be faced if a participant objects to such a final presentation, however, participants did not see the findings so this did not arise.

Central to this research has been developing the trust (Ellis, 2007) of participants supervisors, evaluators and readers of research, and in myself. I felt I had trust ‘in the bank’ with my participants through previous substantial working relationships, mutual respect, and a balancing of power. (see section on interviews for details). Feeling trusted, partly on my track record, (Hawley, 2012) and learning to trust myself was a social construction in which I was changed by the research process. Hope, as I experienced, also has potential to evoke personal sensitivities for participants. The imperative ‘to do no harm’ (Bond, 2004), requires managing risk. A course of action was agreed with each participant should need arise. All my participants are mature, well acquainted with self-care, and have their own support networks in place. Some of them have research experience. For myself I draw on my support network; research supervisors, doctoral research group, family, friends and colleagues. There is potential for a conflict of interest between participants’ needs, and the need for research (Braun & Clark, 2013), into hope being important and worthy of study. Whilst this did not arise, I am clear that participant obligation would come first. This illustrates my continual, internal, ethical dialogue to balance this research with the duty of care to participants and to do no harm (Bond, 2004).
3.17 DISSEMINATION OF FINDINGS

Ethically it is important to be faithful to the disclosures made by participants, perhaps for the first time. This includes how these findings are disseminated. I have stimulated reflection on practice, and personal engagement with hope through presentations at workshops and conferences. It is only when such knowledge and ideas are disseminated ‘that they become the stuff of research and scholarship’ (Bondi, 2013:11). West & Byrne (2009) highlight evidence which suggests that counselling practitioners rarely read research papers. So, is it ethical to do participant research if no one is going to read it? For me this raises further questions of how practitioners ensure their Continuing Professional Development requirement (obligatory for most professional associations) is met. Secondly, is a published paper the best way to disseminate research findings? It may meet the need to service the specialist academic enterprise. However, practitioners looking for help with their practice attend conferences and workshops, giving an opportunity for academic research, to be presented in user friendly and experiential ways. My approach is discussed in the Evaluation section.

A final ethical issue is how we write our research findings and discussion, these will “influence the intersubjective responses of our readers” (Crocket et al., 2014:138). This is an aspect of the many-layered constructed nature of this research, “as lives are heard and acknowledged by others, identity is produced-in everyday life, in counselling and in research’ (Crocket et al., 2014:155). I address this issue in the findings and discussion chapters and the section on evaluating research.
CHAPTER 4 - FINDINGS

WHAT YOU END UP REMEMBERING ISN'T ALWAYS THE SAME AS WHAT YOU HAVE WITNESSED
The Sense of an Ending, Julian Barnes, 2011:3.

HOPING IS KNOWING WHAT IS PROVIDED IS NOT THE MUSICAL SCORE BUT AN INVITATION TO THE CONCERT
The Voice of Hope: Heard Across the Heart of Life, Ronna Jevne, 1994:136

This is an invitation to experience. I shall now consider the experience arising from my research question what are counsellors’ experiences of hope in the counselling relationship? My aim is to present these findings and new knowledge, in a clear, consistent and coherent way which will be interesting, engaging, using a narrative style which will resonate with your experience, what you already know, even if tacitly. It is designed to aid reflection on, and potentially transform your own practice and how you see and experience hope. Perhaps also you may experience, even in a small way, how powerful the experiences of my participants’ stories have been for me. This experience may appear vaguely familiar and understandable, yet also in some aspects remote and unknown, differentiating our own experience.

I am giving you the reader an account of their experience; a jointly created view (Richardson, 1990) of hope. First, as author, I take the threads as one who listens, gathers, describes, interprets, and transmits and plaits them. They are strands in my ‘rope’. I did not come to this task knowing what I was going to write or how to present my findings. In this sense my writing is a ‘mode of discovery’, taking me beyond the data (Sandelowski, 1998:375). So it was not so much ‘writing-up’ as ‘writing-into’ my findings, using language to enter experience and discover what I know, as it was created (Pelias, 2011:660), involving much re-drafting and editing. I see taking the authority to write intentionally about others in this way, and tell a story about them, as privileged, involving power and the exercise of ethical responsibility (Richardson, 1990).

As author I have had to consider balancing description, analysis and interpretation of the data (Sandelowski, 1998). The choices are mine. I have tried to allow
participants to speak for themselves as authentic by using verbatim quotes from their interviews, without any “tidying-up” of the text (Braun & Clark, 2013), which allows the participants’ voices and mine to be distinguished (St. Pierre, 2011). I have tried to give priority to theirs. But I have not used all of their words and experience (Braun & Clark, 2013). Spoken English is described as ‘messy’ (Sandelowski, 1994), not organised, or grammatically correct, coherent or focused; different from formal written English. Some readers may find some extracts difficult or even offensive. Such a jointly constructed text has possibilities, choices and constraints. Participants decide how they want to be known in the stories they tell. They shape their stories creating a subjective experience of their clients’ world and aspects of their own lives for me as researcher (Ashworth, 1993). I too, choose how to be known, and in what way (Hertz 1997), however, my relationship with them helps create a voice shaped by their involvement (Charmaz et al., 1997). This includes looking at what was remembered, its content and significance and how it was being remembered; what thought and value underlie the construction of experience; identifying the emotional tone of the stories in the text; their impact on my senses.

Quotations from the data are used to support particular points I am making, demonstrate ideas, illuminate experience, arouse emotion and elicit a response (Sandelowski 1994), illustrating a description and interpretation of a theme. Secondly, analysing the content of a quote may focus on latent meanings (Braun & Clark, 2013) and what is not being said explicitly. My presentation tries to balance moving between these two uses. What is created here is tentative, cautious, and partial, I cannot know everything about this experience (Pelias, 2011), which makes a space for readers to acknowledge their own perspectives. The intention is not to capture exactly a lived experience, which is not compatible with my epistemological approach, but rather as the experience is re-created new insights may be discovered or revealed (Caulley, 2008). This difference between witnessing and remembering is captured in the quote from Julian Barnes at the head of this chapter.

The narrative style draws on creative non-fiction, (Cheney, 2001; Gutkind, 1997 2012), embracing both the dramatic, following the aphorism ‘don’t tell, show’,
(Patton, 2002) and the summarised, which is telling and both will be present as seems to me appropriate in responding to the text. I have summarised each theme using description, reflection, and interpretation (Cheney, 2001). The tone, the distinctive quality which reveals my emotional relationship to the work and something of my character (Hunter, 1990), is at times factual, warm and compassionate as I am responding to the data. Finally, the voice used is the first person active, which will I hope give the reader a feeling of being present (Sandelowski, 1998; Caulley, 2008), but also of my self-awareness as researcher (Patton, 2002). I will be avoiding the use of the passive voice, whose use in qualitative research writing has been criticised (Patton, 2002). Some description will require the third person being used in two distinct ways; reporting the participants’ views and my understanding of what they are doing, or saying (Sandelowski, 2000).

A further consideration for me has been how I am to present my findings (Sandelowski 1998). To give structure, coherence and rhythm I have chosen to present the first theme as it unfolded in real time in the interview. Others themes are presented under two main categories as they have seemed important to tell the story of the data. To experience past events in the present certain conditions are necessary, these include the creation of a receptive empty space into which past experience with its attendant cognitions and emotions can emerge; a supportive and safe context; and self—support. This I have tried to engender in my own persona as researcher.

To introduce my findings and the main themes I present below a thematic map. It is important to note that my participants came to this research without any previous educational or consciousness raising experience, or exposure to hope studies or research. Most hope research studies have focused on practitioners who have had such a background as I examined in the Literature Review. This will be discussed further in the next chapter.
Figure 2: Thematic Map of Themes
4.1 HOPE AS LIMINAL

The first question I put to participants was “What are your first thoughts about your experience of hope?” All participants experienced hope as liminal, not immediately in their present awareness, but at its edge, and therefore difficult to access and conceptualise. This is seen in tentative and sometimes confused, contradictory and uncertain speech. Participants recognised that hope was important and implicitly present in their work but I sensed were puzzled as to why this should be the case despite not being explicitly conscious of hope in their work. This sense of importance for them grew as the interviews progressed. It began a process of discovery, becoming familiar with their experiences of hope and its absence in past events. This re-experiencing of the past, and constructing new experience brought into play different parts of themselves as a human being, their personal life and histories, role as a counselling practitioner, theoretician or client, their philosophy of life and the origins of hope for them, or a combination of these.

In this theme I also discovered what participants bring to their therapeutic work. This includes their own struggle to make sense of and find meaning in life’s difficulties and the knowledge and resources created; their experiences of hope which is part of who they are; and how they hold and live a positive disposition to life. Two characteristics of hope have been found in this theme; hope participants have for themselves and hope they have for their clients. This important distinction will be discussed in the next chapter.

I present this theme first to ‘set the scene’, and begin the story of their experience, as it illustrates a key aim of this research; the start of the process of familiarisation with hope in the liminal space, waiting, not knowing, for tacit awareness to emerge. It is important to note how some participants respond to this question from deep reflection on personal experience and others from a cognitive, theoretical stance; the parts of themselves in which hope had an immediate resonance. There is a sense that they are thinking as they speak (Merleau-Ponty, 1973), and are changed by the stories they tell as they hear themselves (Sandelowski, 1991); this is consistent with a progressive understanding of tacit knowledge. This liminal experience of hope will be examined in chapter five.
Participants choose to describe their first thoughts when asked to think about hope from different aspects of themselves. Rhian speaks clearly and personally. “On a very personal level, and it did grip me, the subject of hope and the lack or absence of it [and] the impact that’s had on my life” (PF.1, 1). Using the word ‘grip’ to describe the effect of this familiarisation with hope, I sense has touched something deep within her; hope present, absent, lacking, for herself had an impact. She chooses not to elaborate on this emerging personal experience. But she is engaged with hope professionally,” when I was looking at hope in the context of my professional practice and where hope came in or was absent within…my work with parents” (PF.1, 1). She describes her initial self-understanding as “Okay, personally what’s my experience been?” and professionally, “What is my experience now?” so really when it was personal I was looking backwards and professionally looking in the present” (PF.1, 1). She conceptualises her present experience, identifying the presence and absence of hope for both her clients and herself and will develop it as her interview progresses.

For Nesta hope and hopelessness are ideas of interest to her personally. She sees herself as a hopeful person in her personal life. “What struck me about me personally as opposed to, client work, was I live in a world where I stay mainly in the continuum of hope rather than hopeless” (PG.1, 1). Her use of ‘struck’ suggests a moment of awareness; hope is central to how she sees herself. Her approach to life is hopeful. “If I think things are bad, well somehow or other they will get better. So I have a kind of belief in I’ll move through and out of difficult times” (PG.1, 1). She reflects how living her life with this belief has worked out for her. “If I think about my life and what I’ve done, it definitely enabled me to……kind of….well achieve quite a lot really. Because I think I can and I expect that I can, so I do” (PG.1, 1). There is a sense for me that this is a moment of realisation of self-belief. The absence of such self-belief for her is clear. “If I was sitting around the other end of the continuum I would just give up before I’d started if I didn’t have a belief that I’d manage” (PG.1, 1). Nesta explores the relationship between these two positions in the theme ‘Hope as Relational' below.

“When I thought of hope what immediately came to mind was hopelessness….so I was sort of fearful and recoiled from it “(PE.1, 1). Delyth shows us the close
dialectic relationship between hope and hopelessness in her experience and how it is easier to identify when hope is not present than when it is and to what extent. She speaks from the standpoint of herself as a client, who is cared for by her counsellor. “Hope for me, is only highlighted when I’ve been close to hopelessness, and other people have held it for me” (PE. 1, 1). This suggests that she felt unable herself to change her internal and external circumstances. The impact of such hopelessness is vivid. “There were really hopeless times for me…...where I couldn’t see….any meaning in life and I couldn’t see a future that was going to be meaningful,” (PE.1, 1). An important link is made here, the relationship between hope and meaning in both the present and future. This relationship is explored below and examined in the discussion chapter. Paradoxically it seems we discover here awareness of hope when it is absent.

Aled speaks both personally and professionally and distinguishes hope from wishing in his initial thoughts. “There’s a song Robbie Williams wrote, and it’s about “I hope I’m old before I die” (PC. 1, 1). And there’s no assurance there. There’s just this vague “that’s what I’d like”. He applies this to his own life with his wishes.” I’d like to be able to see my children grow up……..it would be lovely to be old enough to see my grandchildren. That’s how I thought of hope” (PC.1, 1). (He uses the word hope here when actually speaking about wishing. He is grappling with his experiences and trying to make sense of them). “In that sort of wanting thing but no firm confidence or assurance, just a whimsical sort of plucking at something and saying “Oh yes”. For me hope is different from wishing, it’s got an expectation” (PC.1, 2).

In counselling his clients there is a concrete engagement with factors which can be worked with. “I separated it into sort of thinking about hope for how a client may see it, and then hope for me as a counsellor. And I think for me …...if it wasn’t for hope I don’t think I could counsel, and it is only the fact that I can believe and I can hope that things will come about that change or chosen goals will arrive” (PC.1,1-2). There is a belief, hope for his clients and an expectation that change can happen even if the specifics of it are unclear and may not be known until they emerge.
Bethan speaks professionally and sees hope as central to her work but needed the help of my questions to bring it into awareness. “I think most of the work I do is based on hope, but it was hard to identify, and your little questions that you sent, helped, what you called your prompts” (PA.1, 3). Experiencing hope is a factor in deciding if she can work with a client and they with her, wondering if it will work. “I hope they feel they can work with me….it’s a bit of a mix …anticipation and expectation, but nevertheless that was the hope” (PA. 1, 3). Bethan points to hope as a key factor in deciding if a counselling relationship is possible. She needs to feel that it is present.

Two participants engage with hope as counselling practitioners and theoreticians; Where does hope come from? For Gareth the origins of hope are found in his personal belief. “The word hope for me has religious connotations and links in with the philosophy of life I have, which fits okay with counselling as well” (PB.1, 1). He does not elaborate on this but is also interested in how hope works? “(It’s) about development of hope and potential to work towards the person that I can actually be…..hope along the lines of development, progress” (PB.1,1). For him it is about the whole person growing, moving forward.

One participant Eleri, sees hope as a vital force located in the body and therefore in human nature which suggests something that is biological and evolutionary. She comments, “I grew up with the idea of…..they say “where there’s life there’s hope” and it was said if anybody was….possibly on their last legs…… and it seemed quite a trite saying but then I got round to wondering if there is a truth in that, because thinking about the actualising tendency and the idea of being born with the instinct to survive rather than die, was just somehow suggesting that hope is intrinsic in its broadest sense in human life” (PD.1,1). She points to hope being a natural, active component in human behaviour and action. In a counselling context when hope is absent or diminished this active quality she thinks is present at some level. She alludes to a religious understanding of “experiences of hope, and it’s the lines of a hymn, but I cannot remember which one, I think it might be Iona, but “when hope is awakened in place of despair” and that’s in terms of thinking about it in connection with counselling. It’s something about hope being awakened in place of despair. That’s part of the process. Just a glimmer, a possibility”. (PD.1,
2). She tentatively makes a connection with counselling. Like Gareth and Bethan she does not speak of her personal experience of hope. Participants in recounting their experiences reveal something of their individual identities both to themselves and to me as researcher. Factors they have identified resonate with the literature on hope. I will address this in the next chapter. What they remember is recreated through present lived experience. These experiences are not fixed and as initial responses bring to light two main themes, the nuanced experiences participants had of hope and the different ways they worked with it. I now turn to develop the first main theme, experiences of hope felt during the counselling relationship.

