

THE FLOW OF HOPE IN COUPLE THERAPY:
PERSPECTIVES OF COUPLES AND THEIR THERAPISTS

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The Gates of Hope

Our mission is to plant ourselves at the gates of Hope—
Not the prudent gates of Optimism,
Which are somewhat narrower
Not the stalwart, boring gates of Common Sense;
Nor the strident gates of Self-Righteousness,
Which creak on shrill and angry hinges
(People cannot hear us there; they cannot pass through)
Nor the cheerful, flimsy garden gate of
“Everything is gonna’ be all right.”
But a different, sometimes lonely place,
The place of truth-telling,
About your own soul first of all and its condition.
The place of resistance and defiance,
The piece of ground from which you see the world
Both as it is and as it could be
As it will be;
The place from which you glimpse not only struggle,
But the joy of the struggle.
And we stand there, beckoning and calling,
Telling people what we are seeing
Asking people what they see.

– Victoria Safford

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Abstract

Hope is a powerful, potent, and at times, precarious force in therapy that ultimately effects client change. This qualitative study explored couple and therapist understandings and experiences of hope in order to better understand the dynamic of hope in the context of couple therapy. Phenomenology provided the framework to investigate the primary research questions: **How do couples and their therapists experience and understand hope in therapy? Further, what are the processes of hope in couple therapy?**

Four couples and their therapists were interviewed separately via semi-structured interviews. Therapist and couple participants indicated themes of “Knowing Hope” and “Growing Hope” to describe understandings and experiences of hope in therapy. “Knowing Hope” emerged as a theme describing the *nature* of hope while “Growing Hope” emerged as a theme describing the *process* of hope as it transpires within couple therapy.

Additionally, the study design allowed for a comparison between therapist and couple responses that revealed hope as a ‘flow’ in session and one that moves and transfers hope reciprocally between therapist and couple. The results of this study contribute to the current understanding of therapeutic hope and its underlying processes in couple therapy. Lastly, this study presents a proposed model of the flow of hope in couple therapy.

Key words: hope, couple therapy, therapists, couples, psychotherapy, process research

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“And hope is like love... a ridiculous, wonderful, powerful thing.”

- K. DiCamillo, *The Tale of Despereaux*

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INTRODUCTION

Described as a “life force” (Dufault & Martocchio, 1985, p. 380) and a “dynamic, empowering state of being and central to life” (Cutcliffe, 2004, p. 180), hope is realized as having a fundamental role in effecting change and positive progress in the therapeutic process (Lopez et al., 2004; Larsen & Stege, 2010a, 2010b, 2012; Sprenkle & Blow, 2004). Hope is a foundational element to many faith traditions and ancient stories; it is touted as a virtue in ancient Greek mythology when Pandora’s opened box releases a torrent of evil spirits, plague and disease. Hope, however, lies at the bottom of the box, a healing spirit that enables humans to continue on despite weathering great suffering and trials of life. Hope is ubiquitous to many faith traditions such as Christianity, Buddhism and Sufism. It is mentioned by Saint Paul in his letter to the Corinthians: “And now these things remain: faith, hope and love” (I Corinthians 13:13) and has been widely discussed by theologians like Aquinas, philosophers such as Kant and Kierkegaard and existentialist writers such as Marcel and Camus.

Psychotherapy research has also recognized the power hope possesses among clients and therapists alike. Humanist psychologies have proposed hope’s central role in their essential belief of humanity’s goodness and capacity to act from this place of goodness (Frankl, 1972; Maslow, 1968; Rogers, 1951; Shaffer, 1978). Positive psychology has also demonstrated the relationship of one’s hope, the power of positive thinking and optimism and to one’s resiliency (Harvey & Delfabbro, 2004; Luthans, 2002). Hope theory has continued to evolve and grow as researchers have turned their attention towards not only defining hope but also to attempting to more clearly understand its role in therapy (common factors theory), and how and when in the

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therapeutic process it is accessed as a resource (process theory). Snyder et al.'s (1996) pioneering work in defining hope led to a model of hope centered on an individual's cognitive processes that uses one's agency, capacity for planning and ability to follow through on goals. Snyder and team (1996) went on to develop a measure of hope with their Adult Dispositional Hope Scale (AHS) to assess willpower and waypower.

Since Snyder's (1996; 2000) trailblazing work, the definition of hope has evolved further: now described as dynamic, multi-dimensional (Cutcliffe, 2004; Dufault & Martocchio, 1985); bi-directional (Kowalcky, 2011; Larsen & Stege, 2012; O'Hara, 2013); generalized and particularized (Dufault & Martocchio); both implicit and explicit (Larsen & Stege, 2010a, 2010b); and as existing on a continuum (Ward & Wampler, 2010). Specific to this study, hope within the context of couple therapy has not been as widely explored. Ward and Wampler's (2010) grounded theory work on defining hope with couples identified four properties of hope in couple therapy (action, opportunity, evidence and connection), thus establishing an important and notable stride in the field of couple and family research. What remains, however, is a scarcity of research looking at couples in therapy and the role of hope, specifically research that includes the voices and perspectives of couple clients.

What has also evolved is the important inclusion of therapist hope in this discussion. Research has realized how essential therapists' own hope is to bolstering that of their clients (Coppock, Owen, Zagarskas & Schmidt, 2010; Flesaker & Larsen, 2010). Lynch (1974) encourages therapists to be bearers of hope while Hanna (2002) suggests that hope has a contagious quality and can be transferred between client and therapist. As such, Capps (2001) asserts that clinicians can be both facilitators and agents of hope.

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Overview of this Thesis

Understanding that hope plays a pivotal role in effective therapy, this study explores in greater depth how hope is experienced and understood in couple therapy from the perspective and experience of couples and their therapists. How do couples and therapists understand and experience hope in session? How might this experience of hope as occurring within session be understood or even visualized?

By including the perspectives of both the therapist and the couple, one is able to identify the complexity of hope's co-creation within the therapeutic process. This study includes a comparison of the similarities and differences of therapist and couple perspectives and allows for a rich description of hope and its movement in session to emerge. Gall, Henneberry and Eyre (2014) utilize a similar methodological approach in their exploration of the experience of suicide bereavement through the comparison of the perspectives of mental health workers and bereaved individuals. Likewise, this study illuminates best practices for engendering and growing hope in therapy based on responses of couples and therapists.

Rooted in phenomenological inquiry, this study explores the phenomena according to the different meanings participants bring to them (Creswell, 2007). This study uses participants' responses to open-ended questions to inquire of hope's meaning and hopeful experiences in therapy, thus embedding the assumption that participant responses are valid and that truth can be found in lived experience (Seidman, 2006).

The beginning chapter of this study offers a literature review of hope in psychotherapy. It begins by addressing the various strides taken to define hope, the evolution of hope theories, the distinct context of hope in couples theory, the

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importance of therapist hope, the relationship of spirituality and hope, and hope's origins as viewed through the lens of attachment. Lastly, chapter one ends with therapeutic interventions that foster hope for clients, as determined by existing research. Chapter two provides the methods involved in this study beginning with the research questions being explored, the research design, the context and suitability of phenomenological inquiry, a description of participants, data collection and analysis, ethical considerations of participants, as well as a description of credibility and trustworthiness attempts made by the researcher to reduce bias. Chapter three presents the study's findings centered around two emergent themes of "Knowing Hope" and "Growing Hope" as identified by therapist and couple responses. The final chapter presents a discussion of the central findings as well as a proposed model depicting the flow of hope in couple therapy. Further, chapter four provides best practices based on participant responses as well as limitations and strengths of the study. Lastly, future directions as indicated by this study are offered.

CHAPTER 1: LITERATURE REVIEW

“Hope changes everything. It changes winter into summer, darkness into dawn, descent into ascent, barrenness into creativity, agony into joy” – Daisaku Ikeda

Common Factors: Hope and Expectancy

Common factors of treatment (Davis & Piercy, 2007, Frank & Frank, 1961; Grencavage & Norcross, 1990; Lambert, 1992; Sprenkle & Blow, 2004) point to overlapping broad features of therapy considered responsible for client change, beyond specificities of particular models. A common factors approach seeks to determine which core ingredients, shared by differing therapies, contribute to client change and render psychotherapy successful. Based on his review of outcome research, Lambert (1992) suggested four major factors contributing to client change (therapeutic relationship, individual client factors, hope / expectancy and placebo) and assigned percentages for each of these contributing factors. For example, the therapeutic relationship is considered to explain 30% of client improvement in therapy, including but not limited to, the therapist’s ability to show empathy, genuineness and positive regard. Conversely, client factors, such as ego strength, motivation, and severity of problems are considered to be responsible for 40% of client change. What is striking about these explanations is how much of therapy’s efficacy rests on individual therapist and client factors, beyond models or techniques. Furthermore, and of importance to this study, is the assertion that hope and expectancy effects explain another 15% of client improvement and lastly, placebo effects account for the final 15% (Lambert, 1992). The factor of hope and expectancy deserves further exploration into how it translates into the experience of clients in the therapeutic

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process and the role different therapists may play in offering hope or enhancing expectancy.

Importance of Hope

“Hope is important because it can make the present moment less difficult to bear. If we believe that tomorrow will be better, we bear a hardship today” - Thich Nhat Hanh

Lambert's (1992) work on common factors leading to therapeutic change identifies hope and expectancy as an essential ingredient to efficacy and positive outcome in therapy. His study concludes that hope and expectancy were part of clients' improvement. Further, Lambert attributes that 15% of positive change comes from client's hopefulness and belief in the treatment and its efficacy. Likewise, Frank & Frank (1991) assert that hope / expectancy is a significant part of treatment. Hope occupies a critical place in the therapeutic process and is acknowledged as a valuable and significant contributor to positive outcome and therapeutic efficacy (Jevne, 2005; Snyder, 1995; Yalom, 2001). Hope unites expectations of clients and therapists and motivates both therapist and client to spur on change (O'Hara, 2013).

Although there are no quantitative studies to date done on hope and outcome, some promising qualitative in-depth research exhibit the significance of hope as a common factor of treatment and efficacy (Ward & Wampler, 2010; Sprenkle & Blow, 2004; Davis & Piercy, 2007b). Davis and Piercy (2007) in their grounded theory research on client change discovered that couples who entered therapy without a tangible plan for solving their problems reported feeling hopeless and that therapists played an important role in instilling and fostering hope for the dyad. Likewise, Cooper, Darmody and Dolan (2003) in their qualitative triadogue discussing perspectives of hope in psychotherapy,

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posit that clients will more likely emerge with better outcomes if therapists can instill hope or invite clients to express hope as a precursor for change.

The factor of hope, both from a clinician, couple and individual perspective, is an important element in the overall process and recognized as a critical factor leading to change, regardless of theoretical orientation (Hubble, Duncan & Miller, 1999). Many therapists laud the value of instilling hope in the therapeutic process and many empirically validated couple and family therapy models emphasize the significance of fostering hope for the couple or family system (Sprenkle & Blow, 2004). Yet, there is a limited body of marriage and family therapy research that specifically studies the hope component of expectancy and how this variable translates into therapy and contributes to positive outcomes (Blow & Sprenkle, 2001). Nursing and psychology are the two disciplines that have the most extensive research on hope-based strategies, the latter entailing much of Snyder's (1995; 2000) pioneering work on hope and therapy with an emphasis on the cognitive qualities of hope including goal setting, motivation, and hope as a cognitive schema. Snyder's contributions to hope research including his operational definition and various measures of hope are explained in greater detail under the conceptualizations of hope section, below. In addition, it would be remiss not to mention hope and its role in positive psychology as it advocates the central role hope plays in high-functioning human behaviour and humanist psychology.

As important as hope is and despite an increased interest in researching hope (O'Hara, 2013), research on hope remains in its early stages (Larsen, Edey & LeMay, 2007). Early studies looked at ways of defining hope and establishing its critical role in change (Frank, 1995; Snyder, 1995). More recently and notably, research is focusing on

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the process of hope in therapy and the role of therapist hope (Cutcliffe, 2004; Larsen, Edey & LeMay, 2007). Definitions of hope are emerging and being refined as seen in the work of Dufault and Martocchio (1985), Ward and Wampler (2010) and Egeli, Brar, Larsen & Yohani (2014). Larsen and Stege (2010a) introduced and explored the important distinction of explicit and implicit hope. They refer to implicit hope interventions as therapist practices that address client hope without using the word hope explicitly, identifying two key components: attending to therapeutic relationship and fostering change in client perspectives. Explicit hope, as defined by Larsen and Stege (2010b) refer to hope-focused interventions that use the word hope, hoping, etc. and include the following components: multiple dimensions of hope; psychoeducational interventions; and reframing issues as threats to client hope.

Hope and Wellbeing

Early theorists assert that hope is essential for wellbeing, growth and life (Frankl, 1959; Erikson, 1964; Frank, 1973; Menninger, 1959). In fact, Lazarus (1999) asserts that when investigating human wellbeing, hope is paramount and should be of interest to everyone. Individuals who hold high levels of hope were found to exhibit superior coping and overall better adjustment facing stressful life situations (Barnum, Snyder, Rapoff & Thompson, 1998) and confirmed again by Snyder et al.'s (2000) findings. Snyder et al. determined that hopeful people held an advantage over those who measured as less hopeful and that this innate sense of hopefulness worked as prevention when faced with life crises. Higher levels of hope are virtually always related to more beneficial life outcomes according to Cheavens, Michael and Snyder (2005) who reviewed all hope and psychology research across domains of psychological health, physical health, academic

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outcomes and athletic performance (p. 127). Ong, Edwards and Bergeman (2006) linked hope to resiliency, finding that individuals with high hope displayed lower stress, less reactivity and possessed an ability to emotionally regulate more on a daily basis. More recently, Scioli et al.'s (2016) study further cemented the link between hope and physical wellbeing. It associated hope and a greater commitment to healthy diet and regular exercise among participants. Additionally, Scioli et al. (2016) further integrated hope with attachment and spirituality, both of which are explored in greater depth below.

Definitions of Hope

Menninger (1893-1990), one of the earliest to speak about hope, emphasized the importance of inspiring hope in his patients. Menninger described hope as an “instinct, a force set against dissipation, an active agent in all therapeutic movements” (p. 451). Menninger understood hope as an active process, calling it an adventure, a movement forward and a search with confidence. Hope is not idle, argued Menninger, but a motivating energy that expresses the maturity of a person and can be instilled in clients, often by transmission. In other words, hope instills and spreads more hope. Jerome Frank (1973), another prominent psychiatrist, followed Menninger's work by emphasizing the importance of hope in patients' healing and the alleviation of suffering. William Lynch (1965), after spending a year as a scholar in residence at a Washington, D.C. psychiatric hospital described hope as the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out and that humans can somehow manage both external and internal realities. Hope involves three basic and simple ideas, writes Lynch, “What I hope for I do not yet have or see; it may be difficult; but I can have it – it is possible” (p. 24).

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There are two main conceptualizations of hope existing in psychotherapy literature, although these continue to develop as more research attention is directed toward a more comprehensive definition. The first conceptualization, seen mainly through Snyder's (1995; 2002) pioneering and substantial work on hope and psychology, understands hope as a mainly cognitive construct and offers a unidimensional model of hope. The second conceptualization that continues to emerge, views hope as a multidimensional construct that entails both a cognitive and emotional experience (Dufault & Martocchio, 1985; O'Hara, 2013; Ward & Wampler, 2010). Both are explained in greater detail below.

Hope as a cognitive construct. Snyder and colleagues (1994; 1996; 2002) established a definition of hope that relies on a more cognitive appraisal involving three components: goals; pathways; and agency. Snyder linked hope to the existence of a goal along with a determined plan for reaching this goal. His model of hope is based on the cognitive theory that a hopeful disposition and concomitant skills are learned through early childhood and significant life experiences. With this lens, hope is defined as goal-directed cognitions compiled of agency thinking (mental energy and motivation toward achieving a goal) and pathways thinking (planning various roads to attain this goal). Snyder developed the Adult Hope Scale (AHS) as a self-report measure of one's state hope using twelve questions that assess for agency and pathway components. Snyder (1997) also developed The Children's Hope Scale measuring children's agency and pathways depending on their responses to six questions.

Hope as a multidimensional construct. Dufault and Martocchio (1985) identified six dimensions of hope: affective, behavioral, cognitive, contextual, temporal

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and affiliative. Each dimension offers a different angle on both the experience and the nature of hope. More recently, Larsen and Stege (2010) concluded that hope happens in five key dimensions: cognitive, behavioural, temporal, embodied / emotional, and relational.

Researchers have advocated that hope must be understood as a process or a concept that can fluctuate and change throughout therapy. Additionally, hope is subject to ebb and flow over time and occurs bi-directionally between client and therapist. (Larsen, Edey & LeMay, 2007; Larsen, Stege & Flesaker, 2013; O'Hara, 2013). O'Hara (2013) notes that while hope has comparable features to concepts such as optimism, self-efficacy and wish, it also maintains unique features: namely its capacity to represent both a generalized and a particularized sphere of focus. Generalized hope allows for a positive but indefinite future grounded in reality and particularized hope focuses on specific outcomes, expectations and carries a strong action focus. O'Hara surmises that the two types of hope (generalized and particularized) can co-exist and fluctuate, and, at times, have "one wax and the other wane" (p. 21).

Bruininks and Malle (2005) understand hope as both an emotion and cognition, arguing for its distinction from optimism. In a nursing and bereavement context, Cutcliffe (2004) defines hope as a dynamic concept that fluctuates over time, describing it as a "life sustaining force" that stays implicit until the person needs it (p. 182). Cutcliffe advocates that Rogers' (1951) core conditions require the additional condition of the therapist demonstrating and communicating hope and hopefulness in his recognition of the therapeutic relationship as an essential ingredient to fostering hope.