4.2 EXPERIENCES OF HOPE

In this main theme participants re-create stories about their clients which reveal what they experienced at distinct phases in a counselling relationship. We move in sequence through difficult experiences of struggle, hopelessness, and hope lost, to positive ones of hope present and hope restored. Participants describe hope as coexisting with hopelessness and both as powerful and dynamic experiences for them and their clients in the intimacy of the counselling relationship and the difficulties they encounter. They seem to experience hope as fluctuating naturally during a counselling session rather than being a fixed state. Maintaining it is seen as potentially challenging. It is important to note how differently they manage this dialogue, and the meaning they give to it. Some participants experienced a loss of hope and how that felt. Other participants describe moments when hope was present as an embodied experience observed in their clients and felt personally. Experience here is discovered to be multi-layered as participants distinguish between the ‘there and then’ and ‘here and now’ of their experience. They are distinguishing established experience from experience in the making. Participants sometimes construct their client’s impact upon themselves as internal, but also their understanding of their client’s experience, re-creating their client’s words.
4.2.1 EXPERIENCING STRUGGLE

Some participants describe having to make a considerable effort when their hope struggles with a client’s hopelessness, its effects on the counselling relationship and on themselves, and subsequently how they reflect on this experience. Delyth works in a voluntary counselling agency and describes two aspects to her struggle. First, between herself and her client ‘John’, “There would be times when there was this real sense that things could never change, and the struggle between us was immense” (PE.3, 3). The struggle seems to be sustaining hope with little prospect of change with his hopelessness. She identifies John’s history as part of the source of this struggle. “He had a terrible……terribly abusive childhood. He had grown up in a very hopeless environment or culture. He took that into his experience of life, it became a part of who he is” (PE.3, 4). Her hope was in conflict with his life experience. She gives ‘his voice’ to that experience “That sense that “I must be useless. I must be unworthy if this is the way I’ve been treated by people… this is what people do to me…. People must have known but nobody came to help” (PE.3, 3). Delyth is I sense deeply in touch with his experience shown by her emotional response. She says how she felt in their session together, “this was a really difficult piece of work. I was thinking it was really tangible…that my hope was tussling with his hopelessness” (PE.3, 3). She is engaged in what is a difficult relationship with ‘John’ and I sense at times feeling almost overwhelmed but not losing hope.

Delyth also describes another aspect of struggle, that within herself when reflecting on the difficulty she experienced. “I don’t think working with this level of hopelessness is easy and I don’t think it is easily overcome either. I think that’s something that takes a lot of….. I say the word “convincing “(PE.3, 3). Again she tries to recreate his experience, ‘it’s something like if I’d had that experience I’m not going to believe what you tell me’. You need to do a lot of convincing that actually the world is a hopeful place” (PE.3, 4). I sense here her uncertainty, is she convinced herself? Yet she did not give up, maybe it is going to take time. She asks “Was there change? I think there was….but I don’t think it was a massive amount of change, but I think he got a glimpse of something different” (PE3, 3).
4.2.2 FEELING HOPELESS

Some participants experience hopelessness in themselves as a response to their clients’ major life changes resulting in loss and grief which focus their clients’ difficulties. They describe staying with the clients’ experience of hopelessness as the only thing they can do. Hope paradoxically is not lost, but supports and sustains participants when no action is possible.

Gareth works in a voluntary agency with many clients facing the end of life for themselves or someone close to them, and bereavement. He describes his work. “I saw a woman in her late fifties with a terminally ill adult son. I think I saw her about fourteen times during which time her son deteriorated and she used those sessions to reflect on how she had been a parent to him, about the unfairness of it all and the distress it caused and I felt hopeless” (PB.3,1). Gareth is unsure how to express his experience. “I don’t know if it was helpless or hopeless and I still don’t know which is worse” (PB.3, 1). He describes how it feels, “to sit feeling helpless. When all I can do is to be here. I can’t say anything, I can’t do anything, but I can be here” (PB.9, 3), he seems accepting of this and reflects on how he understands what he did “that in itself is offering something very strong to that person. And paradoxically I think, when I feel very helpless, then maybe there is something powerful in that helplessness. If that’s not too complicated” (PB.9, 3).

Hope it seems is experienced as acceptance of the present reality and what cannot be changed and can be seen as implicit. Gareth’s experience he describes as powerful. There is something seemingly paradoxical here. Is it that he feels vulnerable and is it to that, his client is able to respond; his lack of power empowers her? The uncertainty seems to mean being open to the possibility of failure and loss, which would contribute to feeling vulnerable.

In what is most difficult for a mother, her child dying in adult life, Gareth listens. It seems he can do nothing else. Unsure whether he feels hopeless or helpless, he remains self-aware and sees this as an inner resource. He reflects “how my feeling hopelessness did not prevent her gaining something from the experience” (PB, 3, 1).
Reflecting on this he recalls his client’s words, “She said it helped her” (PB.4, 2). She came back fourteen times. He reflects how he might have responded. “I think if I hadn’t felt hopeless… I would have tried to fix things for her”, …. I would have got into action mode” (PB.4, 1). He accepts that he has no power here – helpless or hopeless, he does not allow himself to rush into premature action, there is no expectation and he cannot know what will happen next. He stays with the experience of hopelessness, which is all he can do. Working in this way is not easy. Nesta describes how challenging she finds it “to really….to really stay with a deeply hopeless place without feeling the urge to pull them out of it” (PG.4, 4).

Nesta may help us to understand Gareth’s uncertainty about feeling hopeless or helpless by her reference to a ‘hopeless place’ (PG.4, 4), which could be the client’s experience. Gareth’s response to that is to feel helpless, which differentiates the two experiences, though he feels both.

Eleri similarly says “I have felt hopeless, helpless and angry” (PD.3, 2) by factors outside the counselling relationship which affect her client whose life is very difficult and various external agencies are involved and being bureaucratic. They are “actually missing the point altogether……and this client was feeling……how did he describe it….humiliation, and where it seems it’s destroying a human spirit…..and they are keeping the person in a very difficult place where it is difficult to move on…. And I feel angry, you know….I feel helpless” (PD. 3, 2). These external factors are not only stopping progress being made in counselling but having a damaging effect on her client. She has no control or power here.

4.2.3 LOST HOPE

A different kind of experience is described by some participants that of losing hope during the course of a session with a client, but their responses were differentiated. Each has a starting point of wanting the best for their client; their intentions are hopeful. Participants describe hope being lost in three ways. Difficulty in establishing a working relationship, when they sense a client cannot
work with them, or when they realise they cannot work with the client; when
expectations of the counselling relationship are not mutually shared.
Bethan described two experiences different in tone when she felt a lack of hope for
her work with two clients at the beginning of counselling. “When I meet a client and
deep inside I know we’re not going to…..the word “click” comes to mind”…(PA. 4,
2). She checks this out with the client when she was feeling this lack of hope. “I
actually did say to one young woman” do you think you’re going to be able to work
with me “? And that was after the first session. Normally I found that I would
know……and I knew, and she said no” (PA.4, 2). She is describing an intuitive
response that it was not going to work, leading to her question to which the client
is able to respond honestly. It seems this client shared the loss of hope.

Bethan’s frustration with this client is apparent “I’d never experienced anyone like
her before, and I was very slow to realise. She had come for her hour and her hour
she was going to get, and that meant she was going to talk all the way through it. It
was definitely not a counselling session, and I lost all hope for her. I mean I lost it.
Because I had nothing to build on” (PA.4, 3). She needs a sense of hope. Bethan
describes a deeply felt embodied experience; what it feels like when hope is not
present. “It is feeling, and it’s very hard, I find it hard to describe the feeling….All I
can say is, when it’s not there [hope] I feel empty” (PA.5, 1). Unable to feel hope
counselling was not possible. “I was fortunate I could refer her on to another
counsellor” (PA.1, 3). Rhian also describes feeling the loss of hope. It “is just a
dragging sense, a feeling of bleakness and dread and blackness” (PF.8, 1).

Nesta working in private practice described her experience with a client who kept
coming but she did not feel much was being achieved. “One client I remember
seeing. It’s quite hard, because I think if I’d asked him, you know “How were the
sessions for you?” he probably would have said helpful. I mean it was helpful
because he kept coming back and wanting more of whatever it was” (PG.7, 3).
She did not think she was effective in getting to a depth with him “There is no way
in they’ve got no interest, possibly, in really dealing with what’s underneath the
stuff that’s going on ……then I lost hope” (PG.7,3). This suggests that
expectations were not mutually shared. For her nothing of significance was being
achieved and she feels dissatisfied. She has her own experience of losing hope in
this relationship. Yet it does not seem to have threatened the counselling relationship. The client kept coming back, perhaps for “more of whatever it was” (PG.7, 3), or hoping for something beyond that.

Aled also works in a voluntary counselling agency and describes a loss of hope, early in his counselling career, when he felt he had failed. As he retold this story I became aware that he was re-living the experience, shown as he tried to get his words out but with considerable emotion. “So I felt quite a failure that I couldn’t help him. I felt that I couldn’t make a difference to his life” (PC.5, 2). At the end of a counselling session with this client he describes the effect on himself. “I was….wrecked at the end of it. At the end of the session I was absolutely wrecked. I rang up my supervisor” (PC.5, 2). So strong was this experience that “I thought ‘I’m going to give up counselling” (PC.5, 1). He looks overwhelmed as he speaks. It seems he lost hope for himself at that point.

Aled feels for the words to describe his experience. “But I’m not quite sure, if I can distinguish where that no hope came from- I think it was something in me, that I couldn’t…I couldn’t hold out any hope that this man would change” (PC.5, 1). He lost hope for his client (who did not return for counselling and may also have lost hope). After speaking to his supervisor he reflects on the experience “I learnt a lot of lessons. I learnt that I couldn’t be something for everybody which is what I hoped I would, I thought I was going to be able to counsel everybody and help everybody ….and I realised then no actually I couldn’t” (PC.5,2). Supervision seems to help him make some sense of his experience and learn from it. Perhaps his investment in one particular hope for change in his client led to his loss of hope and feeling a failure when that hope was not realised. But he didn’t give up counselling. Conceivably his experience in supervision broadened his understanding of hope.

Aled describes another more nuanced experience when he senses that a client does not feel that progress is being made in counselling and he asks her and she replies “No, I just don’t feel I am getting anywhere at all” (PC.3,1) and she agreed to come back later when she felt ready. Aled comments “I guess I felt there was no
hope there in her and although there was still some hope for me, because she had no hope in the process, it didn’t matter how much hope I had” (PC. 3, 2).

Participants describe loss of hope as a deeply felt embodied and challenging experience characterised by emptiness, dissatisfaction, bleakness and failure. This loss we can infer is shared by some clients as counselling did not continue or ended. Nesta is the exception here, her loss of hope did not seem to be shared by her client and counselling with him seems to have continued. And for Aled his continuing hope for a client was not shared by her.

4.2.4 HOPE PRESENT

All participants describe positive moments in the counselling relationship when hope is felt to be present as an embodied and transitory experience in their clients and in themselves. First what they see in their clients. Bethan describes a quality in her clients. “I can actually tell you what it is, because I have found this with lots of clients- it’s something in their eyes….there’s a little spark, even if it only comes now and again” (PA.3,4). She describes what she sees in “that glint in the eye, the spirit in somebody comes through; it’s also hope” (PA. 4, 1).

Delyth sees hope present in her clients “through the eyes…. when our eyes meet….and body language” (PE. 7, 2).

Rhian says “the presence of hope is almost a physical act they are looking at me more, giving me more eye contact……the eyes are very significant……..it is one signal to me……that their demeanour is slightly more open (PF.5,3).

Aled says “there is this excitement that something is going to happen or change……..I think I see it in their eyes” (PC. 7, 1).

Participants spoke warmly about these positive experiences seen in their clients.

Some participants, when asked what hope feels like, describe their own physical and visceral experiences when hope is present. For Delyth, “Hope for me is
energy. That’s what it feels like. A spark of energy. It’s almost like that essential part of me is excited” (PE. 8, 3). And on occasions, “Hope….there’s tranquillity about it, a sense of peace. It feels like a life force” (PE. 8, 4).

Hope is present for Gareth when he has “a feeling of exhilaration, but I need to dampen that down sometimes……for the client’s sake” (PB. 7, 2).

For Eleri hope is felt “physiologically, a lightening, it’s a sort of…I’m pointing here (she puts her hand on her abdomen), that kind of solid lump loosens and lightens” (PD.4, 4.)

Bethan “It’s a feeling, I can’t describe it – I’m going to my midriff ( She puts her hand on her stomach) because that’s around where it is, it’s warm, exciting sometimes, but I damp that down for the client because they’ve got to get there themselves……it might be frightening for the client” (PA.10, 2).

Rhian “On a physical level, I’m kind of quite animated, and there is that…. I was going to say ‘joy’, a playfulness and a good feeling within myself when hope is there” (PF.7, 5). She develops this “It’s more of a… (long pause)……down here (she points to her stomach) feeling (PF. 7, 8). “It’s almost like a bubble rising up……to the extent you know, I’ve perhaps got a smile on my face” (PF.7, 9), and a “lightness of body” (PF.8, 2).

For Nesta when hope is present in the room “I definitely have a sense of everything being more energised…… holding my body up… a bit alert….. sitting up more… I have that kind of embodied sense” (PG.5, 7). Nesta also says “I feel more connected with the room, more clarity in my thinking…. and probably very slight racing of the heart…a little flutter of excitement, my eyes would brighten…. (long pause) it comes from here (she puts her hand on her stomach), so it’s an opening actually” (PG. 9, 2).

When hope is present for Aled he feels it “sort of in my stomach really, I think. It’s my excitement part of it” (PC.7, 1).
These specific embodied experiences of hope being present in their clients and in themselves they describe as occurring naturally and intermittently in the flow of counselling. They indicate that experiences of hope fluctuate during the course of a counselling session. Absence of such explicit experience does not mean that hope is not present or is lost. Hope can be seen as implicitly present underlying the counselling relationship.

4.2.5 HOPE RESTORED

Participants describe a more nuanced experience when their hope is restored through client’s responses, after their own sense of hope for a client is challenged or diminished when a client is difficult to engage or there has been little progress over a prolonged period. It may be something clients do or say which gives an indication that something has changed. Hope is experienced as a mutual exchange.

Eleri describes working with a client who had a “badly damaged childhood” (PD.3, 4), and could not cope with touch but longed for her family to reach out to her and wanted to reach out to others but could not take the risk. In counselling she was withdrawn, faced the wall and there was silence. Eleri felt the hopelessness and “I thought where do we go with this one if she won’t speak, if she’s not amenable to counselling in any way” (PD. 3, 4). She decides to say something. “I tried to be as congruent as I could about how I was feeling” (PD.3, 4). The effect was immediate “she just suddenly said “Can I have a hug” and it was at that point….restored hope there….certainly hope for me, it brought hope to the fore. “Wow, she’s taking such a huge risk and she’s willing to risk” (PD.3, 3). Eleri is congruent about her feelings and this seems to help the client feel safe enough to be spontaneous and ask for what she needs. She describes how this feels. “I saw a spark” (PD.3, 4), I saw her eyes light up as she said this; it was enough for her hope to be restored. It seems paradoxically that when her client feels safe enough to risk being unsafe; ‘safe uncertainty’ (Mason, 1993:189), hope is created for them both.
Nesta described her experience when a client said she was aware of changing after many years of counselling. She had a strong emotional reaction (which I experienced as she told me) and describes how she handled it.

“So it was a massive relief. I mean, I really….I could ….as I’ve said, it was said in an understated way and there was part of me just wants to go “Do you know what you’ve just said?”, you know. And then I really acknowledged what she said, but I think if I’d really made it as big as it was for me it would have been too much for her. Like she might have pulled away again”. (PG.2, 4).