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Hope has been described as an active force (Egeli et al., 2014), a belief in benevolence (Pruyser, 1987), a gift (Martinez, 2005; Kowalcky, 2013), and a dynamic inner power (Herth, 1993), to name a few more perspectives. Reading (2004) describes the expansive nature of hope as an anticipatory emotion that contains an expectant delight in one's mind of a desired future outcome that one believes she / he can help to actualize. This belief differs from ordinary expectation that things will continue on as they always have because it involves the envisioning that things will actually turn out for the better, perhaps even better than what one could have initially thought.

Scoili, Ricci, Nyugen and Scoili (2011) argue for an integrative measure of hope that contains four components of “mastery; attachment; survival, and spirituality” (p. 82) and propose a multidimensional hope model that integrates all discipline-specific concepts and philosophical assumptions. They make note that most hope measures come from the field of nursing literature rather than psychology and that the most widely used measurement for hope comes from Snyder et al.'s (1996) Hope Scale which offers a goal-oriented approach to hope. Scoili and team conclude that hope can be viewed as a formal cause (trait), a final cause (intentional state), a material cause (hope motives) and an efficient cause (hope and healing). Lastly, and most pertinently in terms of clinical implications, Scoili et al. argue for a model of hope that integrates left brain and right brain hope, making the distinction between left brain hope as more cognitive, problem-solving, and solution-focused and right brain hope as more emotional, attachment, and involving spiritual elements.

Looking specifically at hope in the context of couples counselling, Ward and Wampler (2010) define hope as “a belief and a feeling that a desired outcome is possible”

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(p. 223). Their findings understand hope as existing as a continuum, that couples can move from ultimate hopelessness to hope, and that hope possesses four major properties of evidence, option, action, and connection. More specifically, they highlight an important distinction between the definition, the properties and the processes of hope. Their findings are explained in greater detail in the section of hope in the context of couple therapy.

It is important to note that hope is not considered synonymous with terms such as desire, wish, self-efficacy, optimism, and want. While some research shows the complementariness these terms have to hope (Bruininks & Malle, 2005; Bryant & Cvenegros, 2004), these studies also conclude that the above terms refer more often to more generalized expectations, rather than hope for a specific outcome. Bruininks and Malle (2005) found when asking their participants to describe the elements of hope, 77% of participants described hope as being associated with the future, described it as an emotion and also linked it to the expectation of a positive outcome. Larsen, Stege and Flesaker (2013) caution against a simplistic, dichotomous understanding of hope as being either there or not there and warn against pathologizing when one presents as hope-less.

There are also differences in the literature regarding the concept of implicit and explicit hope. Cutcliffe (2004) speaks of the implicit projection of hope; believing that hope in the therapeutic process is largely implicit; that the words “hope “ or “hoping” are not explicitly used but rather conveyed through feeling or sensed by the client. He states hope does not need to be called “hope” to be felt or experienced. Larsen and Stege (2010a, 2010b) disagree and advocate for both types of hope, implicit and explicit, to be used in therapy. They encourage explicit uses of hope (employing the word hope, hoping)

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as an effective way to reframe problems as threats to hope, to establish hope's multidimensional nature and to use psychoeducation on hope as an effective intervention.

Hope and Hopelessness

“You have to maintain a fine balance between hope and despair” - R. Mistry

Jerome Frank (1972), one of the early pioneers in the study of hope and psychiatry, asserted that hopelessness can “hasten death” (p. 136) as opposed to its counterpart, hope, which plays a pivotal role in many forms of healing. Other researchers, when exploring the dialectic of hope and hopelessness, argue that a sense of hope *and* hopelessness can co-exist (Flaskas, 2007; Jevne, 2005; O'Hara & O'Hara, 2012; O'Hara, 2013). French philosopher Gabriel Marcel, in his essay, *A Metaphysics of Hope*, introduces hope as emerging within the context of trial. Shrouded in the darkness of struggle and difficulty, hope represents a light and a longing to be delivered from the trial. Flaskas (2007) argues that hope and despair often occur simultaneously using the example of a client who expresses hope for the future and soon after demonstrates despair in the present moment. Psychotherapists, as interviewed by O'Hara and O'Hara (2012) in their study on therapist hope, expressed hope and despair as co-existing or two sides of the same coin. O'Hara (2013) asserts that despair may serve as a starting point to hope: when one experiences despair, one is pared down to the essentials of struggle thus creating space for new possibilities and creative opportunities to emerge. Flaskas (2007) challenges the assumption that hope and hopelessness are opposites existing in “inverse proportions” of one another (when hope is high, hopelessness is low and vice versa) (p. 189). Flaskas, in the context of family therapy, argues for a balance of “doing” hope by holding onto a vision of possibility while holding the despair of a hurting family.

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Allen (2013) claims that hope is intertwined with fear, doubt, despair, and a sense of futility. He simply sums, “otherwise there would be no need for hope” (p. 309). This is tied into the sense of hope requiring, in Pruyser’s (1987) words, “a tragic perspective” or a deep sense of the tragic (p. 309). Allen even argues that hopelessness entails a certainty about the future: that nothing can change for the better. Hope, on the other hand, requires uncertainty: that things will get better but one may not know how or when and, even in the midst of disillusionment, one can face the fear of hope and have courage to hope for the future. Egeli et al. (2014) confirmed that experiences of hope are most powerful in situations where doubt is present. Without doubt, clients’ experiences may be better described as optimism, or confidence (Bruininks & Malle, 2005).

Groopman (2004) writes that hopelessness is akin to not being in control and at the mercy of forces beyond ourselves. Lynch (1974) paints hopelessness as having no exit whereas hope brings “a way out” (p. 35). Lynch presents the unique perspective that in everything, even the client who commits suicide, there is hope: hope that their pain will reach some objective. He writes that even those who are suicidal have hope that ending their lives will solve some problem. Hope, therefore, is energized by belief in the possibility of getting somewhere or even getting out of somewhere. Lynch holds both hope and hopelessness, however polarized they may appear, as coexisting on a spectrum of lived humanity.

Clinicians would do well to remember this complementary tension when working with hope and loss of hope. Schechter (1999) proposes that in order for clinicians to stay hopeful they must have an emotional tolerance for hopelessness and points to the therapist’s capacity to hold both despair and hope. Jacobs (2009) asserts that a therapist

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can only remain attuned and receptive to clients from the depths of his / her own life experiences. Perhaps hope is most fully appreciated when experienced in life's dark nights and against the backdrop of despair.

The Roots of Hope: Hope as a Component of Attachment

“Hope is the mainspring of life” - H. L. Stimson

Erik Erikson, developmental psychologist (1902-1994), argued that hope is one of the most foundational experiences of being human. Hope begins from birth and is “cultivated deeply” in people's lives at an early age (Erikson, 1964, p.10). Erikson (1964) characterized hope as a virtue associated with basic trust in primary caregivers in order to meet one's needs in a consistent and secure manner. Snyder (2000), too, posits that hope is established in the infant to toddler stage: infants quickly learn linkages to certain goals and thus acquire basic pathway thinking. Using attachment theory, the suggestion is that one's earliest ability to hope is developed in the secure or insecure attachments one receives as an infant, along with other enduring traits associated with attachment. The quality of the attachment to the primary caregiver will influence attachment's four main functions: provision of a sense of security; ability to regulate emotion and affect; promotion of emotional expression and communication of emotional arousals; and lastly, provision as a base for exploration. Furthermore, secure attachment provides comfort in times of distress while also simultaneously providing a secure and safe base from which to explore.

Allen (2013), from his work with patient groups at the Menninger Clinic, makes the connection between hope and restoration of security in attachment relationships. Allen asserts that attachment security and hope are “inextricable” and advocates for hope

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to be cultivated through attachment (p. 304). More broadly, attachment plays a central role in the human psyche that it not only shapes relationships with others but also one's relatedness to the world and influencing one's sense of security or insecurity. Allen describes often asking his patient groups what gives them hope. Common themes emerging from his inquiry relate directly to attachment, or benevolent connections (Pruyser, 1987). Human attachments predominate patients' answers, particularly human relationships with close family members. Patient examples include feeling loved, having family members support and believe, one's children, spouse, family members and loved ones are all attachments that can feed one's hope and provide the early template for one's ability to find hope.

Scoili, Ricci, Nyugen and Scoili (2011), using an integrative approach for measuring hope that combines spirituality, attachment, survival and mastery, argue that three of the six trait hope domains that emerged are attachment-based, yet this dimension of hope has been largely overlooked by psychologists. They claim that attachment may be the "linchpin" from which all other forms of hope originate (p. 93) and that hope spans disciplines and may be the most critical 'common factor' in psychotherapy, influenced by temperamental factors and sense of self. Scoili et al. extend this integration of hope by wedding it to attachment through the concept of trust and openness. Relational trust is based on openness and hopeful individuals trust in the availability of a valued person, or a transcendent presence. Thus, the character of hope includes a strong sense of 'continued presence.'" (p. 84). Additionally, Scoili and team hearken back to Kohut's (1971) self-object development based entirely on one being present to meet needs.