Nesta restrains herself, sensitive to her client’s needs. The word hope is not used but her response seems similar in intensity to Eleri’s “wow” (PD. 3, 3). Several participants describe containing their hopeful feelings for the sake of their clients. Perhaps restraining their feelings so as not to overpower their clients and allow them to experience their own.

4.3 HOLDING HOPE

This is a major theme which describes a contextualised and nuanced understanding of how and where hope is held and how participants intentionally work with it. Participants describe being explicit about holding hope within themselves which shows in their use of language. It seems to involve waiting, being watchful without expectation of a desired outcome but with an imagined future with unspecified possibilities. We are led in sequence through hope as relationally created, experienced and shared; to in what way counsellors use their presence to help their clients. Hope is also found to be held cognitively in expectations. Participants distinguish false and realistic hope and how this is worked with. Finally participants demonstrate their belief in their clients and how when hope is waning they believe in the process of counselling to maintain hope.

Nesta is explicit about the hope she holds. “I very consciously hold hope in the room, that things can be better for her, and so I hold it in my own mind” (PG. 2, 2). She
describes how she does this, “I might say ‘for now this is what it’s like’ or I might say ‘I believe things can get better for you’. So you know I’ll be really explicit about my hope for her” (PG. 2, 2). She intentionally uses the language of ‘not yet’ but without using the word hope; implicit here is a future that can be different. “Although she hasn’t got a sense of where that is or what it would look like because it’s alien” (PG.2, 2). Nesta holds hope and understands this involves imagining a future for her client, that there is one, even though its details are unknown for the present. “So it’s like I hold the sense of what that might be for her in a way that she can’t do that. So that’s what I mean by me holding” (PG.2, 3). As she speaks she looks into the middle distance and I can see she is in touch with the experience of being with this client, it feels like she is holding her in awareness. This holding of hope she describes as “a thread to keep her alive” (PG.2, 2).

Delyth describes her experience of hope being held when she was a client “The word hope was never used. But it was….I knew they were holding an alternative view of things, and they were holding it for me because I couldn’t hold it” (PE. 1, 2). Participants are telling us that they are explicit about holding hope for their clients though the word hope is not used.

4.3.1 HOPE AS RELATIONAL

Participants experience hope as created in the counselling relationship within a relationally dynamic, dialectic, involving the mutual exchange of feeling and emotion with their clients. Participants also experience working with a complex, personally sophisticated internal reality which includes awareness of their own hope and allowing a client’s experience to have an impact on them; the relationship is with themselves and their clients. What is most painful for a client seems to be deepened to a point where it can be shared and explored, displaying a sense of deep connectedness characterised by trust and mutuality.

Eleri says “It’s the relationship that I guess creates the fertile ground for the hope to grow in. I don’t think it creates it but it provides a medium for its growth. Never thought of relationship as a grow bag, but I suppose…..” (PD. 4, 2). Nesta working
in private practice captures working in such a relationship with a client who is actively suicidal. She describes her work with a very distressed and traumatised woman who feels hopeless most of the time and does not know of anything that is different in her experience. It suggests chronic experience formed over a long period of time.

Nesta describes a deep understanding of her client’s experience. “What happens for her is she feels it, she really trusts me, so she believes that I believe for her and that’s almost enough. (PG. 2, 1). “I think she knows that I get it. How much she wants to die and how important that is to her and how desperate that is” (PG.3, 3). Nesta knows that the client knows that Nesta understands her experience. The respectful acceptance includes the possibility she may end her life. “When we talk about whether she wants to live or die, I really stay with it’s a possibility, yes, this client might choose death in preference. She might choose that and I feel really respectful of that, given her circumstances” (PG.3, 3). What helps Nesta to hold this possibility is being in touch with a part of herself. “So the place in me which thinks “There’s no way I could survive that” kind of enables me to hold that equal balance. I’m not sure I could have held on the way that she has, with what she has. Even with my optimistic outlook. I do think I would have given up. Actually, you know what, if I was there I would kill myself. So …and I really believe that?” (PG.2, 3). Her voice rises with emotion as she says this and I believe her. Her internal dialogue manages that possibility of losing hope. “So I don’t feel invested in keeping her alive actually” (PG.3, 3). Nesta is open to her client’s experience and her own, but not invested in hope or hopelessness but using her experience meets her client at another level.

Nesta is not indifferent here as she makes clear. "From a very personal point of view, I don’t want her to kill herself. I really care about her and I’d be deeply upset. But if I really stay with her life and what she has I think actually I’m not in a place to be pulling her one way or the other. This really has to be her choice. So I think it kind of supports me to hold that more equally” (PG.3, 2). Nesta is expressing something quite profound here. Her desire is for the best for her client. She ‘stays with her life’ ready to respect whatever happens as it arises in their mutual encounter. Nesta feeling at one with her own feelings is able to create a space for
the client to be herself, that is, in touch with her own inner reality, which she knows is respected. Nesta is aware of her influence here, “I do believe that what I say really matters” (PG. 2, 2).

There is a strong sense for me here of mutual trust and understanding as she allows herself to be influenced by her client who in turn receives Nesta’s responses; there is an exchange. I sense she realises almost with admiration for her client that she herself could not have coped with what her client faced. It feels like she is voicing this for the first time. Perhaps this is a source of hope; awareness of her client’s resilience. Some experiences are best known not described, experiences not told. Possibly it is true for Nesta that we can only become aware of possibilities for the future when we experience our own known limits or go beyond them.

The sombre mood of this part of her client’s story which has moved me personally, is lifted a little as Nesta says “Just recently, actually, only in the last month for the first time she’s started to say ‘I know I’m changing’. So now is like the very first time she names some hope for herself” (PG.2, 2). Her client begins to experience hope. “She could see there was movement for her… and therefore the possibility of further movement” (PG.2, 2). I felt the hope too. She has worked with her for six years. It seems a characteristic of hope here is waiting.

Delyth speaking out of her experience as a client describes what it is like “to be in a hopeless place, it’s so bleak, so dark. It’s frightening. My experience of it was real fear” (PE.1, 2). Reflecting on this experience she realises “to have somebody hold the possibility of not being frightened and of there being something more meaningful, was….and again it wasn’t spoken, but there was something about… it was holding….me in the present supporting me in the present, but in doing that it was sort of somehow leading me into a different future” (PE.1, 2). She is describing an unspoken exchange which seems to say something is understood. Perhaps she is putting into words the kind of experience of Nesta’s client; an experience of the “the fertile ground for the hope to grow in” (PD. 4, 2).
4.3.2 BEING PRESENT

Participants describe a distinctive quality of attentiveness they identify as their presence which a client needs at a critical moment. It is found to lead to spontaneous or natural ways of behaving which are helpful to the client. In this inner receptive state hope is seen to reside for participants as they trust their moment-by-moment experience in which they are deeply immersed, and seem at one with their clients, making their presence and experience available. It differentiates who the participant is from what they do.

Rhian works in a children's hospice and describes an acute and immediate experience. “I was with a parent in deep despair who wanted to join her child who had died” (PF.4, 3). This seems for her the only way to put an end to overwhelming grief. Being present Rhian constructs empathically this mother’s experience of despair as a response to the crushing loss of her child, “and I think in that moment……’there is no hope for a future for me. There is no hope of this ever being right or I’m not going to survive this” (PF.4, 3). Instinctively she seems to understand what this means here for life and its living. No words seem to have been spoken at this time. “There was a moment, I think when the absence of hope was such that life was not worth living… To have no grasp of it, for it not to be felt at any level, is a life perhaps not worth living”. (PF.4, 3). Rhian reflects “and that’s why I think the absence of hope is a very life threatening situation” (PF.4, 3).

There is stillness to the quality of Rhian’s presence with me as researcher as she continues her reflection “I wouldn’t have said it was a scary moment, but it was a very significant moment because I felt that my presence was needed there and to hold that, but not to react to it” (PF.4, 3). She is aware of herself as a human being with this mother. ………”it was one of those moments when you are really…forget all your counselling techniques, forget any of all that. You are person to person at a most significant moment in life” (PF.4, 3). How she responded to this mother was natural “It was almost like an instinctive….that was almost like I didn’t even have to think about that, and I hoped that it was sufficient at that moment for that person to get through” (PF.4, 3). It seems to have helped. Describing how she felt after the
session, “and when I left I came away feeling… humbled enough that she allowed me to be with her at that moment” (PF.4, 3). Hope is felt and expressed “The hope that we could continue and that my presence and other things were sufficient for her to get beyond that” (PF.4, 3). I sense that what is happening for this mother really matters to Rhian. What came to my mind was the saying ‘her heart had gone out to her’, suggesting a kind of ‘inner opening’ from which what was instinctive came. This mother allowed Rhian to be with her for a long time.

We are here in the presence of acute suffering. Rhian does not ‘react to it’ (PF.4, 3), her response is silent presence. She does not try to make sense of the pain but may make it more bearable by being a companion in suffering. Perhaps this mother can feel this suicidal void, and that she is not alone. Rhian knows what she has to do instinctively, perhaps as a mother to a mother. This natural spontaneity seems to arise deep within Rhian from which she communicates and this mother is able to respond. They will meet again and perhaps there is some sense of meaning in this one moment together; there is a tomorrow.

Delyth describes a similar acute experience when she acted spontaneously with a particular client “he was one of the few clients that I actually hugged… it wasn’t something I thought about, it was just something that happened….. and it was just a risk that I took…to hug him, but I think that made a big difference” (PE.3, 3-4).

4.3.3 HOPE AS EXPECTATION

Participants find hope in clients’ expectations which they share and can work with. It points to hope as being about the future. An expectation that things will be different, yet to be fulfilled, and there will be a purpose. There is an uncertainty about it but that whatever happens in the future it will have meaning.

Gareth, working in a voluntary counselling agency sets out his approach to counselling with an implicit sense of hope. It is his judgement as to how and when to make it explicit. He seeks to clarify expectations the client may have and the kinds of change which might be possible. This can be seen as empowering the client. He asks “what would you like to get from counselling, what do you hope to
gain from the work that we do together” (PB.2, 2). In trying to establish specific expectations with the client he is also creating the expectation that with counselling something will happen and be different, “so with the expectation there’s got to be hope” (PB.2,2).

Gareth illustrates this by telling the story of an eighteen year old young man who was shot in the back; a case of mistaken identity. Following this incident he was frightened to go out of the house alone and referred for counselling by his GP. Gareth asks him “What do you want to get from this”? He replied “I want to start going out again” (PB. 6, 3). An expectation was clarified. “It felt as though we had a point to aim for that he’d defined” (PB.7, 2). Gareth makes it explicit they work together. “Together as a joint enterprise, perhaps we can find a way” (PB.2, 5). He describes progress being made quickly. “I think from the second session, when he came in, and I can picture him now……he said ’I drove here today myself’. I think he was saying ‘I can do this’ (PB. 6, 4). Hope is held in the client’s expectations as they develop. It is not necessarily about changing external circumstances but dealing with them differently and changing his perceptions.

Gareth reflects on this in his experience.

“Hope is about something that’s not there at the moment, isn’t it? If it was here there wouldn’t be hope. So hope is about the future. And it’s an expectation that things will be fulfilled, be different, there will be a purpose. But there’s always an uncertainty about it because if it was actual you’d have it and you wouldn’t need to wonder about it……. it will have meaning in the end. I don’t think I could express it any other way” (PB11, 3).

Here Gareth’s approach is trying to help a client be in touch with his own sense of hope. The present is difficult and the future uncertain. It is a function of hope to sustain that.
4.3.4 HOPE – FALSE AND REALISTIC

One participant describes the experience of false hope and how that changes to realistic hope when there is an acceptance of what cannot be changed. False hope here is understood as having a goal which is unlikely to be achieved. Hope is seen to adapt to circumstances and goals change to what is thought realistically achievable. It is noted that this gives a reason for going on, and hope is something practical to do.

Rhian encapsulates this acceptance of what cannot be changed. She recounts the experience of counselling a mother whose child has a life limiting condition. The doctors want to try different kinds of treatment and operations and she recalls the mother’s words (the mother uses the participant’s real name here). [Rhian] “It’s this falseness of hope that the doctors seem to be trying to give me, and I’m really cross with it. This is not what I want for my child and there is this falseness of hope and I’m not going along with it because my child is not going to get better. My child is going to die. So stop this” (PF.2, 1). It is as though the doctors are medically constructing hope which does not fit with this mother’s experience. Rhian is inside this mother’s experience and I sense strong emotional strength behind the words she uses, “so stop this”. I do wonder if she is speaking for herself too in feeling the strength of the mother’s experience; is it also her own at some level? When the reality is accepted “the nature of hope may change from one of “I want him to stay” to one of “I hope and I want him not to die in pain and I want a peaceful death. So hope is re-framed” (PF.3, 1).

She describes how parents in this and similar situations cope. “Most parents still have had to manage that loss of hope and get some equilibrium back……whether that hope is that “We’ll keep him as well as possible for as long as possible” is their kind of way of trying to instil some hope back into what is a hopeless kind of situation” (PF.2, 3). Rhian is experiencing how parents work with their own reality and the experience of hopes which are unrealistic. For these parents having something to do seems to bring a realistic experience of hope, with purpose and meaning. This Rhian sees as crucial to their being able to cope and she feels it
keenly. *It’s been my experience that they have to do that in order to survive it*” (PF.2, 4).

4.3.5 BELIEF IN THE CLIENT

Participants I have found approach their work informed by their personal beliefs and values, creating meaning and motivation for life. It is this they bring to believe in their clients. All participants start with a generalised belief in every client which includes implicit hope. It is important to note how that belief becomes particularised to a specific client they are with. Participants also recognise that a client coming for counselling has an intention to be helped, for things to be other than they are. At some level they see this as a sign of implicit hope which can be encouraged and worked with.

Personal beliefs inform their character in their counselling role. For Gareth, “*it’s part of my basic philosophy of life, a belief that potentials are there and there’s meant to be an improvement*” (PB.7, 3). This potential is a belief that each human being has resources which may not be in their present awareness. He carries this belief within himself in the counselling relationship and his “*hope is that they will actually be able to access their inner resources*” (PB.1.3). He expects that something will change but what it is remains uncertain. “*It’s a kind of belief in the present that something can change in the future….might be specific….but also much less specific. Just a sense that things will be different*” (PB, 12, 1).

Rhian describes a general belief and intends to be helpful and sees the clients’ coming as a sign of hope. “*I hope I may be of help to someone. They have come to see me, so we start with hope, and I can nurture that, If I can help somebody increase that sense of hope, then that’s what it is about*” (PF.8 2).

For Delyth, “*a lot of my sense of hope has come from this. It’s come from a real belief in everybody’s goodness and a real non-judgemental attitude towards everybody and everything.............and a real sense of that when things go wrong.....that there’s still an opportunity within that*” (PE.11, 2).
Delyth describes making an explicit statement of belief in her client, affirming them as a person without defining a future for them. This is yet to be discovered. “I do think it’s important to verbalise how positive you feel about what we’re doing, you know” (PE. 5, 3). She describes how she does this by saying to a client “I believe in you. I believe in this person. The person you see is not the person I see. I see something different…..it’s quite a powerful thing to say “I am enough, I am enough, I am enough”….. you can find almost what the person really needs to hold on to, the belief they need to have about themselves, and that can help in that process of rebuilding hope” (PE.6, 1). She draws here on her experience as a client and why she thinks it is significant, “that’s been my experience of having personal counselling myself. That when my counsellor verbalises her belief in me, it really makes a difference” (PE.5, 3).

It seems that participants’ generalised feeling of hope for a client to do well becomes particularised, to hope in a client’s capacity to change, knowing that the client is going to come through and handle their situation. It has changed from a sense that things might be different to knowing they will be. Gareth expresses it this way. “I think the hope moved into “this person can deal with this”. I feel awfully sad about this, but “this person will be able to do this” (PB.4, 3). The context here is important. External circumstances cannot be changed but “There’s a hope with that…..”I might not be able to change something that’s happening but the hope is that I can feel differently about it” (PB.12, 3). This change involves “Something will happen, and we will find meaning in it” (PB.2, 6). Gareth is saying whatever happens in the future, together we will make sense of and create meaning in it.

Similarly, Bethan speaking of her work in employment counselling with a client says “I believed this lady could do this…………and in me I really hoped that she was going to get better and be able to go back to work” (PA.2, 2).

Aled working with children who are bereaved, says confidently of a client “He’s going to pull through” (PC.6, 3).

Rhian’s belief becomes particularised to parents whose children are dying that they can come through this experience, though what that will mean is individually
determined. “I am conscious of my thoughts and my hopes for them and I make sure that I deliver them and transfer it, that I make explicit …about hope. Her past general experience means “I can offer them insight into other peoples’ experiences and frame hope in that way” (PF.3, 4). This past experience “gives me hope that this particular person will get through this” (PF.3, 4). My sense is this is her experience of others which is also now her own.

Eleri says “Where I’m working with somebody where panic is an issue, I will sometimes say “look, it is possible,…I’m not saying it’s easy and it won’t be instant……..it is possible” (PD.2,2). Here she draws on her own similar experience of panic attacks which gives her confidence to express this belief whilst not imposing her solution on the client. “That’s the time I will sometimes disclose to clients…and it’s offering a kind of living proof of it…. it is possible” (PD. 2, 2). For all participants a particularised belief in their clients led to hope for the future.

What seem important and central for the participants in determining their beliefs are their personal values, realities, which have become part of their personhood and what is most meaningful in their lives. This includes their individual life experience and belief about hope. It is this which they cannot but bring to each counselling relationship. Their belief is also that one human being can be helpful to another and that this is not possible without becoming involved with the whole person they are with. There is a dynamic quality to the relationship between belief and experience and meaning of hope and for me an implicit sense of mystery as to how these beliefs influence their clients.

4.3.6 BELIEF IN THE PROCESS

When things are not going well in a counselling relationship, and participants feel stuck or are questioning whether a client can make it or they can help that client they do not lose hope. Some participants work with this by going back to their theoretical model and consciously believe in the process they are engaged in to maintain hope.
Participants are discovered to have implicit self-belief and in what they are doing arising from what they know through experience about the effectiveness of the counselling relationship. They think staying with the process may offer some benefit to the client. But implicitly it also seems to place value on their skills and the clients’ inner resources.

Counsellors draw on their experience when faced with a client for whom they cannot see how it will work out but hope is not lost. Eleri calls it “Grounded hope, that’s based on experience, personal experience of the way things can sometimes change, despite all evidence to the contrary. By experience and belief in the counselling process. Because I can think there are some clients and “I can’t see how this will work out”. But given the core conditions, it’s like they can take it and use it for themselves. So it’s belief in that kind of process. It’s something about not knowing what, how, when, but it’s some glimmer in the darkness of the present. It’s something about that which needs to be there” (PD.4, 3). She is describing a situation which she thinks rationally is not going to work. But it seems that drawing on her experience and staying with a belief in her model of counselling and what she is doing enables her to maintain hope. “I trust in the process” (PD.4, 3).

Gareth similarly says “when I don’t know what to do and when I feel stuck, I say to myself “just stay with the process” (PB.3, 2), but “it doesn’t mean to say that hope has gone” (PB. 2, 5). Hope is found to be implicit in the participant and explicit in the process.

4.4 LAST WORDS

At the end of the interviews I asked participants if they wished to comment on the research interview process. I have found that some of them were affected deeply. These are some of the words they offered.

Bethan “I think that some of the things I’ve suddenly realised, which I said to you, I hadn’t thought about before. What I’m aware of is that I probably will be more aware of when I’m supervising” (PA.14, 4). “I felt effectively engaged as counsellor, supervisor and human being……….I have learnt a lot” (personal communication used with permission).
Rhian “as much as this is for research, I think I’m learning quite a bit of how I can use this more, because it is very significant. I think there is something about me as a person and getting to grips with what hope means for me and how I might use that in counselling” (PF.6, 1). “It’s not an explicit technique, it is just a part of me and I use me in a therapeutic encounter” (PF5, 5).

Nesta “I think it’s opened up quite a bit for me which I need to go away and think about. The challenge is how hope is present within my own personal life and to be looking at that and what that means. So you’ve given me an awful lot to think about” (PG, 10, 1).

Gareth says of hope, “It’s more in the front of my consciousness than it was before…..I’ve been more explicitly aware of it particularly when supervising counsellors and interestingly this phrase ‘holding hope’ has been used by two of them ….. maybe it can be infectious. People catch onto things from other people don’t they” (PB. 10, 4).

Delyth said “It’s an interesting piece of research…….I think it’s fundamental to the work that we do as counsellors and yet we don’t talk about it. We talk too much about technique and less about what is actually underneath, all that driving force, that energy, which is….which is hope really, isn’t it. Yes” (PE. 12, 6).

These comments provide evidence that one of the aims of this research, encouraging practitioner engagement with hope has begun a process for some participants. They have identified characteristics of hope which will be discussed in the next chapter.

This chapter has presented findings drawn from a large amount of data. I have been necessarily selective in choosing themes to describe and supporting data to illustrate them. I am very conscious that such selection means much data has been omitted. I have tried to be faithful to my participants’ experience and their understanding, quoting their words and bringing out nuances in my descriptions and interpretations. I am aware that my prior understandings have influenced my
constructions of these experiences and my own. I now turn to discuss the findings in greater depth in the context of the literature review.
CHAPTER 5 - DISCUSSION

THE TRUTH DID NOT COME TO ME SUDDENLY.
IT CAME QUIETLY, CIRCUMSPECtLY,
SNUFFLING AND WHIMPERING, LOOKING TO
BE LET IN MANY TIMES BEFORE.

HOPE IS MUCH LIKE A CAT IN THE DARK- YOU ONLY KNOW IT'S THERE BY THE REFLECTION OF ITS EYES- WHICH MEANS THERE IS LIGHT NEAR BY.
Terri Guillemets. (nd)

HOPE IS FOR THE SOUL WHAT BREATHING IS FOR THE LIVING ORGANISM

In this chapter I return to my metaphor of rope-making as an alternative way to think of the development of qualitative knowledge. Previous chapters have seen “the laying of the rope”. The work of this present chapter is “uniting the strands ready for twisting” (Plymouth Cordage Company, 1934:63). The purpose of this research was to explore counsellors’ experiences of hope in the counselling relationship. Using participants’ own accounts of hope has enabled my findings to reflect their experiences in their own words (Finlay and Evans, 2009). This has given access to the ‘raw’ experience of hope, i.e. drawing on their experience, remembered, reflected on and understood as they are with me in the interview at that time and place, not influenced by research definitions, which is the case in most hope research in the counselling literature. It is in this sense folk experience.

Having familiarised my primary academic audience with hope through what is known in the literature review and the Findings, my purpose in this chapter is to explore these Findings and make connections with ideas, theories and experience in the literature across disciplines and present these coherently and clearly; the main messages from this study. I use my own created understandings, and interpretations, things I know now which I did not, or that I did not know in the same way at the beginning of this research. Construction as I use it in this research is a process taking place in time and context. In practice these
constructed components, separated for conceptual purposes, work together as one. My intention is to create possibilities for understanding rather than ‘truths’. My assumptions are embedded in the language I use to make my argument, my personal history and the contemporary social context. This approach will I hope foster thinking and possible re-evaluation of existing knowledge; questioning current understandings of hope but also encouraging the readers’ personal engagement with the experience of hope to help understand this thesis. I am agreeing with Todres & Galvin (2008) that to have an embodied interpretation readers need to go beyond descriptions, definitions or summaries for the feel of words as they connect within. Gendlin (1997) perceives feeling as a way of understanding; this could be a liminal experience.

This discussion chapter focuses on my Findings set against the background of contemporary debates about the meaning and function of counselling, professionalisation and voluntary regulation via professional bodies, with a concern for counselling technique and effectiveness resulting in prescriptive ways of working, which I have critiqued in the Introduction. I argue that a different conception of the work of the counsellor has emerged within this thesis, with an emphasis on their humanity, which may at certain points be in conflict with this background. I would argue that the professionalisation of the therapeutic relationship with an emphasis on producing change may have the effect of distancing the counsellor from the client with the risk of losing an experience like hope which is central to this human encounter. This understanding will become clearer as my discussion proceeds.

My starting point is hope as a common human experience which underlies this research and is essential to understanding hope in context. Secondly, I explore one of the key findings that hope was a liminal experience for participants. I develop the idea of liminality to include reflection on how counsellors work in relationship and conceptualise its use in counsellor-client interaction. Understood in this way the nature and experience of liminality is seen as beneficial to both counsellor and client and the therapeutic task. Thirdly, I argue that hope is relationally experienced; I examine its nuanced, constructed and contextualised nature in the counselling relationship and how counsellors understand and use
themselves and their presence in it. Fourthly, I consider participants’ specific and embodied experiences of hope and those related to it. Finally, I bring together the characteristics and attributes of hope constructed in the data and examined in this chapter. These will I think give us some understanding of hope as experienced in this context. Weaving these threads will I hope help bring ‘the rope’ together.

5.1 HOPE BELONGS TO HUMANITY

"HOPE IS BOTH THE EARLIEST AND THE MOST INDISPENSABLE VIRTUE INHERENT IN THE STATE OF BEING ALIVE, BUT IF LIFE IS TO BE SUSTAINED HOPE MUST REMAIN, EVEN WHERE CONFIDENCE IS WOUNDED, TRUST IMPAIRED”.


I argued in the literature review that hope has been found culturally in myths, religious texts, maxims, folk sayings and tales, and I can add popular songs and colloquialisms and poems as a folk experience and in every day usage. It is a common human experience regarded as an essential quality of being human (Eliot, 2005) and central to being human, an internal resource focused on the possible (Lynch, 1974), and a basic response that is essential for human life (Stephenson, 1991). These insights are shared by participants. Rhian (private communication after her interview, used with permission) said “I think that hope…….is a very significant part of the human condition” (PF.2, 3). Eleri refers to a saying from her childhood” Where there’s life there’s hope” (PD.1, 1). It is an everyday expression. It points to a common experience which belongs to us human beings, created, held and shared in these cultural forms. Participants’ seem to experience hope as part of human culture and themselves trying to live a personally meaningful life, e.g. (Nesta (PG. 1, 1), Rhian (PF.1, 1), Gareth (PB.1, 1). My Findings and this Discussion chapter need to be set against this folk background.

Several writers identify the experience of hope as prior to conceptualisation arising from an instinctual desire for a better life and world (Marcel, [1952] 2010; Averill et al., 1990; Lynch, 1974; Bloch, [1959] 1986). It is important to recognise that hope was a human experience long before it became a psychological construct and the subject of research developing prescriptive approaches. These pre-conceptions
provide a base on which present experience of hope can be constructed and contribute to the need to make sense of and find meaning in known and different human experiences (Frankl, [1959] 2004). It is not surprising this leads to different understandings of hope, for example between professionals and patients in a medical context (Eliot & Olver, 2002). This example comes from the theme Hope – False and Realistic, here Rhian (PF.2, 1) highlights medically constructed hope in conflict with that of a mother who does not share it and whose child has a life limiting condition. Larsen et al., (2014) comment on the difficulties created when counsellor and client do not share the same hopes and may regard them as unrealistic. Whilst this did not arise in my research it may be that Rhian (PF. 2, 1) chose to work with this mother's hope without judgement. Nuanced aspects of these individual experiences may be lost when subsequent conceptualisations become too definitive as I have tried to demonstrate in chapter two. Awareness of these nuanced experiences I argue is important for the therapeutic task. I am also contending that human life and the experience of hope is too complex and mysterious to be contained by any reductionist theory.

Additionally, hope according to Dufault & Martocchio (1985) is multi-dimensional found to be experienced in thinking, feeling, behaviour, relationships and part of the experience of being human in a nursing context. My research confirms their finding as true for my participants in a counselling context. A particular aspect of them engaged with hope as a first ‘raw’ experience, but it was not the same aspect for them all. Once participants start talking about hope some are immediately speaking about deep personal experience and reveal something of themselves. This sense of hope occupying different areas of life is captured by Rhian writing to me and reflecting after her interview (personal communication, used with her permission), who says “Speaking entirely for myself, the absence of hope would now have to permeate not just one, but in many areas of my life before I gave up on life. But I wonder, if we don’t develop these areas of life or indeed if we lose them, like good health/fitness, being loved by someone, having a family, a career, good friends etc., do those close to suicide have the ability or energy to separate out which area of their life where hope can re-establish itself? Fortunately, I am now able to separate out in life, the particular areas that give me hope and those that do not. If all areas of my life became hopeless then I know I wouldn’t want to
stay around”. Rhian seems sensitive to the experience of hope in differentiated parts of self suggesting a pluralistic internal sense of that self with awareness of hope in some parts and hopelessness in others; they are seen to co-exist internally. Rhian also identifies areas of life in which hope can be invested. Participants’ ‘raw’ experiences of hope in these different internal human dimensions and external areas may therefore, be reflected in the experiencing of clients awareness of this would seem to have implications for counsellors wanting to work with all of both their experiences.

5.2 HOPE IS A LIMINAL EXPERIENCE

SOMETIMES THE BEST MAP WILL NOT GUIDE YOU
YOU CAN’T SEE WHAT’S AROUND THE BEND,
SOMETIMES THE ROAD LEADS THROUGH DARK PLACES
SOMETIMES THE DARKNESS IS YOUR FRIEND.

Pacing the Cage, 1995 (song from The Charity of Night)
Bruce Cockburn,

I was surprised by the liminality in my findings. It seems a development from my understanding of Polanyi’s (1966:9) ‘tacit knowledge’ and Gendlin’s (1997:144) ‘felt sense’, which I discussed in the Methodology Chapter. On re-reading my Methodology chapter after writing my Findings I realised how implicit liminality had been. The iterative process I described there moving between different stages of thinking and arriving at an intuitive decision seemed clearly to me a liminal process. What I knew intuitively was revealed as it came into my awareness and was expressed or acted upon, an example of Schön’s (1983:276) ‘reflection- in-action’. I reflect on my personal experience of liminality whilst writing this thesis in the next chapter.

The difficulty my participants had in accessing hope at the beginning of the research process echoed similar experiences other counsellors had when I presented some of my early research findings at workshops. These too seemed liminal and I began to explore it. Liminality is not a new concept to counselling. In chapter two I discussed McLeod’s (1999a:218) argument that counselling is a
liminal activity depicted as a post-psychological social process with an emphasis on a shared humanity between counsellor and client. This seems consonant with my approach to counselling discussed in the Introduction, with participants’ experiences and understandings of hope, and with the argument I made above for hope as a human experience and not just a psychological construction. This approach I also argue is consistent with my social constructionist and constructivist methodology discussed in that Chapter.

Several characteristics of liminality seemed to resonate as I reflected retrospectively on my research experience. La Shure (2005) describes liminality as beginning at the initial stage of a process, on a threshold ‘betwixt and between’ two sensory states, this seems to resonate with participants’ entry into the research and my moving from practitioner to researcher. This process seems to begin with an event (Thomasson, 2014); for participants it was partaking in this research and its effect was to create feelings of uncertainty and anxiety. None of them had been research participants before so in entering a new role, they moved from their function as counsellor to that of research participant and back again. “What do I do”? “Am I doing it correctly”? They asked, ‘what do you mean by hope’? Within this movement hope was hard to grasp yet felt to be important. Unsure what it was they asked me for the interview questions in advance. These helped them enter the liminal space; here hope was something too indistinct to be experienced and led to questioning.