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Attachment to God & hope: Relationships with God, regardless of their religious context, have come to be viewed through the lens of attachment (Granqvist & Kirkpatrick, 2013; Kirkpatrick, 2005), although this research has also considered the differences involved in an attachment figure who is not physically present (Beck & McDonald, 2004). This relationship is interactive and can involve proximity seeking to God when distressed, and feeling distressed when separated from God. Houser and Welch (2013) found that secure attachment to God was significantly positively related to high levels of hope and, even more telling, they found a direct effect between hope and attachment avoidance. A sense of hope in what God has in store or how God can use tragic circumstances comes into play particularly in the context of tragedy or loss. Security in God can be pivotal in coping but can also be a double-edged sword as some survivors report feeling abandoned and left by God in the midst of their pain and loss (Allen, 2013). As Scoili et al. (2011) indicated, the sense of a continued and transcendent presence could do much for one's hope. Many have expressed hope grounded in benevolent connections afforded by their religion / spirituality, whether it be feeling connected to God, having confidence in God's plan, or having a spiritual connection with nature or the universe. These connections impact one's level of hope and impact one's ability to retain hope and to engage in attachment to God through life's difficulties.

Hope in a Couple Context

Hof (1993), one of the earliest to consider the role of hope in couple therapy, called it an "elixir" and asserted that, without hope, couples feel despair and are at higher risk of dropping out of treatment (p. 226). Hof describes how hope looks differently depending on what stage of therapy the couple finds themselves. In early stages, Hof

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purports, couples typically have the most hope and perhaps can more easily resolve relational difficulties. In later stages, he suggests, it may be more difficult to establish or co-create hope as hope may be absent due to the chronic negative interactional cycles of the couple. Hof states this of hope and couple therapy:

Hope plays a crucial role in the therapeutic process, either to build the relationship or to end it constructively. If the therapist is to be helpful, he or she must be able to reveal, clarify, instill hope within the couples... where there is no hope, the partners, their relationship, and the therapy either perish or become extremely difficult to move to a level of healthy, well-functioning interaction. (p. 221)

Hof offers suggestions for therapists to increase hope with their couples, however he does not actually use clients' voices and perspectives to verify these interventions as efficacious. Furthermore, while he states what therapists need to be aware of in order to uncover hope for the couple such as the stage of therapy, dynamics of change, learning styles and techniques, his work fails to acknowledge therapists' own sources of hope and *how* they manage to be sharers of hope in the first place.

Hope in a couple context may look differently than in an individual therapeutic context: this is something current research is only beginning to uncover. Thus far, very few studies have tackled hope and couple therapy although there are some highly valuable beginnings (Egeli et al., 2014; Hof, 1993; Ward & Wampler, 2010). The majority of studies exploring therapeutic hope have considered it only in the context of individual therapy. Hope can mean different things to a couple and different things to each partner within the couple. This can create a difficult and sometimes murky space for therapists and clients themselves to navigate. Egeli et al. (2014) raise a vital point when

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they clarify that hope in couple therapy will not always be tied to improving the marital relationship for one or both individuals” (p. 104). This outcome is not to be assumed.

Very little empirical research has dealt with this topic in couple’s therapy.

Definition of hope in couple work. In an attempt to establish a working definition of hope and provide a clearer conceptualization of hope within a couples therapy context, Ward and Wampler (2010) employed a grounded theory qualitative methodology, conducting telephone interviews with 15 experienced marriage and family therapists across the United States and inquiring of their ideas of hope in therapy and how they use hope in therapy. After reaching data saturation, Ward and Wampler define hope as “a belief and a feeling that a desired outcome is possible” (p. 223). Their findings consider hope existing as a continuum and include four major themes or properties of hope: evidence; option; action; and connection. Processes that engender hope and can assist couples in moving up the continuum of hope, assert Ward and Wampler, involve creating first a hopeful context. This is done through relationship of both clients and therapist and between the couple themselves. It also involves stopping negative interactions between partners that can leave a couple feeling hopeless. Further, they cite interventions such as normalizing, reframing, finding exceptions, rewarding interaction and celebrating positive growth. In addition, they offer clinicians concrete interventions that can contribute to clients’ hope, such as normalizing, providing a statement of hope, and reframing and finding exceptions. It is important to note that these are interventions coming from the therapists’ perceptions of what might increase hope for their clients and not from the perspectives of clients themselves, a limitation its researchers acknowledge.

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Other limitations include the influence of the primary researcher's own bias and the study's small sample size.

Hope & vulnerability in couple work. Egeli et al. (2014) build off Ward and Wampler's (2010) grounded theory work by examining couple clients' experiences of hope and vulnerability when participating in therapy. They introduce two unique elements: looking at vulnerability and its relationship to hope; and the use of reflecting teams (Anderson, 1987) as a way to explore clients' experiences of hope and vulnerability in therapy. They identify the lack of clients' voices in research as problematic because "therapists' perceptions of the therapy process may not coincide with participants' experiences" (p. 201). Using Anderson's (1987) reflecting teams, Egeli et al. interviewed three couples. It is important to note that reflecting teams focus on the couple's merits, possibilities, and strengths. After interviewing couples of their experiences hearing the reflecting teams, Egeli et al. conclude, like Ward and Wampler and Hof (1993), that highlighting strengths for clients can enhance hope. They found clients' hope increased when they received positive and supportive feedback and, consistent with Dufault and Martocchio's (1985) findings, that hope emerged in two forms: as particularized and generalized. Particularized refers to hope with specific outcomes and tied to strong action tendencies and generalized refers to a positive yet indefinite hope for the future. Egeli and team offer the new findings that perhaps when clients don't feel safe, they may be reluctant to use particularized hope or state a specific hoped-for outcome and that vulnerability is a "pathway" to hope (p. 211). Limitations of this study include small sample size (use of three couples only) and potential researcher bias (looking for a relationship between vulnerability and hope and selecting data that fits

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the sought-after relationship). Though conceptualizations and contexts of hope differ, support for hope and its role in therapy remains consistent across studies.

Timing of Hope & Preparedness for Therapy

The timing of hope, an element that some research has explored, indicates that hope is an early expectancy factor and most potent in early therapy (session one to three) (Larsen, Edey & LeMay, 2007). Horvath and Greenberg (1994) similarly found that, although conceptualizations of hope differ, support for hope remains consistent and that the most pivotal time for hope is early on in the counselling process (within three to four weeks of beginning treatment). Even the very act of calling to schedule an appointment or making initial contact for psychological services can engender a sense hope.

Ogrodniczuk, Joyce and Piper (2005) discuss a “shot of hope” (p. 58) or morale boost by the third or fourth session if psychotherapy is to be effective; interestingly, they link how prepared clients are prior to starting therapy to their levels of hopefulness. This preparation can include explicitly talking about psychotherapy, working through anxieties, questions, misconceptions, providing information about the rationale and the nature of psychotherapy, difficulties that can arise in the process, expectations of both the therapist and the client regarding therapy and facilitates a stronger alliance which has been already linked to better outcomes. Rainer and Campbell (2001) concluded that more prepared clients display increased hopefulness. In contrast, Cutcliffe (2004)’s findings do not support the idea of hope being more pertinent at certain points in the therapy. He argues that hope is not limited to any particular phase of therapy but is there from start to finish.

Operationalizing Hope in Therapy

“Hope is not a feeling... It is something you *do*.” - K. Patterson

The question of how hope becomes operationalized into the therapeutic process is noted in these various ways (Bordin, 1979; Cutcliffe, 2004; Frank & Frank, 1991, Larsen & Stege, 2012; O’Hara, 2013): (a) using the therapeutic relationship; (b) setting clear and concrete goals; (c) normalizing the process of therapy, changing perspective and offering hope-filled statements; and (d) working to accept the present moment. These strategies are outlined in greater depth below.

Therapeutic alliance. A strong therapeutic relationship is considered by most to be the bedrock of client hope in counselling (Cutcliffe, 2004; Smith 2007), even for those researchers who focus more on goal-oriented dimensions of hope (Coppock, Owen, Zagarskas, & Schmidt, 2010). Hope is considered “a fundamentally relational experience” (Larsen & Stege, 2012, p. 51). As mentioned above, the therapist/client relationship is a powerful way for therapists to transfer hope in session, whether through use of the therapeutic alliance to point out client’s strengths or the therapist’s capacity to demonstrate genuine care and concern for the client (O’Hara, 2013). This dimension fits well with Cutcliffe’s (2004) assertion that a caring or genuine quality of presence from the therapist translates into hope-engendering for clients. As common factors indicate, the therapeutic alliance is one of the most powerful predictors of positive outcomes (Bordin, 1979; Frank & Frank, 1991; Horvath & Symonds, 1991; Symonds & Horvath, 2004). Sprenkle et al. (2009) found that when the alliance is strong, it tends to amplify the effects of treatment, and, when weak, therapy does not last long enough for interventions

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to take place and effect change. Alliance building involves not only emotional connection but also the establishment of tasks and goals for therapy.

O'Hara (2013) hearkens back to person-centered therapy and its Rogerian emphasis on the connection between therapist and client through the core conditions of empathy, unconditional positive regard and genuineness in order to promote authentic lasting change (Rogers, 1957). O'Hara indicates that hope for the client encapsulates care, a desire for the client to do well, and a deeply held concern for their wellbeing. Frank & Frank (1991) add that through the genuine relationship established between therapist and client, the disheartened client is able to discover hope for change. This relationship of connection involves holding hope for the client via a "suffering with," "being with," or as Olthuis (2006) pens, "a withing" alongside the client (p. 12). It is this space that many have deemed sacred, or in Buber's (1958) words, the "I-Thou" relationship, the spiritual encounter and relational space between two human beings.

Cutcliffe (2004) believes that implicit care results in the inspiration of hope. Through client qualitative interviews, he reveals that clients who felt cared for by their caregivers also left therapy feeling more hopeful than when they first began. When therapists use the therapeutic alliance and sit with client's burdens, clients receive a safe and secure base from which to move beyond their suffering and into hope for their present pain. Smith (2007) reflects on hope as absolutely vital to change, namely through its relational nature: and concludes that what truly matters in psychotherapy is no single technique but the fundamental power of relationship and "that power is hope" (p. 97).

Likewise, Ward and Wampler's (2010) findings establish connection as one of their four elements of hope: connection represents the relational component of hope,

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connection with other human beings, with a higher power or some other intimate connection that makes a desired outcome possible. They state parsimoniously “increased connection leads to increased hope” (p. 216). Decades earlier, French philosopher Gabriel Marcel (1962) concluded similarly when he expressed, “Hope is always associated with communion, no matter how interior it may be. This is actually so true that one wonders if despair and solitude are not at bottom necessarily identical” (p. 58). Does being in the genuine presence of another caring human being create hope or does hope draw people together and create meaningful relational encounters? McDargh (2001) echoes the same sentiment that even when “we fumble all blind and unseeing, hope embodies the conviction that we are not alone” (p. 6).

Goal setting. Task-focused strategies, as O’Hara (2013) points out, also convey hope. This operationalization fits in well with Snyder’s (2000) more cognitive and goal-oriented concept of hope. Ward and Wampler (2010) refer to this dimension as both options and action properties: meaning clients feel they have choices and an ability to choose a pathway to their desired outcome, and action representing their belief and feeling that they are able and willing to act in order to achieve such desired outcomes. Davis and Percy (2007b) likewise found that clients who entered therapy with clear and concrete goals and a well-defined plan as established by their therapist, reported feeling more hopeful about themselves and their therapy.

Normalizing statements / changing perspectives. Ward and Wampler (2010) highlight normalizing statements as a way to establish and transfer hope. They list acknowledging clients’ experiences, normalizing issues, and offering clients a statement of hope such as, “We can work on this,” or “We’ve seen this happen before - couples

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who have been through difficult times like this and have come through stronger and with better relationships” (p. 222) as examples of normalizing statements that can impact how hopeful clients remain. Normalizing based on context (that this is normal) and normalizing that clients are not unique in this struggle (other people have struggled with this as well) are two ways of normalizing.

Larsen & Stege (2012) found that interventions that invited a client’s shift in perspective were identified as being hopeful in therapy. Some central ways of changing perspective were offered through highlighting client’s strengths, reframing difficulties, helping clients become more future-focused, recognizing possibilities (thus introducing new options), “borrowing possibilities” from past clients as shared by therapists, and lastly making hope intentional using explicit hope-focused questions.

Acceptance of the present moment. The final means of engendering hope, as suggested by O’Hara (2013), explores a more present, “here and now” acceptance of the moment, or the “transcend.” He surmises that when a client is empowered to accept his or her present moment or “what is,” hope can begin to thrive. O’Hara’s assertions resonate with principles of mindfulness: acceptance and non-judgment of the present moment and allowing oneself to be present to the moment. This strategy does not use cognitive or behavioural interventions but instead places emphasis on acceptance and engagement of the present moment. Lynch (1974), after working for a year as live-in staff at a psychiatric ward, describes the presence of hope in each and every moment and claims hope as being in all one does and every step one takes. This is a pathway that needs further exploration and research.

Therapist Hope

“The therapist is always needing to find their way back to hope” – V. Rumsfield

Therapist qualities impact therapeutic outcomes and Frank (1995) first recognized the importance of therapist attributes such as sensitivity, flexibility, the ability to work within the client’s worldview, and significantly, the therapist’s ability to convey accurate hopefulness. What are the factors that contribute not to empirically validated therapy but rather empirically validated *therapists*, if a considerable amount of variance exists between therapists? (Blow, Sprenkle & Davis, 2007). While, to date, little is known about common factors of effective therapists (Blow & Sprenkle, 2012), what is known is that effective therapists tend to be more flexible in their treatment approaches than less effective therapists as well as more sensitive to the unique needs of their clients (Beutler, Malik & Alimohamed, 2004). Effective therapists were able to tailor interventions, and adjust their theoretical approaches to best meet their clients, for example, offering insight-oriented interventions to more reflective clients, and skill-building interventions to more impulsive or aggressive clients (Beutler, Malik & Alimohamed, 2004).

Flesaker and Larsen (2010) found that therapist hope is as important as client hope in contributing to positive life change. They emphasize the parallel between therapist hope and therapist life-orientation or worldview, and argue that in order for therapists to give or transmit hope, they must first have hope. Fascinatingly, other studies revealed that therapist hope in the client was a better predictor of client’s positive change than the client’s actual hope for herself or himself (Coppock, Owen, Zagarska & Schmidt, 2010).

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It appears that hope is a process between therapist and client and that a transfer of hope, expectancy or belief from the therapist to the client has the potential to positively impact outcome (O'Hara, 2013). Much remains under-researched about how this process actually works but there are promising starts. Flesaker and Larsen (2010) studied women on parole and their rehabilitation counsellors and found that therapist hope was an essential factor in their participants' recovery. The therapist's capacity to hold or foster hope was linked to the client's affective hope in another study (Schachtel, 1999). Cutcliffe (2004, 2006a) refers to hope as a "transplant" and examined how bereavement counsellors inspire hope in their clients through forging a connection, facilitating cathartic release, and experiencing a healthy and positive ending. Additionally, Cutcliffe details the four properties of therapist hope as: (a) hope in themselves; (b) hope projected into the client; (c) therapists' ability to not take on client hopelessness (ability to minimize emotional transference); and lastly, (d) therapists' hope in the process and theoretical underpinnings of their employed approach. O'Hara (2013) summarizes therapists' hope using these properties: hope *in* the client; hope *for* the client; hope *in* the counselling process; and lastly, hope *in* life. Thorne (2002) describes the ability of therapists to hold hope as acting like "forces of light" (p. 23) and posits that therapists enable clients to see their own potential for light and change in themselves.

There appear to be enduring characteristics that enable a therapist to be more or less hopeful. O'Hara et al. (in press) using Bowen's concept of self-differentiation explored if this concept might be positively correlated with hope. They conclude that therapists' ratings of differentiation of self were strongly correlated with the trait of hope. Therapists who rated high in the I-position of self-differentiation (the capacity to hold

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onto one's own view of self and the world in a clear and logical manner, particularly when under stress) were more hopeful than those who rated low in self-differentiation (O'Hara, 2013). To sum, therapists with the ability to hold a well-developed sense of themselves, remain cognitively focused, and emotionally grounded emerged as having the highest hope among participants.

Many questions still remain around the process of hope and *how* it actually transpires between therapist and client, or more generally, how is hope transmitted in the process of therapy? What is the therapists' role in hope transmission? Gould (1993) aptly calls hope a shared entity, one that has both contagion and influence. Hope is not simply for one to have and keep but must be "spread out" and shared (Gould, 1993, p. 115). Can therapists be conceptualized as hope instillers (Hof, 1993)? Hope sharers? Hope developers? Hope holders (Satir 2001)? Hope lenders? Hope givers? Hope inspirers? Hope discoverers? Hope uncoverers? Hope purveyors? Hope enablers? Cutcliffe (2004) captures the projection of hope from therapist to client and refers to it as an indirect, "osmotic-like process" (p. 18). His description, however vague, mirrors the ambiguity of the interaction itself:

The therapy takes place in an environment where hope is present, in that the counsellor projects it, implicitly into the environment. Consequently, this emotional atmosphere gradually permeates or diffuses into the client...hence the client can "soak up" the emotional atmosphere, "soak up" the hope. (p. 181)

If hope can be considered, in Saakvitne's (2002) words, a therapist's "most essential commodity" (p. 338), it becomes critical to understand more fully the sources of therapist hope. O'Hara and O'Hara (2012) found that therapists identified hope as coming

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from internal sources such as validation of self; and external sources, such as interpersonal support, cultural and societal support, and spirituality. Cutcliffe's (2004) participants indicated that supervision and their own therapy served as a source for their hope to be renewed and replenished.