Barron (2013) describes living in this liminal space as a transition between these two sensory states in which self-understanding and behaviour are challenged as we learn to live with questions and anxiety. She suggests we need to stay in that liminal space long enough for something to be learnt, remaining open to the possibility that meaningful answers will be found and something new and creative emerge. It appears to require letting go of the focussed attention of what is known, required for Polanyi’s (1966:9) ‘tacit knowledge’ and Gendlin’s (1997:144) ‘felt sense’, and waiting. New knowledge when felt may be acted upon; the intuitive sense that something feels right. What seemed to emerge for participants was a fluctuating experience of hope as part of a meaning making process. Hope does not appear constant, its meaning, form or presence is found contextually. It seems
for participants and me as researcher, (both during the interviews and subsequently), a process which is not linear but can be called cyclic. It suggests an individualised dynamic experience we moved in and out of with varying degrees of intensity and not always aware of in the moment, or of the same experience. Sense is made after the movement.

This sense of participants’ reaching out to make sense of and convey their experience can be seen as an example of “speaking speech”, as conceptualised by Merleau-Ponty (1973); here participants try to make sense of and construct their personal experiences of hope. This is contrasted with “spoken speech” described as sedimented language, what the speaker brings with them, generalisations; what is already known. I want to suggest that there is a feeling quality, like Gendlin’s (1997) ‘felt sense’ to this experience. Being at or on both sides of a boundary can be experienced as challenging and not in control, as these participants’ demonstrated (Delyth PE. 2, 1; 3, 3; Gareth PB. 9, 3; Aled PC.3, 2; Nesta PG.2, 3; Rhian 4, 3; Eleri PD.4, 3). How we human beings experience and react to change appears at the heart of liminality. These descriptors are reflected in participants’ experiences and my own as researcher at different phases of the research.

Jennings’ (1988: 299) portrayal of the therapist as ‘a liminal specialist’; a resource for their clients during a time of transition provided a possible way of understanding my participants’ experiences of hope with their clients. I could also see retrospectively my role as researcher had been similar, helping participants identify and engage with their liminal experience of hope and what it meant for them. Perhaps that is an extension of Jennings’ (1988:299) depiction of the ‘liminal specialist’. I don’t think participants would have conceptualised it in this way, my emerging sense is that we both were just having the experience. For me the conceptualisation came later.

My understanding of this “in-between place” continued as participants recalled previous experiences with clients as the interviews progressed with each question and is not easily captured in written data. Bethan catches this experience. “I think most of the work I do is based on hope, but it was hard to identify, and your little
questions that you sent, helped, what you called your prompts” (PA.1, 3). It is possible that for participants liminal experiences can be transitory. However, Booker, (2015) argues that for some liminality can be almost a permanent state depending on context, e.g. activities like writing or a conscious stage in the life cycle. I agree with Holstein & Gubrium (2011) that during interviews participants are not only responding to questions, with what they think and feel but also seem aware of who they are, observing both themselves and me as interviewer. Both of us are in a liminal space but experiencing it differently. Whilst initially for them it may have been a place of uncertainty, for me it became a place in which I accepted the lostness, and believed the liminal space was a position of safe uncertainty (Mason, 1993) and my role as ‘keeping out of the way’ (Booker, 2015) waiting for the emergence of thoughts and experience for them. So it may be we are not all in the same liminal space or at the same time.

There is another dimension to participants’ liminal experience which seems to arise from adversity or conflict in circumstances with clients which are both acute, e.g. Rhian (PF. 4, 3) with a bereaved parent; Nesta (PG, 3, 3) with a suicidal client; and chronic, e.g. Delyth (PE. 3, 3), with a multiply abused client; Eleri (PD. 3, 2) with a client with longstanding relationship problems, bringing deeper levels of awareness. On occasions it is possible it placed them at the limits of what they knew, the edge of awareness, and capacity to hope but also revealing what to do or the realisation that they can do nothing; it may be new knowledge and behaviour can emerge; the taken for granted transcended.

Through this process it seems hope comes into view newly experienced or re-experienced in a different way e.g. Eleri (PD. 3, 3); Nesta (PG. 2, 4); Bethan (PA. 4, 1); Rhian (PF. 5, 3); Aled (PC.7, 1); Delyth PE. 8, 4); Gareth (PB. 7, 2). This may be in the interest of what is helpful for the client, giving flexibility but arguably at risk to personal stability. Hope often appears liminal in these experiences, perhaps it needs to remain so. If they focus too much on hope participants may not be available to their clients. For some there is also a sense of this being ‘betwixt and between’ in relation to hope and hopelessness. Nesta (PG. 3, 3) speaks of not being invested in hope or hopelessness for her client, one way or another. It may help her to remain focused on her clients’ present experience, but
appears as liminal. We also see this with Gareth (PB. 9, 3); Eleri (PD.3, 4); Rhian (PF.4, 3) and Delyth (PE.3, 3). The relationship of hope and hopelessness is discussed below.

A further liminal experience for many participants appeared to be a growing awareness that hope is important for them, personally and professionally, more than they had realised and needed attention. The Last Words theme in my Findings illustrates this well. This resonates with some conceptual work by Larsen et al., (2007; 2010) which identified hope as an implicit concept in counselling, but they do not develop this as a liminal experience and what that implies for their research practitioners. In my research what is implicit follows on from a liminal experience. O’Hara and O’Hara (2012) found that counsellors processed hope subliminally, though they do not specify the point in a process where this occurs. This can be understood as a phase preceding liminality ‘the point at which a stimulus is strong enough to produce physiological or psychological response’ (Booker, 2015:5). However, liminality as I understood and experience it implies spaces and moments in which the taken-for-granted order of known experience ceases to exist and new forms emerge, often in unpredictable ways. This conceptualisation of the experience of hope is new to my knowledge. It is a process taking place in relationships and I now examine that process as it was created in the data.

5.3 HOPE IN RELATIONSHIP

"THE FERTILE GROUND FOR THE HOPE TO GROW IN" (Eleri, PD.4, 2)

In the Literature Review I drew attention to relationship as central to effective counselling and explicitly as the context for experiencing hope. However, most research has been focused on individuals' hope for themselves or how therapists fostered hope in counselling particular clients (e.g. Larsen & Stege 2010a & b; O’Hara & O’Hara, 2012). The research context for my study is specifically the counselling relationship and counsellors’ experiences of hope within it. What has emerged may be a nuanced experience of hope sensitive to the influence of clients’ difficulties exemplified by Eleri (PD. 2, 2), and Delyth (PA.3, 4). We see
participants hope for a good working relationship, and giving us an understanding of their relationships with their clients seen through the lens of hope. This movement distinguishes hope for themselves and hope for their clients.

In what follows I explore aspects of the constructed nature of the counselling relationship including how participants hold hope and wait; hope as expectation and how participants hope for their clients’ transitions to hope in their client; and how belief in the counselling process creates and sustains their own hope. I will show how central but implicit it is in these counselling relationships that they are open to clients experiencing hope for themselves. For me it has been a rare and privileged opportunity to listen in and experience the richness of participants’ work with their clients and provides new knowledge of this process. I hope the reader will feel similarly. The question I put to participants “Can you describe an experience of hope as you lived it in a counselling relationship?” opened up the opportunity for participants to access and explore memories and re-construct understandings and consider what it is they do in these relationships. These experiences are found to be multi-layered with multiple constructions.

These multiplicities seem to involve participants’ interactions in context, constructing meaning for themselves from their clients’ experience. In addition to what is spoken, non-verbal communication, movements of the face, pauses and unconscious exchanges, also seem to contribute to what has not been said, and cannot be said by both emerging. Knox (2013) in her research into clients’ experiences in counselling draws attention to how important these non-verbal cues can be for the client, the slightest reaction from the counsellor can be interpreted negatively and reflects the fragile nature of these relationships. It is possible that through this kind of interaction a relationship is co-constructed, e.g. Nesta (PG. 3, 2; 2, 3) and meaning found. Within it hope can arise in a moment and contribute to the work with a client in interview. But it is also possible that meaning like hope is in flux and both are constructed and reconstructed recursively as they process their thinking and emotions. Nesta (PG. 2, 1); Rhian (PF. 4, 3); Gareth (PB. 3, 1) may illustrate these multiple constructions.
However, what happens between counsellor and client in relation to hope is not always clear. One factor which arises from this study which seems to help maintain the relationship is the counsellors’ holding hope and waiting. Different and nuanced similarities between my findings and those of other hope researchers are highlighted in considering holding and waiting. In psychoanalytic and psychodynamic understandings holding is seen as containment. The therapist holds the client in a reparative mother-infant relationship which includes unwanted thoughts and feelings held until such time as they can be returned to the client (Clarkson, 2004). Samuels, (1993) critiques an over emphasis on this understanding which can exclude other kinds of relationship including such factors as exchange which seems to have relevance in this hope research. Knox (2013) researching clients’ perspectives identified that clients perceived counsellors as helping them feel safe enough to explore unsafe aspects of experience. Interestingly, Cooper (2005) found that therapists were unaware of providing this. Eleri (PD, 3, 3) describes an example of providing a safe place which her client is able use to take a risk making a big change in which hope is experienced. It seems here that both client and counsellor experienced and were aware of this safe space.

In my research it is possible that participants hold hope in different ways along with other factors. In common usage holding means to have a capacity to keep sustain or support something. These descriptors are operative in a number of ways. This can be understood as counsellors ‘holding’ a sense of what is possible that something in the clients’ world will change or be alleviated and can be implicitly a generalised expectation (Dufault & Martocchio, 1985) e.g. Gareth (PB. 6, 3; 7, 2), when clients cannot accept that things could be different for them without necessarily being specific; this is hope. Hope can be held implicitly without being named in use of language (Larsen & Stege, 2010b), as both Nesta (PG. 2, 2) and Delyth (PE.1, 2) demonstrate and appear to confirm; waiting for a moment when what they are holding might be shared or exchanged. One of the attributes of hope identified in my findings is this waiting. There seem to be two aspects to waiting which need careful distinction. The first aspect is waiting when there is a clear goal in mind shared by both counsellor and client, something they hope will be achieved even if with difficulty in the future.
They wait for a given moment at a particular time, for example, Gareth (PB.2, 2). This experience of hope seems largely cognitive: identifying shared goals and the means to achieve them is strongly present in counselling research and practice (in the work of Snyder, 2002), a largely cognitive process as I have discussed in chapter two.

This is not the case with the second aspect of waiting. This is distinguished as hope waiting when there is nothing else for participants to do, but to stay with the present moment and hold the client, and their feelings without specific expectation. It maybe that waiting here is not passive but active and alive in the sense that it engages with and holds these fluctuating feelings of both. We see this with Gareth (PB.9, 3) and Nesta PG.2, 3). But it is important to note that hope is not lost here. It is possible that a more nuanced experience of waiting is staying in a really hopeless place without wanting to pull a client out of it, for example, Nesta (PG. 2, 1), holds not only hope for a better future for her client for a very long time (six years), but also her client’s hopelessness. In both experiences of waiting participants seem to remain in therapeutic contact with their clients and with themselves and hope appears to sustain it. Implicit here is that in the end whatever happens they will try to find meaning in it. Their ability to pay this kind of attention could be thwarted by specific intentions other than to wait. It is possible that there is vulnerability in this waiting, the outcome is unknown; it could end in failure. These two aspects of waiting are supported by Lynch (1974) theologically but I could find no reference to this conception of waiting in a counselling context.

The uncertainty alluded to appears to reveal these relationships as not having a consistent or static quality. This quality varies according to the contextually experienced nature of the problems clients present. Whilst O’Hara & O’Hara (2012) identify some client problems as blocking internal experiences of hope and as challenging for counsellors, these are not explored in the dynamic cycle of relationship and counsellor practice as exemplified in my participants’ working experience. But client problems do seem to influence the level of intensity and how the participants respond and the hope they experience. Intensely acute or chronic contexts seem to invoke a deeper level of the counsellors’ presence which I discuss below.
It is important to note here that Gareth and Nesta working in the voluntary sector and private practice are not restricted to the number of sessions for each client. This, I argue has an impact on the idea of waiting as an attribute of hope; they have time to wait. O'Hara, (2013) discusses the temporal dimension of hope as including waiting and delay from a theoretical position. It lacks the experiential dimension which I have described here. The relationship between holding, waiting and the experience of hope described here is not found to my knowledge in any existing hope research and presents us with potentially new knowledge. Implicit here is how participants bring their sense of self and their role, part of their professional identity, to help create the counselling relationship. I now consider these two aspects in more detail.

5.4 THE PERSON OF THE PRACTITIONER

“A SELF IS NOT SOMETHING STATIC, TIED UP IN A PRETTY PARCEL AND HANDED TO THE CHILD, FINISHED AND COMPLETE. A SELF IS ALWAYS BECOMING.”

A Circle of Quiet, (1972:14), Madeline L’Engle,

The counsellor as the instrument to be used in counselling is established in the wider research as I argued in the Literature review (Clarkson, [2003] 2004; Rowan & Jacobs, 2002; Samuels, 1993; Wosket, 1999). As Rhian says of hope “It’s not an explicit technique, it is just a part of me and I use me in a therapeutic encounter” (PF5, 5).

All participants at some point expressed individually a sense of struggle or implicit tension as they felt the demands placed on them not least in relation to hope. They point us to a pluralistic understanding of self which differentiate the person (self), as a human being from their role, that is how they use themselves (Wosket, 1999), with knowledge and experience professionally focused on the therapeutic task and conversation. Like Rowan & Jacobs (2002) I understand in this context that these two are not concepts but experiences. In this understanding the self is not “a unitary, permanent, true core of the person” rather it refers to the “experiencing process” (Rober, 1999:4). I agree with Rober (1999) that these two do not have to
be in opposition, they can mutually influence each other. This can be so in relation to hope. O’Hara et al., (2013:2) investigated the influence of therapists ‘differentiation of self’, (described as the ability to be self-directed in thinking whilst holding a sense of self in emotionally charged relationships such as counselling) on therapists’ hope. They found such self-differentiation is a factor influencing the establishment of hope in counsellors.

Here I present a construction of how participants experience this difference and the place of hope in this process. They recall the experience of themselves in relation to their clients in the re-creation of these experiences; their ‘intersubjective self’ (Rowan & Jacobs, 2002:56), when with a client. But to both of these endeavours they bring what Rowan & Jacobs (2002:56) have referred to as their ‘independent self’, their experience of themselves before these relationships. What is it that they bring? This independent self includes their personal characteristics which Wosket (1999) argues have a significant impact on the client and the course of counselling. What seems important for the participants in determining how they will be, is their life experience, personal histories, how they see themselves, what they have achieved; their distilled previous counselling experience; personal values, beliefs, realities (Buechler, 2002). I argue that central to our personal construction, meaning making and understanding is locating where hope was experienced in our life history (Bergin & Walsh, 2005) and been integrated into our personhood, directing and forming our life.

This can be seen as an example of what Gergen (2001b:120) calls ‘polyvocality’. He means that as we begin a new relationship we carry within us voices from the past in particular contexts and cultural understandings. I am arguing that hope is carried in this way to help construct meaning and experience in new relationships. Buechler (1995) supports my contention based on this research, that the therapists’ whole relationship to life is a key factor in hope being experienced in counselling. It contains experiences of hope or its absence, whether implicit, explicit or liminal which are embedded in their hopes for their clients and for themselves, though these can be very different. Like Wosket (1999) I too contend for a natural correlation between these personal characteristics, and their influence on the way counsellors work in their relationships. I am arguing that the counsellor
cannot simply ‘bracket off’ their humanity and human experience; it is a key resource in their work.