Larsen, Stege and Flesaker (2013) investigated five psychologists' in-session experiences of hope in their qualitative case-study design exploring how these experiences impacted therapists' ideas of hope. Interestingly, they found that experienced psychologists "anchored" their hope in the overall process of therapy rather than their more novice colleagues who pointed to specific interactions that happened in session as more hope fuelling (p. 478); thus, they conclude, the variable of clinical experience may affect hope levels. Further, they categorized psychologists' hope as being impacted by their own self-influences during therapy, therapists' perceptions of the client, and their experience within the therapeutic relationship. They conclude that a sense of inexperience or uncertainty about the direction of therapy can threaten or diminish clinician hope.

Can hope be taught? Can it be formally cultivated through training programs, as Larsen & Stege (2012) advocate? Capps, a clergy, writes that if the most basic and fundamental role of clergy is to be an agent of hope how much more difficult is it if one has lost one's own hope. This is true of psychotherapists: therapists must foster the gift and presence of hope in their own identity and work (Kowalcky, 2013). O'Hara et al. (in press) conclude that these findings have direct implications for training of future therapists and laud the importance of developing the personhood of the therapist in training programs. Additionally, they recommend therapist training include education in

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the nature of function of hope. Larsen et al. (2007, 2010a, 2010b, 2012) urge similarly and advocate for therapists to be formally trained in hope therapy.

Hope and Spirituality

“Hope is the word which God has written on the brow of every man” – V. Hugo

Hope cannot stand alone as merely a psychological variable and, given its multidimensional nature, it requires the integration of spirituality in order to encapsulate more of its intricacies and significance. To date, there exists no working definition of hope involving some element of spirituality in current research although the gap has been noted (O’Hara, 2012). Much remains “fuzzy” (lacking grounding in systematic thought and methods) about spirituality and its role in hope and therapy (Spilka, 1993).

The quest to find a definition to spirituality that fully encapsulates its complexity and distinctive character as “rich, mysterious and sacred” without distortion or dilution represents a well-known conundrum to researchers and one that continues to require future research and exploration (Pargament, Lomax, McGee & Fang, 2014, p. 268). Pargament (1999, 2014) defines spirituality as the “search for the sacred” and offers the possibility that spirituality is an “important, irreducible motive and process in and of itself” (2014, p. 259). Simply put, humans seek something sacred and spiritual in their lives. With this definition, both the terms *sacred* and *search* are considered critical. Sacred refers to the concept of higher power and God but also to other significant objects that may represent meaning or have spiritual significance by their association with that which is divine (Pargament & Mahoney, 2005). Spiritual character can be represented by tangible and intangible objects and include material, social, physical and psychological objects that share characteristics. The search, the second element, is described by

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Pargament as an inherent human attribute and as a process in and of itself. The search is best conceptualized as a dynamic journey that changes over time and adapts as one goes through life, through the following stages: discovery, conservation and transformation (Pargament, 2014). Furthermore, Pargament cautions against reducing spirituality down to merely physical, biological, social or psychological processes and posits that such reduction limits and subtracts from the inherent mystery of spirituality.

For the purpose of this study, Pargament's (1999, 2014) definition of spirituality as the search for the sacred will be used. It allows for greater depth and breadth to the exploration of spirituality for therapists and hope and invites space for a multi-dimensional understanding of spirituality to emerge. This definition embeds the assumption that the searching is integral to what it means to be human. This definition also allows room for the element of hope to emerge, hope existing as an integral part of the search for the sacred, or, in other words, hope existing as within spirituality or as an element of spirituality. The very term "search" implies a sense of hope in terms of finding something as an expected outcome.

Furthermore, Pargament (2014) offers the term "sacred lens" to describe the filter or perspective that many who value spirituality wear, describing it as a way to view and filter one's reality bringing clarity and colour (p. 191). Can this sacred lens affect one's hope, one's perceptions and ideas of hope and one's experiences of hope? How do spiritual variables effect change and what is the possibility that spirituality may be at play with the variable of hope and expectancy?

Hope as spiritual imagination. William Lynch (1974), a Jesuit priest and psychologist, delves into the relationship between the human imagination and hope and

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states that hope refuses to stop imagining. Lynch names hope and the imagination as allies: imagination allies with hope to give it perspective and provide a landscape rather than hard facts and isolated absolutes. Lynch and Bumpus (2010) specifically use the language of imagination when exploring hope as related to Christian spirituality. More interestingly, their concepts of hope as part of imagination leads to the inclusion of spiritual images, as a way to conjure and offer hope to clients. Bumpus, in particular, notes that when working with clients, encouraging them to find images enables them to get what they need from God or another trusted relationship or place, as uniquely imagined by the individual in the midst of their pain. This place is relational and dynamic and can lift the individual out of disconnection and isolation and into a space of relief. James (1999) calls these moments of connection “religious encounters,” a meeting of both a presence that offers relief and comfort.

Hope and religious faith. Hope plays a crucial role within the Christian faith standing as one of the three theological virtues. The apostle Paul addressed hope as residing with both faith and love: “For now we see in a mirror darkly, but then we shall see face to face... So faith, hope, love, abide, these three” (1 Corinthians 13:13). Griffin (in press) speaks of hope as residing within the larger Christian narrative, one that includes both a return to the promises of God, and an idea of something yet to come. Martinez (2005) asserts that hope belongs to human beings yet cannot be a human product. It comes to us from the Other, like a divine, unearned gift. Martinez states hope is derived from God’s creative action in humanity in us. Hope, he continues, is founded on a divine promise that remains always looking to the future and to a better present. Pruyser (1987) writes that some faith traditions are religions of hope that offer their

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adherents a set of ideas that are powerful adjuncts to help them see through dark times and reconcile them with death. Judeo-Christians are not the only ones sustained by hope: Buddhists, Hindus, Jews, Native Americans to name a few, draw spiritual strength from hope-oriented belief systems (O'Hara, 2013).

Hope and spiritual wellbeing. Nedderman, Underwood and Hardy (2010), using a pretest / posttest group design, studied the impact of a spirituality and faith-based group on the instillation of hope among 39 women prisoners. Using the Herth Hope Scale (HHS, Herth, 1991) to measure levels of hope, their results, while not statistically significant, but still indicated a gain in prisoner's levels of hope and that these levels were correlated to their spiritual wellbeing and psychological wellbeing. Nedderman et al. conclude that this special population of incarcerated women have uniquely complex, interrelated needs and, while more research is needed, interjecting hope or using a "hope-based curriculum" can be of great benefit to this population (p. 127). Likewise, Carsen, Soeken and Grimm (1988) demonstrate through their correlational study a positive relationship exists between spiritual wellbeing and hope. Later, Bellamy et al. (2007) explored the relationship of spirituality to psychological constructs, including hope. They employed the State Hope Scale (Snyder et al., 1996) to measure participants' hopefulness and conclude that participants with higher levels of hope were more likely to endorse spirituality. Bellamy et al. advocate for the benefit of spirituality on mental health, particularly through their correlation of hope, spirituality, sense of community and global quality of hope. In a similar vein, Muench (2003) correlated spirituality, hope and increased psychological wellbeing through her study of 265 individuals living with fibromyalgia or chronic fatigue syndrome.

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In summary, spirituality can provide a way to make meaning during times of crisis in life and offer a way to reframe difficult circumstances. A person's spirituality may serve to buffer against a sense of hopelessness when life presents difficulty and when faced with situations that are overwhelming or despairing. A sense of meaning and purpose can be closely related to one's sense of hope (Carson, Soeken & Grimm, 1988). Worthington, Ripley, Hook and Miller (2007) write that hoping is at the very core of the Christian lived experience. Other worldviews that value spirituality, meaning-making, transcendence and connection also hold and value hope and its properties.

Hope and a tolerance for uncertainty. Pruyser (1987) claims that in order to hope fully, one must be open to possibility and cultivate a tolerance for uncertainty. Hope includes the quality of something not-yet or something-in-process (Lynch, 1974; Pruyser, 1987). The openness required for hoping also requires a profound patience and willingness to wait in contrast to a reaction or fight-flight response. Lynch (1974) claims that central to the idea of hope lies the ability to wait: "It includes, surely, the acceptance of darkness, and sometimes its defiance. It includes enlarging one's perspective beyond a proper moment, without quite seeing the reason for doing so" (p. 152). The idea of uncertainty or not knowing what's next being converted into hope offers a unique reframe and a sense of meaning to the difficulty of waiting.

Connection Between Therapist and Client as Spiritual

"Hope not only imagines, it imagines with" - W. Lynch

Thorne (2002) highlights the connection between client and therapist as a spiritual encounter within the therapy process where both therapist and client grow, change and search for themselves. Further, it involves a sacred process of "mutual self-disclosure,

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self-discovery, and the merging together of our humanity and divinity” (p. 134). Aponte (2003) points to the importance of spirituality as a core component to the work that therapists do and that this core component gives transformative power to the therapeutic relationship. Cutcliffe (2004) refers to a spiritual quality of hope when he describes the “transplant” of hope that happens between therapist and client and the spiritual connection that occurs within the therapeutic relationship. He postulates that care between therapist and client translates into spiritual connection that can feed hope and offer the right conditions for hope to thrive. Hope is viewed as an implicit element that operates within the spiritual dimension of encounter between therapist and client. Ward and Wampler (2010) assert the spiritual context can be incorporated into the therapy process when working with clients for whom spirituality is a source of hope.