Participants’ first thoughts about hope in the Findings suggest that they were making such a connection with hope in their personal lives, e.g. Rhian (PF. 1, 1); Nesta (PG. 1, 1); Delyth (PE. 1, 1); Aled (PC. 1, 1); Gareth (PB. 1, 1). This may give some support to Mearns & Thorne (1988) contending that a counsellor’s ‘way of being’ is not just for the counselling relationship but extends beyond it to other relationships influencing their life and how they choose to live it. Spinelli & Marshall (2001) capture this for me with their reflection that the degree to which a counsellor embodies their theoretical approach to counselling and integrates it with their own way of living, in turn influences who they are with a client and is a measure of their integrity and I would add perceived authenticity by the client.

Participants I suggest move between their independent self and their intersubjective self in their inner conversations having to decide how to use parts of themselves, intuitions, ideas, imagination, observations, thoughts, emotions, and what they are feeling, including their hope, to be helpful to the client. This may not always be a conscious or deliberate process but possibly a way in which these two aspects of self are created and re-created or reconfigured, as they try to make sense of their clients’ world and their own. This idea that the self is constructed from the complexity of past and present relationships is supported by e.g. Burr (2003) and Gergen, (2001b).

Eleri captures this (in a personal communication after her interview, used with permission) describing ‘the faint candle up ahead somewhere, not the driving force of counselling, the something up ahead. I can’t see where I am going, can’t see what is beyond it, but I can move towards it. The possibility of what is beyond it. I have that spark or candle up ahead. I can move and find out what is beyond it if I have that spark’. She seems to connect her own inner self with the experience of the client. This is a conceptual distinction which in practice it will be difficult to separate. In my view awareness of this distinction is important for the experience and continued use of hope in a therapeutic context. This resonates with Mitchell
(1993) who writes of the struggle for a therapist to hold on to and value their personal understanding as necessary to allow for the creation of hope.

We see this differentiation of independent self and intersubjective self operative in a number of ways, e.g. when participants describe how they care for themselves when encountering difficulties in a counselling relationship. Eleri (PD.4, 3) and Gareth (PB.3, 2) trusting in the counselling process show implicit self-belief and a valuing of their skills and maintaining a sense of hope. Larsen et al., (2013) whilst confirming this trust in the process ties it strongly to therapists seeing a good future for their clients. My research participants seem to reveal a more nuanced experience in situations which rationally they do not think will work; they are not so certain of such a good future. Their hope is that the experience of the counselling will be of some benefit to the client whatever the outcome, e.g. (Eleri, PD. 4, 3).

We see further examples of how participants differentiate these two aspects of self as they express hope for a client (Rhian PF.4,3); hope in a client (Delyth PE.6,1; Gareth PB. 4,3,) and hope in themselves (Eleri PD.4,3) or lack of hope (Aled PC.5,1). This experience of hope in any part of them which is open to it, challenges those dominant assumptions in psychology that hope is a predominantly cognitive experience, as exemplified by Snyder et al., (1999). I argue that hope is experienced in these dimensions of thought, feelings and behaviour but is not defined by them.

It follows that it is likely that clients will also experience hope in one or more parts of themselves as part of their humanity. This is something for counsellors to be aware of and may influence the interventions they make. My sense is that some participants in telling me their stories understood and revealed something which has led to change for them, affecting their sense of self and their hope. This is demonstrated in the Last Words section at the end of my Findings. Central here is how participants make themselves available to their clients, using their self and their role, these two differentiated parts of themselves brought together in what they have called their presence which I now consider.
5.5 BEING PRESENT


In these encounters participants describe with their clients we see them connecting in a number of dimensions of the human person, previously recognised above. They have called this their presence. I identify two aspects to this presence in the Findings in which hope is experienced not previously found in hope literature. These are a deeply embodied emotional level characterised by attentiveness; an inner receptive state. Secondly, what I will call transactional, typified by a cognitive mutually agreed set of expectations which are largely met. In both, I argue, there is an exchange of hope, one seeming largely emotional the other cognitive, though these are difficult to disentangle. This exchange seems to begin with participants’ intention to want to be with their client and highly valuing them, desiring the best for them; what occurs matters to them. In allowing themselves to become emotionally available in this way they also allow the client to have an impact, to touch and move them, (Clarkson, [2003] 2004), so that what they do works for the client helping them be present to themselves, their experience as well as to the counsellor. According to Yalom (2001) this helps create an authentic relationship and for Mearns & Cooper (2005) a meeting at relational depth.

It seems in both of these aspects of presence participants are at one with their own inner self and experience, what Rogers (1980:129) called the ‘intuitive self’; they seem to transcend themselves in that moment and behave spontaneously, which works for the client. They do not have to think about it. Such spontaneous behaviour has been recognised as arising when client and therapist are fully present to each other (Mearns & Cooper, 2005). This suggests that presence is not something to be achieved or made to happen or a technique. As Rhian says “forget all your counselling techniques….you are person to person at a most significant moment in life….. I didn’t even have to think about it (PF. 4, 3). These aspects of intention, emotional availability, immersion in the moment, intuitive
awareness and transcendent behaviour echo strongly with Geller’s (2013:175) conception of what she calls ‘therapeutic presence’. In her theoretical formulation she argues that this presence is essential for effective therapy, process and achieving of relational depth and subsequent healing for the client. In my Findings there seem to be occasions when participants appear being fully in the clients’ moment on a number of levels relational, physical, and emotional, cognitively, and spiritually, though not necessarily simultaneously, in any of which hope can be experienced.

In such moments of presence at depth it is possible for a high degree of reciprocal experience. This reciprocity is powerfully demonstrated by Nesta (PG. 2, 1) she knows that her client knows that she as counsellor understands her experience; “she knows that I get it” (Nesta PG. 3, 3). Mearns & Cooper (2005) identify this as a characteristic of relational depth. To achieve this participants have to let go of a need to make things better, e.g. Gareth (PG. 4, 1) appears to do this. The paradox according to Means & Cooper (2005) is that the more participants try to help their clients the less likely it is that they will be experienced as helpful. It seems when both client and counsellor move to this deeper level of relating hope is reciprocally experienced but not always explicitly. We see this with Rhian (PF. 4, 3) and Nesta (PG. 3, 3) and note that both have a similar experience but work in different therapeutic modalities. This confirms current thinking that such experiences are not specific to particular therapeutic modalities but can be found in many of them (Mearns & Cooper, 2005; Geller, 2013); this I argue, is also true for the experience of hope.

Like Mearns & Cooper, (2005) I am not arguing that this intensity of presence is there all of the time. However, I do argue that there may be a further dimension to presence not explicitly captured in current literature; participants’ hope for a particular client is likely to be influential and shared or transmitted as a consequence of this process; the client perceives their counsellor as being hopeful. Coppock et al., (2010) in their research found that therapists’ hope in their clients was a significant factor in affecting a positive outcome, though I note with clients experiencing mild distress. My research appears to demonstrate that the level of client distress maybe an important factor affecting the experience of hope.
for both client and counsellor. These momentary experiences may provide enough hope to carry the client through until their next counselling session and be significant enough for them to experience hope for a future. It is my sense here that clients partially reconstruct themselves through this engagement with an exchange of hope which is liminal and may remain so for some time. Nesta (PG.2, 2) demonstrates this speaking of her client, “Just recently, actually, only in the last month for the first time she’s started to say ‘I know I’m changing’. So now is like the very first time she names some hope for herself”.

It needs to be acknowledged there is an element of power in presence which each exerts on the other. This is a position of influence as Spong (2007) has argued and is confirmed in this research experience. This influence is not only through participants’ interventions but their presence, beliefs and the parts of themselves that the client is able to see and respond to at some level. The influence also includes counselling itself with its values and ways of seeing the world.

So far I have considered hope experienced in a depth of relationship, other contexts seem to require what I am calling ‘a lighter touch’, a different level of presence in the relationship. In this second aspect participants seem able to see beyond present difficulties to a different better future which is drawn from a view of life and experience which is hopeful and which the client may take into themselves, feeling hopeful for what has not yet emerged. This is what I have termed transactional. Here the clients’ presence in counselling can be seen as a sign of implicit hope in the counselling process, “I need help” (Roche, 1996; Helm, 2004, Rodrigues-Antonucci, 2006). Hope for the client is a starting point for Gareth (PB. 7, 2) and he clarifies with a client expectations of counselling, what they want to accomplish together. This is quickly achieved and hope is jointly created, they both experience it. Gareth’s hope for the client that he may achieve his potential and make a change to his problem becomes belief in the client, “he can do this” and suggests a degree of collaboration, and could be indicative of the strength of the therapeutic alliance (Norcross, 2010). I argue that through this dimension hope is experienced, but it is not itself hope. I now turn to consider how hope and its associated attributes have been experienced.
Participants’ experience has been the focus of this research. In the Methodology chapter I argued that both constructivist, the participants’ making sense of their own experience of hope, and the constructionist, the collective creation and transmission of experience and meaning are operative in this research. I also argue that these multiple layers of experience in social and historical contexts provide a dynamic within which hope and indeed hopelessness can be experienced with both restraints and possibilities. How does it work? Set against this background it appears to happen through participants’ interaction with their individual clients. Also constructed is participants’ experience of their clients through recollection of past experience; the experience of and meaning they give to hope in the present. It is possible that these nuanced experiences of hope in multiple past contexts, provide a base for the creation of meaning in the present and reveal something about the nature of hope. Conscious reflection on interactional experience also constructs or adds to the construction of self. This goes some way to answering Hacking’s (1999) challenge as to what is being constructed.

Throughout this thesis I have argued that participants’ past experience of hope is significant for us as readers, experiencing, interpreting and giving meaning to hope in a present context. The work of Todres & Galvin (2008:570) can help illuminate this point. In their development of Gendlin’s ‘felt sense’ they describe ‘embodied interpretation’ encouraging the reader to engage with both ‘heart’ and ‘head’, arousing not just a logical understanding but an emotional engagement giving a sense of the experience being alive so that readers ‘find themselves in the language in some way…….. this lived experience is in excess of the words; it is more than words can say’. This I think places a big demand on the writer and the reader; it will also be true for the counsellor.
5.7 EMBODIED HOPE

**HOPE IS A STATE OF MIND, NOT OF THE WORLD. HOPE, IN THIS DEEP AND POWERFUL SENSE, IS NOT THE SAME AS JOY THAT THINGS ARE GOING WELL, OR WILLINGNESS TO INVEST IN ENTERPRISES THAT ARE HEADING FOR SUCCESS, BUT RATHER AN ABILITY TO WORK FOR SOMETHING BECAUSE IT IS GOOD.**

*Vaclav Havel (1990:83)*

A development of this felt, transitory and fluctuating experience not previously identified in the hope literature is its embodied nature which participants see in their clients and experience in themselves and which seems to be exchanged. Hope is found to be physical and visceral and seems to involve the whole person. Hence it is described as a life force and energy (Delyth, PE. 8, 4) and exhilaration (Gareth, PB. 7, 2). However, five participants (Eleri, PD.4, 4; Bethan, PA.10, 2; Rhian, PF. 7.5; Nesta, PG. 9,2; Aled, PC. 7,1) all pointed to their stomach, as the centre of their experience which moved to different parts of their body, physically felt and differentiated. Interestingly, several participants’ (Gareth, PB. 7, 2; Bethan, PA. 10, 2; Nesta, PG. 9, 2), describe moderating these responses, some using the word ‘dampen’, so as not overwhelm the client and allow the client to experience hope for themselves. It seems that their natural spontaneity is intuitively restrained at these points. A second more nuanced experience is described by Eleri, (PD.3, 3) and Nesta, (PG. 2, 4) when their own sense of hope for a client was diminished and they responded congruently which evoked a response, something the client did or said restored hope for them. It highlights the way hope can arise between client and counsellor. It is not the sole prerogative of the counsellor which is sometimes implied in hope research (e.g. Larsen & Stege, 2010a & b, Larsen et al., 2013).

Experience here is understood to be a dynamic, complex, constructed concept arising from exposure to a person, emotion or event which may or may not result in learning taking place following, Watson’s (1991) concept analysis in a nursing context. In this counselling context hope may be experienced as momentary or long lasting. Participants remembered significant experiences of hope with clients who affected them deeply from across the span of their counselling careers, memories tempered by how much of their personal experience they wish to reveal.
These subjective experiences were seen to have the potential to change a participant, give perspective and appreciation of other points of view, as they familiarised themselves with hope already in their experience (Jevne, 2005). They have provided some rich information which is not found in research approaches to therapists’ experiences of hope using Interpersonal Process Recall. Here the focus is on specific in session episodes in which they are identifying experiences of hope and what they call hope focused interventions (Larsen & Stege, 2010a & b; 2013).

It seems to me that in my research participants are concerned with emotional experiences rather than historical accuracy; finding meaning in their experiences. There is a ring of authenticity to their accounts which resonates with my own experience as a counsellor. This constructed knowledge becomes what me and the participants currently believe to be true and I argue is new. Gendlin’s (1997) distinction between experience, the constant flow of everyday sensations with little knowing and experiencing which is exposure to an event or emotion which is felt and meaning found in it, is apposite here. However, participants, in what seems a development of Gendlin’s (1997) conceptualisation are re-experiencing past events and emotions with a felt sense which creates meaning in the present. I now examine some of these nuanced experiences.

5.8 HOPE AND HOPELESSNESS

JUST AS DESPAIR CAN COME TO ONE ONLY FROM OTHER HUMAN BEINGS, HOPE TOO, CAN BE GIVEN TO ONE ONLY BY OTHER HUMAN BEINGS

Elie Wiesel (1968:77)

It is easy to assume from reading the literature that counsellors have a continuous supply of hope which is easily available for their clients (Koenig & Spano, 2007; Cutcliffe 2004). I am arguing that because counsellors are human beings this may not always be the case and as we have seen in the Findings, what hope they bring with them can be challenged e.g. Delyth (PE.3, 3); Gareth (PB. 3, 1); Eleri (PD. 3, 2). In my research it is important to note that these experiences with clients they remember are not all positive, showing the counsellors in a good light. They also recall hopelessness, struggle, failure, and losing hope; these are discussed below.
The process of research has opened this up for them. This confirms O'Hara & O'Hara's (2012) view in the context of hope that counsellors can be challenged by these experiences. These factors in my view have received little attention in hope research.

Participants reported a significant experience working with hope and hopelessness simultaneously; it seems they co-exist in their internal dialogue. This confirms Flaskas’ (2007) view in a family therapy context and Farran et al., (1995) in a nursing context. My research however, potentially develops this understanding of dialogue, first, participants reported finding that hope and hopelessness do not co-exist all the time and with the same levels of intensity or awareness in the course of a counselling session. Secondly, that either hope or hopelessness can predominate in context at any one time. Participants describe being dynamically engaged with changing intensity, in the mutual and sometimes simultaneous exchange of these feelings and emotions. I was surprised by how much participants spoke of the experience of hope and hopelessness as co-existing in a kind of a dialogue rather than as opposites. Delyth gives voice to this. “I think hope is an essential element in every relationship……in every counselling relationship” but also “an element of hopelessness in every counselling relationship” (P.2, 2). It is as though for me hopelessness is the unspoken almost unacknowledged aspect we don’t talk about. But my participants had to. Why was I surprised by this finding? It caused me to reflect on my own counselling practice.

My sense of this apparent contradiction is that whilst I am influenced by the dichotomous language of hope and hopelessness, that they are opposites, at another level it is part of my professional and personal experience that they co-exist, though it seems I may not have acknowledged the reality of degrees of hopelessness I experienced with some of my clients. Would such acknowledgment be admitting failure? I compared myself with Aled (PC. 5, 2) at this point. This hope–hopelessness dialectic they describe within the counselling relationship, each appear to experience differently causing them to behave in different ways, as part of the internal dialogue, mentioned earlier, not a dualism. Two distinct experiences of struggle were identified; participants’ hope struggling with a clients’ hopeless life experience (Delyth PE. 3, 3) and that within themselves to maintain
hope (Delyth PE. 3, 4). These two factors have not been differentiated in hope research to date and highlight the potentially complex nature of working with the experience of internal and external factors. This struggle can lead to the risk of losing hope and distinctions experienced between realistic or false hope. These nuanced aspects of experience are discussed below.