Limitations to Past Research

This study highlights four main gaps in the current literature: the inadequate amount of research done on hope in couple therapy, specifically the *process* of couples therapy (Pinsof & Wynne, 1995); the lack of process research exploring clients’ experiences, voices and perceptions of hope in therapy; the lack of attention to therapist variables particularly therapist understandings and conceptualizations of hope; and the lack of spirituality within a definition of hope. These gaps are described in greater detail below.

Despite the importance of exploring clients’ perspectives, most research on hope and therapy has either approached hope theoretically or through the perspective of therapists alone. Hearing clients’ perceptions and experiences is recognized as essential to better understanding treatment efficacy and outcomes (Larsen & Stege, 2012;

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Orlinsky, Grawe & Parks, 1994; Paulson & Worth, 2002, Egeli et al., 2014). This study addresses the noted silence of clients' perspectives by asking for client experience thus bringing valuable voices into the current dialogue. Additionally, understanding client perspectives is important as these can differ from therapist perceptions: often therapist and client perceptions of efficacy and process do not coincide with each other (Orlinsky, Grawe & Parks, 1994; Paulson & Worth, 2002). The expanding body of research on client perception offers a compelling need for research from the client's frame of reference and the need to research the collaboration of the client-therapist relationship.

Argyris and Schon (1992) highlight the discrepancy that can exist between theory and practice and lament that the two are not always closely related. O'Hara (2013) points to the example that although clinicians might be able to point to hope or expectancy as a common factor, most would have difficulty explaining the actualization of this technique. O'Hara addresses this as a gap between theory and practice and bemoans that not all therapists "practice what (they) preach" (p. 145). What actually happens or the dialectic between therapists and clients during session and throughout the therapeutic process is deemed as "most deserving of research attention" (Larsen, 2007, p. 413). O'Hara asserts that to date very little research focus has been dedicated to researching how hope is operationalized in therapy. Likewise, while most therapists laud the importance of therapeutic hope with clarity, they are unclear when asked how they actually employ hope when with clients. This study will speak to the discrepancy often occurring between theory and practice by exploring if therapists do present with a strong theoretical belief that hope is crucial to the process of therapy but then fail to translate this element in session with clients. Addressing this gap will provide useful and clinically relevant

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research that can be applied directly to psychotherapeutic settings thus informing interventions that contribute to increased hope in session.

Thirdly, Larsen, Edey and LeMay (2007) and Scoili, Ricci, Nyugen and Scoili (2011) point to a lack of sophistication with the existing definitions of hope and hope as an underdeveloped concept lacking nuanced meanings. This study proposes to add and explore the dimension of spirituality to the conceptualization of hope, a noted area of needed future research (O'Hara, 2012). This study aims to build off and expand Ward and Wampler's (2013) grounded theory on couples hope, particularly by noting differences between client and therapist experiences and by asking about spirituality and religion and its relationship to hope in therapy. It hopes to further inform clinicians' practice with interventions that result in increased hope for couple clients.

Larsen, Stege and Flesaker (2013) assert that scant research attention has been directed toward sources of psychotherapist hope and facets that influence hope and point to future research that includes therapists who have not had formal hope training unlike their participants underwent formal hope training. This research will contribute to the needed exploration of therapist variables (hope holding, therapist understandings of hope and spirituality / religion). Frank (1995) acknowledges that therapist variables contribute in a powerful way to therapeutic outcomes finding that effective therapists were able to work within clients' worldviews, and were especially able to convey realistic hopefulness. In spite of the importance therapists have in effecting therapeutic change, surprisingly little is known about therapist variables. Often ignored, there is a noted lack of research on therapist variables (Blow, Sprenkle & Davis, 2007). Blow, Sprenkle and Davis insist that researchers would do better to study and discuss empirically supported

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therapists rather than models and point out that at the cost of accounting for therapist variables, and that “erroneous assumptions” are often made about “therapist homogeneity” (p. 300) in order to focus on efficacy of different clinical interventions.

The need to study therapist variables was also emphasized by an APA task force (2006): “the individual therapist has a substantial impact on outcome, both in clinical trials and in practice settings... there is a need to understand the personal attributes and interventions of therapists and their relationship to strong outcomes” (p. 276). Therapist variables can play directly into the hope or lack of hope a therapist holds for therapy, the importance or priority they give to hope, and the way in which they engender or think they engender hope. Clients may present with a wide array of issues that evoke a therapist’s deepest values, beliefs, and attitudes. Likewise, researchers conclude that, much like their clients, therapists bring their own selves and histories into the therapeutic relationship, thus impacting interventions, the process, and interactions (Dunkle & Friedlander, 1996; Orlinsky & Howard, 1986). They admit that still very little is known about the individual characteristics and variables of skilled and effective therapists and their abilities to work with diverse clients and presenting issues.

In summary, this study will employ a multidimensional concept of hope that accounts for hope within a couple context and holds apparent contradictions: both generalized and specific foci, as containing cognitive, emotive, and action tendencies, and as representative of positive expectation about life even when there is not a possibility for hoped-for outcomes. This study will employ Ward and Wampler’s (2010) working definition of hope in a couples context as being on a “continuum” and will rely on their emerging conceptualization that hope is a belief and feeling that a desired outcome is

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possible. This study seeks to concretize Cutcliffe's (2004) assertions that hope is "soaked up" by the client when the therapist "projects" it into the environment. This study seeks to understand this phenomenon of hope in greater depth with more concrete terms, using perspectives belonging to therapists and couple clients. In addition, this study will seek to enhance the current understanding of hope and its role in couple's therapy by integrating the voices of couple participants and by noting the relationality as it exists within the construct of therapeutic hope.

CHAPTER 2: METHODOLOGY

Statement of Purpose

The purpose of this study is to better understand how hope is experienced within the context of couple therapy. To this end, this study focuses on the issue of hope as it emerges for couples who are actively engaged in the therapeutic process with their therapists. Specifically, this study explores how hope is uniquely understood and experienced by couples and their therapists as they engage in couple therapy. By exploring this dual perspective on the experience of hope (i.e. couple and therapist), this study seeks to illuminate the potential emergence of a transactional process of hope between therapist and couple clients.

The following research questions served as a guide for this study:

RQ 1: How do couples and their therapists understand the concept of hope?

RQ 2: How do couples and therapists experience hope in therapy?

RQ 3: What is the process of how hope emerges and/or grows in couple therapy?

RQ 4: What are the similarities and differences between couples and their therapists in terms of how hope is understood and experienced in couple therapy?

RQ5: What do therapists need to know about clients' perspectives in order to better understand and utilize hope in couples' therapy?

Method

Research Design and Rationale

This study uses interpretative phenomenological analysis (IPA), a qualitative research approach that strives to explore insights into how a specific person, in a specific context, experiences and makes sense of a particular phenomenon. Phenomenological

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research seeks to understand phenomena according to the different meanings participants bring to them (Creswell, 2007). Typically these phenomena refer to experiences of personal importance whether through significant interpersonal relationships or major life events. The field of psychotherapy has a rich tradition of using qualitative research approaches because of their compelling and thick descriptions of subjective experiences and in-depth perspectives of participants and their worlds (Fischer, 2009).

European philosopher, Edmund Husserl (1859-1938), is credited as being a forerunner in the study of phenomena or things as they appear in one's experience. Phenomenology is the study of conscious experience from the subjective or first person point of view, along with all relevant conditions of experience (Husserl, 1939). Smith, Flowers and Larkin (2009) explain phenomenology as involving a double hermeneutic: first, the participant is trying to make sense of his / her personal and social world; then, the researcher is trying to make sense of participants trying to make sense of their worlds. Evolving through the early part of the 20th century, the phenomenological movement made substantial contributions to the field of psychology, predominantly through its protest against the "dehumanizing" themes in psychology (Wertz, 2005, p. 167) and its insistence on viewing clients' problems from their perspectives. Wertz (2005) eloquently describes this of phenomenology: "It is a low-hovering, in-dwelling, meditative philosophy that glories in the concreteness of person-world relations and lived experience, with all its indeterminacy, ambiguity, (and) primacy over the known" (p. 175). This type of inquiry requires critical thinking, creativity, and reflective decision and is compatible for counselling psychologists whose work entails entering their clients' subjective worlds. Therapists look to their clients not only to expand and understand their

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life experiences but also to enter into the meaning their clients have grasped from such experiences.