As an example, Rhian (PF. 4, 3) refers to giving up on life as despair. I note that some hope researchers (O’Hara, 2013; Larsen et al., 2013) use the terms hopelessness and despair synonymously. A distinction seems to emerge from my Findings. Gareth (PB. 3, 1) and Eleri (PD. 3, 2), both seem to experience hopelessness in some dimensions of their experience, but hope remains in other dimensions. It is not lost; they work with it. Aled PC, (5, 2) also used the word despair and we can infer from the context an experience of hope being absent from any areas of a person’s life. This suggests a distinction between despair and hopelessness not previously identified. The presence of distress or negative emotions is not necessarily a sign of a loss of hope.

5.9 LOST HOPE

HE WHO HAS NEVER HOPED CAN NEVER KNOW DESPAIR

Caesar & Cleopatra, Act 4. George Bernard Shaw (1913)

I could find no references in the literature to counsellors losing hope or how that felt for them. Four of my participants describe losing hope for a client and the accompanying embodied feeling, one of emptiness (Bethan PA.5, 1), another of bleakness dread and blackness (Rhian PF. 8, 1) and another of dissatisfaction (Nesta PG. 7, 3), and other of failure (Aled PC. 5, 2) According to Wosket (1999) admissions in public of therapists’ failures is rare though more common in private. Mearns’ (1998) research exploring counsellors’ experiences of failure identifies some feelings which show similarity to those of my participants, self-doubt, and self-criticism leading to questioning whether to give it up or not. But there is no reference to losing hope for either themselves or their clients in general.
Similarly, Casement (1985) explores and differentiates therapists’ failures focusing on what can be learnt and used to improve future practice. There is no reference to loss of hope as such. I wonder why that is the case? It may be that in previous therapist research none have lost hope, which seems unlikely given the experiences described here. Research participants in other studies may not have wanted to admit to losing hope with the implications for them of how they would be seen possibly as failing. Additionally some research participants may not have been aware of losing hope in their experience. I note here Aled’s (PC. 5, 2) description of himself as a failure. Interestingly he is the only one to use this description and also the one participant I did not know prior to the research beginning. Could it be that he was able to admit this to me as a ‘stranger’?

My other participants whilst acknowledging loss of hope describe different experiences leading to different actions. Bethan (PA.5, 1) seems quite confident in her feeling and her decision to end the counselling. This may reflect her years of counselling experience. There is no sense of self-criticism here. For Nesta (PG. 7, 3) loss of hope does not lead to the end of counselling. This lack of shared expectations with her client may have been an area for exploration. The implication here seems to be that the client had hope but she did not. Aled (PC.3, 2) describes the reverse where he had hope for a client but he knew that his client did not and like Bethan he discusses this with her and counselling ends by mutual agreement. He is aware that however much hope he had it was of no consequence if she did not have hope in either him or the process, which it was not clearly constructed between them.

Larsen et al., (2014) identified lack of shared hope between client and counsellor as something not necessarily permanent but reflecting hope as a process and could be addressed by establishing specific and different hopes. It is a clear finding, not found in other research that a loss of hope in both participant and client is experienced and responded to differently. I note Larsen et al., (2013) argue that hope must not be lost which would be detrimental for the client and their therapist’s self-confidence. They do not however, refer to counselling ending as an outcome of loss of hope. My research has shown that hope can be lost by counsellors but without effecting their self-confidence. Acknowledgement of loss of
Hope would seem to be important for both the therapeutic task and therapists’ self-care.

5.10 CHARACTERISTICS OF THE EXPERIENCE OF HOPE

*LEARN FROM YESTERDAY, LIVE FOR TODAY, HOPE FOR TOMORROW. THE IMPORTANT THING IS NOT TO STOP QUESTIONING.*

_The World as I See It_ (1956:22) Albert Einstein

Hope as constructed in this research is both an attribute of the individual and a shared and exchanged experience in a variety of contexts. I offer these summary characteristics of hope created in this research. Hope is not limited to these constructs arising from hope in action or process. I am focused on the experience and meaning of hope for participants at a particular point in time and context.

Hope is often a liminal experience which requires patient waiting for what is unknown to emerge and vulnerability to be open to the possibility of failure. It requires letting go of the need to be in control. Participants hold their client’s feelings of hopelessness and their own of hope often waiting for some time. It engages participants personally and professionally.

Hope paradoxically comes into awareness when it is absent in adversity and has antecedents of loss, threat, uncertainty of outcome, acute and chronic suffering. It also sustains and supports participants when no action is possible.

Hope can co-exist with hopelessness in a dialogue experienced intermittently, by both participant and client, and can be felt as a struggle leading to a loss of hope. It is seen to fluctuate during a counselling session. Participants carry different levels of hope and hopelessness in different parts of their being.

Hope can be experienced in any dimension of the human person in present and past events in life depending on the context. Hope or hopes can change adapting to circumstances as the person engages with their changing and emerging reality.
Hope is felt as an embodied experience in self and seen in clients, which energises and motivates. It is a relational and personal experience shared between participant and client. It seems to involve an orientation of the personality of the counsellor, to themselves, others, to the world and life.

Hope appears as an experience common to human beings but experienced differently. Hope can be a personal disposition to life, a trait which gives meaning. It has origins in personal or religious beliefs, or from a deeply informed humanity. It is seen as a quality people share not a system or a model, more of a shared process.

Hope has an active expectant quality towards the future and can be directed to self or to others. It gives purpose to intentions, striving, thoughts, and actions and is felt. Hopes can be experienced as unrealistic and false.

Hope seems to be a way of looking at life with a capacity to live at more than one level, being open with all the senses to what can be experienced arising from a sense of what is greater and beyond present human experience. In this sense it has in my view a spiritual quality, though this is not explicit in the data.
CHAPTER 6 - CONCLUSION

NOW FAITH IS THE ASSURANCE OF THINGS HOPED FOR, THE CONVICTION OF THINGS NOT SEEN.

Hebrews 11:1  Revised English Bible (1989)

The last stage of rope making is to unite any loose ends, tying them together and sealing them to make a solid piece to prevent untwisting (Plymouth Cordage Company, 1934). I have come to the end of my rope! This study arose out of an intuition that there was something of significance about the experience of hope in counselling relationships. An exploration of the literature at that time, revealed an absence of counsellors' experiences of hope within their counselling relationships in a UK context. This study interviewed seven counsellors to discover their experiences of hope in their counselling relationships. In this last chapter I bring together some new knowledge arising from my study in two areas, experience and liminality, and draw out some implications for counselling practice and possibilities for future research. I discuss liminality, a finding, and its relation to social construction, my methodology, as experienced in this study. I also pose some of the perceived strengths and limitations of the research. Finally, I end with a personal reflection on my research experience.

6.1 NEW KNOWLEDGE AND IMPLICATIONS FOR COUNSELLING

The history of hope as described in the literature review establishes its universality as an occurrence common in humanity, though experienced differently by individuals over time and place and culture. I focus in this section on the centrality of hope for counselling practice as part of the experience of being human and pinpointed in this study. The literature review also drew attention to research emphasis on counsellors’ hope focused interventions and practices but also to the limited nature of experientially based hope research in counselling, particularly its lack in the UK. I want to address this gap by looking at the implications of two aspects arising from my study; liminality and experience. I argue that in opening ourselves to the possibility of hope we counsellors in particular, can let ourselves experience hope afresh rather than trying to assimilate it into our prior
conceptualised understandings of what hope is with its potential and limits. This latter approach is associated with the professionalisation of counselling with its potential to distance the experience of hope. Alternatively, I emphasise counsellors drawing on their own hope as experienced in different dimensions of their being and areas of their lives and reflecting on how they hold and work with hope in their work and see it in clients.

6.2 LIMINALITY

This finding of liminality needs to be set alongside a view of the counsellor as a liminal figure as described by McLeod (1999a), though I would add with the potential to be aware of their own liminal experiences and those of their clients. Understanding hope as liminal offers a different means for counsellors to approach it in their work. Within an appreciation of counselling as a liminal activity, a shared experience of hope can be a bridging factor connecting the client with social and communal life outside of counselling. In this understanding the counsellor can become a bridge of hope for the client, connecting them back into a habitable and tolerable world; into ‘feeling-at-home in the world’ as Thomassen (2014) puts it. Such a connection can be seen as part of this social process view of counselling activity. If counselling is seen as a transitional place with a movement towards a new point of stability, it offers the potential for hope to be experienced liminally by both counsellor and client, within the ebb and flow of each session.

I argue this approach brings to the fore the counsellor as a human being, with training and expertise, who can engage with the clients’ humanity. It highlights that hope was found to be a lived, fluid, dynamic and liminal experience, in which thinking and subsequent behaviour took place against a background of changing emotional moods which in turn, affected how they related. Counsellors’ using liminal experience in this way may model such use for a client in their own lives. Several findings of this study support counsellors learning to work with liminality. It was established that in some contexts of intense adversity counsellors had to hold hope and hopelessness more or less simultaneously at a time of transition and this involved waiting. The outcome was unknown resulting in uncertainty; it could have ended in failure, and led to a feeling of vulnerability. In a sense hope here was
placed in the future with the intention that whatever happens something would be made of it. The implication is that for the counsellor learning to wait for or stay with the liminal moment means living with vulnerability; a necessary part of liminal experience. This may also help the client to learn to wait and be vulnerable. An implication of this finding is to create opportunities in both professional training and Continuing Professional Development (CPD) for identifying liminal experiences and to explore hope in that context. I am influenced here by my awakened understanding of liminality as implicit in my counselling practice and explicit as my research moved recursively through its various phases. I am also encouraged by my participants’ responses in interviews and the way some of them reflected on their practice subsequently. A further area would be looking at personal beliefs, values and sources of hope of the counsellor and how these influence and sustain their hope.

6.3 EXPERIENCE

This study set out to explore counsellors’ experiences of hope when in counselling relationships. Scott (1991) reminds us that experience has its own authority and when felt is a means of understanding (Gendlin, 1997). It was found within this study that this relationship provides a setting but encompasses wider contexts which influence how and where hope is experienced. These include the person of the therapist and how they become present to their clients. This study also shows the degree of commitment counsellors may give to their clients and their characteristics of flexibility, honesty and integrity, professional expertise and experience, giving for me a sense of safety for these clients and respect for their work. It also highlights the challenging circumstances in which counsellors may function and their personal resilience.

Two characteristics were identified as challenging: the struggle of working with hope and hopelessness and secondly, when hope was lost. Hope was found to co-exist dynamically with hopelessness and at certain junctures hope was lost. This study also shows how counsellors’ investment in hope or concentration on hopelessness can take the focus away from the client and their momentary experiencing. The implication for practice is that counsellors be conversant with
both hope and hopelessness in their own experience but focus on the clients’ present experiencing, moment-by-moment.

The finding that for participants hope was at certain moments an embodied experience but also observed in their clients implies that counsellors’ being fully present to their own feeling of hope can make it possible for the client to perceive the counsellor as hopeful; the hope being shared at that particular moment. For counsellors, I argue it is not sufficient to depict being hopeful as a professional requirement, they actually have to be hopeful. It emphasises the importance of congruence; hope cannot be faked. Counsellors’ seeing hope bodily expressed in the client can lead to an exchange of hope. It supports counsellors working with all of their being as necessary for the experience of hope.

My study has pointed to the importance of the wider political and socio-cultural context in which counselling takes place. The more immediate context of client problems influences nuanced experiences of hope. It has not explored all contexts. Further research exploring some of these contexts could potentially provide valuable knowledge. These contexts include examining experiences of hope at different ages and stages in the life cycle; the impact of gender on experience; diverse cultural and religious understandings and experiences of hope; the effects of rural and urban living and socio-economic factors on hope(s); the influence of client problems which has arisen in my study.

Given that the first factor identified as important for therapy outcome (Haugh & Paul, 2008) is the client, and to my knowledge only one published study has looked at client experience of hope in session, (Larsen & Stege, 2012), this provides an area ripe for research though I do not under estimate the ethical and practical difficulties. The need for research which seeks to access the client’s experiences, understandings and meanings of hope is indicated.

The main approaches to hope research in counselling has relied on Inter-Personal Recall (IPR) as its methodology with therapists educated in hope research. Given the identified contextual nature of hope experience in my study a greater variety of theoretical and methodological approaches may provide valuable perspectives on
human experience of hope. So I am advocating a more direct experiential approach to exploring hope in context, rather than one guided by explicit hope theory and education. This focus might be a good point for debate within the profession perhaps through a published work focused on the place of hope in a social process view of counselling.

Counselling practitioners’ could be encouraged to research their own experiences of hope, perhaps through workshops advocating individual case studies to build up a store of case ‘knowledge-in-context’ (McLeod, 2010). I cite here my own learning about hope through research.

6.4 LIMINALITY AND SOCIAL CONSTRUCTION

The constructions in this research have been regarded as relative though not arbitrary, created through cultural and historical processes. It suggests that as embodied human beings we are constrained by these cultural structures and are not therefore able to construct the world anyway we choose, there are limits and potential here. This could help to explain similarities and differences in human experience. In the course of my research I identified liminality as a significant finding. Why was that? Well it seemed to be a construction from my experience but influenced by what is already known about liminality. Liminality has been used as a term here to refer to moments of transition in which the usual limits to self-understanding and behaviour are set aside giving freedom from what has been structured or created with an openness to the new. It seems at its heart this is how human beings construct their experience and react to change both as individuals and in groups large or small, such as the counselling relationship. Is there a conflict here with a constructionist approach? My first response is no because it happened. The understanding of liminality is it does not explain anything it just happens; it just is. Liminal experience is not optional it just happens. It is outside of our control. In this sense it is foundational. However, what is within our control is the construction we make from it and how we use it.

Much of our constructions just seemed to happen as well within a given context such as this research. These appear to be socially constructed sedimented
meanings which form the foundation of our thought processes. The immediacy of some of these may lead us to try to make sense of what happened retrospectively, which can be seen itself as a construction. The understanding of social constructionism I have described with both limits and possibilities on our constructions can be applied to liminality; we construct it but within what is already constructed culturally. It takes place in time and context and we humans react to it sometimes in different ways. We may not all have the same experience of transition. We may not realise what has happened or make sense of it until we reflect after the event which has precipitated it. We may have such liminal experiences of which we remain unaware. What is new for us arising from this experience can be thought of as liminal. Liminality, I am suggesting is the construction we put on this experience as we try to find meaning in it. This is why Thomasson (2014) argues that liminality has the potential to influence and be consistent with many disciplines and methodologies. It has the potential to challenge existing fixed theoretical positions and current practices.

6.5 STRENGTHS OF THIS RESEARCH

A great strength of this study is that it is grounded in the professional and life experience of my participants and there is an authenticity to their accounts. This in itself may help to inform counselling practice producing “knowledge in context” (McLeod, 1999:205). This groundedness may also help bridge a perceived gap between academic research and counselling practice (McLeod, 2001; Findlay & Evans, 2009). Even though there are a small number of participants I think their depth of knowledge and experience of practice has produced some rich data from which we can learn. At the beginning of each interview I was aware of some tension, for the participants who had not taken part in a research interview before. I was also aware of my own anxiety as a relatively inexperienced researcher. Also for me I was interviewing people who I knew in different contexts and was aware I was exposing myself here, what would they think of me?

As a researcher I think I was found trustworthy and provided a safe research environment in which participants could talk freely. They felt able to talk about difficulties, and failures seemingly without feeling inhibited. This has provided
some very rich material and new knowledge, for example around the experience of losing hope; not easy to acknowledge. I am very grateful to them for their time and the effort they gave to their interviews. Presenting some of my Findings at international conferences has already created interest in developing an international research project into cross cultural experiences of hope for counsellors. I hope that the dissemination of my findings through published work will contribute to the hope research specifically from a UK perspective which is under represented in international hope studies. It may also encourage practitioners to reflect on their practice and what they bring of themselves to their work. Positively I felt the research important and a number of presentations I made to conferences and study days and encouragement from colleagues and friends reinforced the value of what I was doing and provided motivation and indeed hope. I believe that I am providing a contribution to knowledge in this field which has already proved useful to some.

6.6 STUDY’S LIMITATIONS

In seeking counsellors’ experiences of hope purposive sampling was used to gain insight and a depth of experience with the ability to reflect on practice experience of hope. The sample consisted of seven white western educated British counsellors and is small in number. So these findings are contextual and give voice to their experience, world views and professional practice. Culturally it does not reflect the rich, diverse views and experience which counsellors from other ethnic cultures and backgrounds might have brought to this UK study. Arguably it does not reflect the wider ethnic diversity present in the UK counselling community. A more focused purposive sampling might have, in addition to white middle class counsellors, also included other ethnic and social backgrounds and a wider age range. To expand this study to include more participants in this way would have had financial and time constraints, presenting difficulties in doctoral research for me as a single independent researcher. This is an argument for funding opportunities to undertake such an expanded study. A further limitation is that the voice of the client comes to us through counsellors’ perceptions of their experiences of hope.
I need to acknowledge my discomfort in interviewing people who had known me in other contexts and particularly had been in senior positions to me. I was also conscious as a practitioner researcher that my own pre-understandings would influence the interviews, potentially true for any researcher. I was very aware when something they said resonated with something in the literature and may have influenced a supplementary question. Being aware of this seemed to be important, but within my chosen methodology is part of the process of construction and what I bring to it. However, I have attempted to ensure the trustworthiness of the research by being transparent about my research process and personal learning from it.

Part of my discomfort was the reversal of roles. As a counsellor people seek me out for help. In research I am going to others to ask for their help (Etherington, 2004). I think this may have made me less assured, certainly in the early interviews. This could have had an impact and on reflection I now think I could have handled the interviews differently by asking more supplementary questions, effectively opening up the discussion and helping produce additional data. There was a tension between my role as counsellor and researcher and at times an uncertainty in me about intervening, which I would be more comfortable with in a counselling context. As the research progressed I thought I relaxed more into the interviews and felt more confident. Participants were given transcripts to check for accuracy and to delete, amend or add anything they wished. None did. But I felt this gave them some control over the process. This research is a construction in place and time and I make no claim as to the generalisability of the Findings. I leave it to readers to use what resonates with them and apply it in their own contexts.

6.7 PERSONAL REFLECTION

My purpose in writing this reflection is in addition to my reflexive voice throughout the thesis and not as an end in itself, but to explicate the link between the liminal experience of the knowledge created, participants’ experiences and my own in this research context (Finlay, 2011). I do this not to be self-indulgent but from a desire to be congruent, sharing something of my process as it has contributed to my
development as a researcher. Each phase of the research from research proposal to writing the thesis triggered my entering a liminal state, not easy to pass through, though I did not realise it as liminal early on, I just felt the anxiety and uncertainty of what to write. Once I had identified liminality as a Finding I began using it by accepting the uncertainty and anxiety and learning to wait. Frequently, I asked the question ‘What am I trying to say’ and waited.

When first faced with my data I felt overwhelmed and almost paralysed questioning how I was going to make sense of it all. The struggle I felt as I stared at the data was eased when a friend asked “John, are you trying too hard?” He had seen this in me and caused me to reflect on my relationship to the data. I realised that my eagerness to get on and find meaning in the data was actually counter-productive. When I stopped trying to find meaning I gradually understood that it requires waiting and attention to the unknown but without anxiety. I now understand this as a liminal experience. I reflected on similar experiences (of liminality) in counselling practice with which I was familiar and used them here. I was in the space between me as researcher and my participants’ data. I agree with Jennings (1988) that we need to use our liminal experiences to create effective connection with clients or in my case research data.

That I now saw and experienced liminal experience represents for me a development of Polanyi’s tacit knowledge, consciously focusing on my data but waiting until a moment akin to Gendlin’s ‘felt sense’ was experienced and I could write. Throughout different phases of this research project this has been a recursive process. I see now multiple experiences of liminality in research, in counselling and in other parts of my life as boundaries are blurred. At one level I experienced liminality being ‘betwixt and between’ my roles of practitioner and researcher which I referred to in the methodology chapter, at another level at each stage of research. Acceptance of that provided freedom to think but it was an uncertain and unstable place to be and at times I wobbled. It raises the question is liminality a permanent state or is it something we move in and out of? I don’t have an answer. I had to learn to accept the uncertainty and insecure feeling, what I have called being stuck as a necessary part of the process and whatever happens. Sometimes it felt permanent.
Looking up from my computer screen when working on the thesis and out of my study window to the sea, allowing the view to come to me had at times a transforming quality which took me out of myself, for a moment of self-forgetfulness. When I returned there was often a possibility of connecting with something else, something new. Walking along the sea shore below my home, I watched the tides coming in and out, and occasionally something, floating or just below the surface would come in and out of view. Sometimes it’s clear what it is, at other times not, it may be living or inanimate, it provokes curiosity interest; maybe useful, or maybe not. It’s a metaphor for part of my research experience things at the edge of my awareness which come in and out of view as I walk depending on the time of day meeting no-one; I am alone, a liminal experience.

Frequently, when walking ideas would come for a theme or a chapter or what I was working on especially when I felt stuck. It feels as though I have lived the experience of my research both of hope and hopelessness. This latter is filled with self-doubt, “Can I do this”? “Do I want to do it”? A friend asked me how much I had spent on the doctorate so far and commented “I don’t think you are going to give up now”. I remember a moment when I felt deep within me “I don’t have to do this”. This was a liberating moment, because from it came the choice that I would continue.

Often I went to bed thinking about some aspect e.g. how to structure this discussion chapter. I would wake up in the night with ideas in my head and had immediately to write them down. My naming it as liminal came from seeing this in my participants’ experiences and then in my own. I think Keats words describe my aspiration, *Negative Capability, “that is when man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact & reason* (Letter to George and Tom Keats, 21, 27 December, 1817) though I often succumbed to ‘reaching after’ irritably. This whole research experience and the many questions it has raised have been unsettling, moving from a state of knowing to unknowing. I seem to remember either written or said by someone that we should learn to live the question rather than search for answers which will help others to live the question for themselves.
I found myself affected in a number of ways as I listened to participants’ accounts during the interviews and when playing back the recordings. Seeing the transcription text gave a different experience. I was moved by the depth of what I was hearing and reading. I felt a sense of privilege. I was being allowed into an experience of an encounter between counsellor and client which normally I do not have access to. I felt also a sense of intrusion. These were special relationships in which significant things were happening. Should I be doing this? It felt as though I was present on the edge watching what was going on; perhaps another liminal experience? It created in me the need to be very respectful of the people involved and of what I was being allowed to witness. Their stories are recognisable to me as a counsellor. I often felt that I was in the room with them observing. But they too have been in my space, my study, my head, my emotions, and my heart every day for years.

As a counselling practitioner I am aware of times when I have come out of a counselling session in which something profound has happened and meeting my colleagues talking about ordinary life. Sometimes I have wanted to shout about what I have experienced, ‘don’t you know what has just happened in there’? ‘Someone’s life has been changed, a new experience never known before for them. It is amazing.’ I feel the same about my participant’s interviews.

I have found that working full time when I began doing this research led to a degree of tiredness which I had not known before. The balance of work with time for living had gone. At times too, it was difficult for me to get a sustained period of uninterrupted time to be immersed in the data. It is only since I retired from work that I have had such time to give to the research. I don’t think I could have completed it whilst working as well. There were also a number of personal and health concerns which required me to apply for a number of interruptions to the study, but I still felt the pressure of it. Additionally as I enter old age I am aware of decline in some areas not least memory and concentration and their impact on this research. I think good supervision has helped me to focus, her belief in me “You can write”! has given me hope that I could do it and complete it. Even so parts of my life have been on hold for some time. There have been different levels to the construction of this thesis. Co-construction with participants of the research
relationship with me; and something of their self, they also contribute to my sense of self. The relationship with my supervisor also has a constructed and liminal dimension. I have learned two aspects from this process. My counselling practice has been expanded by my research focus on hope. Secondly, my skills as a counsellor have proved transferable and useful in my research. In a sense bridging a widely perceived gap between research and practice in counselling.
BIBLIOGRAPHY


British Association for Counselling & Psychotherapy [http://www.bacp.co.uk/](http://www.bacp.co.uk/) [Accessed 08.01.2015].


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Counselling Psychology Review, Vol. 27 (4), 42-55.


APPENDIX 1

QUESTION PROMPTS

What are your first thoughts about your experience of hope?

How do you understand hope in a counselling context?

Can you think of moments when hope seemed important in a counselling relationship?

Are there examples you could call to mind when hope or lack of it seemed an issue in a piece of counselling you were doing?

Do you have a sense of when hope is present?

Do you consciously use hope in your counselling work?

Do you have a sense of the influence of your ‘private’ thoughts, feelings and hopes on a client?

Have there been times when your sense of hope for a client was absent or low? If so how did that feel?

Can you describe an experience of hope as you lived it in a counselling relationship?

What is it like to hope?

Can you describe the feelings, moods, emotions, thoughts you have inside when experiencing hope?

Do you have an approach to life in which hope has a part?

Before we finish is there anything you would like to say about the interview experience or any final thoughts?
APPENDIX 2

INFORMATION SHEET FOR PARTICIPANTS

RESEARCH TITLE

COUNSELLOR’S EXPERIENCES OF HOPE IN THE COUNSELLING RELATIONSHIP

You are being invited to take part in a research study which seeks to understand counsellor’s experience, understanding of and meaning given to hope in the counselling relationship. The research is for my thesis for the Doctorate of Counselling degree at Manchester University. Before you decide whether to take part or not I want to explain why the research is being done and what it will involve for you. If having read the following information and discussed it with others as you feel appropriate you have questions or want to discuss it further with me or need further information please get in touch.

The research will be conducted by John Prysor-Jones at the School of Education, The University of Manchester, Ellen Wilkinson Building, Oxford Road, Manchester, M13 9PL. I will be bound by the British Association for Counselling and Psychotherapy Ethical Guidelines for researching counselling and psychotherapy (2004)

The research question is what is the counsellor’s experience of hope in the counselling relationship?

I have not been able to identify any research into how counsellors experience hope and use it in their work or how they understand its influence on the counselling relationship. I hope that my research will contribute to clearer understandings of how hope influences both the process and outcome of counselling relationships and practically how it may be used effectively by practitioners

I am approaching colleagues who I know personally or professionally and who have completed professional training and are eligible for professional registration/accreditation or working towards it with at least five years experience, whose practice is well established. They will be counselling in a variety of contexts including, the Voluntary sector and Private practice. Initially I am hoping for 6 participants. This will be reviewed at each stage of analysis of the data. Once I have enough rich data is the time to stop.

I intend to conduct interviews with participants which will be audio recorded. These would be semi-structured with my using prompt questions to assist the process, lasting about an hour and a half and at a date, time and venue convenient to you. I will be asking you to reflect on your experiences of hope, how you understand it, how you think it influences the counselling relationship. I recognise this may involve looking at hope in the wider context of your life. This may have unintended
consequences and excavate material which may be discomforting or painful. Before beginning the research I would wish to agree with you a course of action that we would take should that eventuality arise. I would send you a copy of the transcription of the interview to check for accuracy. You will have the right to make changes, delete items, withdraw statements, and provide additional material.

I hope after reflection by us both that a further follow-up interview could take place and be recorded developing some of the themes or ideas expressed. I would hope to use as much of your own words as possible in my research. This would last up to one hour. Any personal or possibly identifying information would be removed and changes made to preserve anonymity after consultation together. I would also invite you to comment on any interpretations I make of the data once analysed to check that it is accurate or honest. I anticipate that we could then be contact by telephone, e-mail or in person to finalise agreement.

The recorded interviews will be professionally transcribed by someone known to me who has worked for me before and has a good understanding of confidentiality and can be trusted. I will check the transcription against the recording myself to ensure accuracy. The data and recordings will be kept safe in my home and locked away. Should you decide to withdraw at any stage and wish the recordings and transcriptions to be destroyed this will happen. I would however, be asking your permission to keep the data for possible further analysis and comparison in future research.

Should you decide to take part in the research you will be given this information sheet to keep and asked to sign a consent form. If you decide to take part you are free at any stage to withdraw without giving a reason and without detriment to yourself.

The research will form the basis of my Doctorate thesis which will, once accepted be placed in the Manchester University Library. I would also hope to write a paper for publication in professional journals. There is also the possibility of study days and conference papers on this research. I would make sure that if I wished to use any extract of your data that you have a chance to approve it prior to submission for publication.

The research will be supervised by Dr. William West, Director of the Doctorate programme, william.west@manchester.ac.uk, 0161 275 3397; and Dr. Clare Lennie, Deputy Director, clare.lennie@manchester.ac.uk, 0161 275 8627. should you have any concerns or wish to make a complaint about the research they can be contacted or The Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
APPENDIX 3

CONSENT FORM

COUNSELLOR’S EXPERIENCES OF HOPE IN THE COUNSELLING RELATIONSHIP

RESEARCHER: John Prysor-Jones

1. I confirm that I have read the attached information sheet on the above research study. I have had time to consider this information, ask questions and have them answered satisfactorily.

2. I understand that my participation in this research is voluntary and I am free to withdraw at any time without giving a reason.

3. I understand that the interviews I will take part in will be audio-recorded and I can request that recording is stopped at any time.

4. I am aware that this research will form part of a doctoral thesis and that subsequently may be published in a conference or written paper. In this case I am aware my identity will remain anonymous and I will approve any use of quotations prior to publication.

5. I agree to take part in this research

Name (block capital please): .................................................................

Signature: ..........................................................................................

Date: ..................................................................................................

Name of Researcher: John Prysor-Jones .............................................

Signature: ..........................................................................................

Date: ..................................................................................................
APPENDIX 4 - EARLY CRITERIA FOR THEME SELECTION

In working with the transcription of the first tape, there was a lot more here than I realised at the time of the interviews. There is a depth here. Can I do justice to it?

How am I to choose themes from a data item? How am I to determine what is important and what is not?

I need some criteria to determine “features of significance” (Cove, 1997) which would constitute a theme.

When reading my first transcript I noticed I was responding both cognitively and emotionally to aspects of the reading. I tried to determine which of these I was responding to intuitively.

1. Ideas, beliefs, concerns, values which are repeated (sometimes in different ways) across the interviews.
2. Levels of affect, emotion evident through non-verbal cues, rise or lowering of voice, slowing down or

quickening of speech; pauses, pausing thoughtfully, correcting self; all of which lend significance to that content.

3. A recognition of resonances with aspects of the literature which confirmed something in the content.
4. Feeling moved by the sensitivity of an experience being described with a client, knowing something to be true.
5. Explicit or implicit interpretations.
6. Descriptions experience different from what might have been expected based upon my reading of the literature read. My experience.

These unexpected surprises allow for re-consideration. Insights, not yet published.
APPENDIX 5  WORKING WITH DATA ON THE FLOOR
APPENDIX 7  CODING A TRANSCRIPT FOR NESTA.
APPENDIX 8 IDENTIFYING THEMES FROM ELERI’S TRANSCRIPT