In the present study, the researcher used in-depth phenomenologically based interviewing (Seidman, 2006) (IPA) as a way to “build upon and explore” (p. 19) participants’ responses to open-ended questions regarding their ideas of hope, their sources of hope, and how they believe hope becomes tangible in the room. Two assumptions are embedded within this approach: participant responses are valid, and truth can be found in lived experience (Speilgeberg, 1965; Seidman, 2006). Building off these assumptions, the researcher made a committed effort to foreground voices of participants and the meaning they make with their experiences. The study employs this method of inquiry because of its close collaboration with interview participants as the primary source of information and because of its commitment to draw out participants’ descriptions. Based on the interviews, the reoccurring themes that emerged, and through full immersion in the data, the researcher was able to detect patterns and properties of the phenomenon that give it its essence. In line with IPA methodology, analysis for this study was completed using a “bottom-up” approach meaning all codes were generated *from* the data rather than using pre-existing theory and so all interpretations are anchored in participants’ accounts.

Ethical Considerations

Ethical considerations in qualitative research are paramount: they serve to hold the researcher accountable and responsible for the conduct of the study and they uphold the safety of participants and the validity of the study (Creswell, 2013). The researcher was aware of the personal nature of the interviews and participants were fully informed

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of the purpose of the study, potential risks and benefits of their participation, parameters of confidentiality, data collection and storage protocol and their ability to withdraw from the study at any point during the research process. Due to the unpredictable and unscripted nature of semi-structured qualitative interviews, participants were informed prior to the interview that should they experience emotional distress related to their participation in the study, they would be offered a session of psychotherapy with a third party. Interview participants were assured of their confidentiality and, to ensure anonymity, pseudonyms would be used in the written thesis and any future publications. Furthermore, participants were assured that their anonymity would be maintained throughout the research process (e.g., using initials on transcripts).

Participants were provided with contact information for the researcher and the researcher's thesis advisor should they have further questions or concerns. Participants were provided with one signed copy of the consent form and the researcher retained a second copy. See Appendices A and B for the consent forms for therapist and couple participants respectively. Lastly, it is important to note this study received approval from the Research Ethics Board of Saint Paul University (see Appendices C and D for the REB certificate of approval and researcher letter of response).

Recruitment of Research Participants

Therapists. The term “psychotherapist” is understood as those providing psychotherapy services. As per the Psychotherapy Act (2007) released by the College of Registered Psychotherapists of Ontario, the practice of psychotherapy is considered to be, “the assessment and treatment of cognitive, emotional or behavioural disturbances by

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psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication” (c. 10, Sched. R, s. 3; www.crpo.ca).

To qualify for this study, psychotherapists had to be couple therapists and, at minimum, second-year master students or doctoral students completing their program of studies in counselling. Additionally, community therapists with a minimum of two years of clinical experience treating couples were considered. There were no exclusion criteria based on religion, age, gender, or cultural background for therapists.

Advertisements for this study were placed in the Centre for Counselling and Spirituality, located on the campus of Saint Paul University (see Appendix E). The Centre offers subsidized psychotherapy services for couples, families and individuals within the community. The Centre offers psychotherapy in French and English and is serviced by over 120 counselling psychotherapy interns (Master of Arts and PhD candidates). The Centre is located in a Canadian city with a population of 1.2 million. The snowball method was used to recruit participants. This involved asking therapists if they knew of other therapists who might be interested in participating. As a result, this method found two therapists practicing in the community and, subsequently, two couples in their practice. Therapists were compensated with a \$25.00 gift card for a local store as a token of appreciation for their participation.

Two couple therapists were recruited from the Counselling and Psychotherapy Centre at Saint Paul University and two were recruited from the community at large. One therapist was a registered social worker (MSW) and a marriage and family therapist (MFT), one a MFT, and two therapists were senior interns within the program of Master of Arts in Family and Couple Counselling at Saint Paul University. Two therapists were

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male and two were female who ranged in age from 39 to 59 years old. All therapists were from a European background. The total years of clinical practice ranged from 1 to 18 years. Therapists identified their main theoretical orientations as including, but not limited, to: Dialectical Behaviour Therapy (DBT), Family Systems Theory, Cognitive Behavioural Theory (CBT), Emotionally Focused Therapy (EFT), Humanistic, Experiential and eclectic.

Table 1

Therapist Demographics.

	Gender	Age	Years of Clinical Experience	Identified Ethnicity	Theoretical Orientation
Therapist 1 Matt¹	Male	39	9	White	DBT, Family Systems, EFT
Therapist 2 Heidi	Female	59	1	Northern European / White	Humanistic, Experiential
Therapist 3 Elaine	Female	56	18	White	EFT
Therapist 4 Colin	Male	44	1	German	Eclectic

Couples. To qualify for this study, couples were required to have been in a committed relationship for a minimum of one year and had to be currently undergoing therapy. There were no exclusion criteria based on religion, age, gender, or cultural background for couple participants. Once therapists had been recruited, one couple was

¹ All names have been changed to maintain participant anonymity.

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then recruited from the current caseload of each therapist participant. Therapist participants were provided with information via a flyer (see Appendix F) to distribute to their couple clients and couples were asked to inform their therapists of their interest in participation. Therapists contacted the researcher who then followed up with couple participants. In one case, the couple contacted the researcher first who then contacted the therapist on their behalf. Couples were compensated with a \$25.00 gift card for a local store as a token of appreciation for their participation.

All four couple participants were heterosexual and identified as white and being from a European background. Individuals within the couples ranged in age from 23 to 59 years old. Couples had been together in committed relationships ranging from 1.5 to 22 years and, at the time of the interview, had been in therapy between 4 and 10 sessions. Couple 3 had participated in a weekend retreat geared toward relationship improvement in addition to their counselling sessions. See Table 2 for description of couple demographics.

Table 2

Couple Demographics

	Genders	Years Together	# of Sessions	Identified Ethnicity	Ages of Partners
Couple 1	Female &	4 years	6	White /	
Genevieve & Adrian ²	Male			White	24 & 23

² All names have been changed to maintain confidentiality.

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Couple 2	Male &	1.5 years	4	British /	59 & 55
Donald & Ellen	Female			Dutch	
Couple 3	Female &	22 years	10	White /	37 & 38
Claire & Mark	Male			White	
Couple 4	Male &	3 years	7	White /	29 & 26
Josh & Bev	Female			White	

Procedures: Interview Process

Qualitative data came from open-ended, semi-structured interviews used for both therapists and couple participants (see Appendices G and H). Although core questions were established prior to the interview, the researcher was flexible in adapting to participants' responses in order to obtain greater clarification or greater depth of the phenomenon (Lincoln & Guba, 1995). The interview was regarded as an interpersonal encounter and the researcher sought to put participants at ease while encouraging them to speak freely of their experiences. When conducting interviews (and throughout the later analysis and writing stages), the researcher aspired to make the interview breathe (Seidman, 2006) in an effort to allow participants' voices to fully emerge.

Therapist interviews. Interviews with therapists took place at a confidential location of the therapists' preference. Two of the four therapist interviews occurred in the Saint Paul Centre for Counselling in comfortable, soundproof rooms. The remaining two therapists were interviewed over the phone. Interviews took approximately 50 minutes to one hour and 25 minutes to complete. All interviews were digitally recorded with therapists' permission.

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To begin, therapist participants were asked general demographic questions of age, years of practice, ethnicity and theoretical orientation. Therapists were asked to rate, on a scale of 1-10 (10 being extremely important and 1 being not important at all) how importantly they considered hope to be to the process of therapy. Next, therapists were asked a broad, open-ended question of what hope means to them. This was followed with the question, “How do you understand and experience the role of hope in therapy?” as well as, “Can you describe ways in which you use hope in your therapy?” Therapists were invited to elaborate, as needed, on particular moments they deemed as hopeful to them.

At the close of the interview, therapists were asked how the interview process was for them and were offered a chance to provide additional comments if needed. Therapists were encouraged to contact the researcher should they have concerns or further questions and were thanked for their involvement and contribution to the study. The process of data collection for therapist interviews took place over nine months from February 2016 to November 2016.

Couple interviews: A decision was made, based on a systemic understanding of couple work and the couple system, to interview couples together (Bowen, 1978, Papero, 1995). The couple’s interactional system is an integral part of couple therapy because simply, “a couple is more than the sum of its parts” (Weeks & Fife, 2014, p. 20). Using a family systems perspective wherein the couple exists as a system, the study sought to explore the experience of hope as it happened within the couple. To better understand the property of hope within the couple system addresses the research’s original aim of contributing to couple process research and dyadic research. By interviewing the couple

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together, the researcher attempted to obtain a more complete picture of the element of dyadic hope, shared or unshared, between two individuals within the couple system. This choice allowed the researcher to observe, in real time during interviews, the couple dynamic as they responded to questions that highlighted the relational components of hope. While the researcher acknowledges the potential limitations of interviewing couples together (see Limitations section in chapter four), this study aimed to achieve a rich and unique picture of hope within the couple system rather than investigating individual hope.

Interviews with couples took place a confidential location of the couple's preference. All four couple interviews were done in person. Three interviews occurred at the Saint Paul University Counselling and Psychotherapy Centre and one couple interview occurred in the home of the couple. Couple interviews lasted approximately 50 minutes to one hour and 20 minutes. All couple interviews were digitally recorded with couples' permission.

Couples were asked the length of their relationship, their number of therapy sessions to date, their ages, ethnicities, genders and reason(s) for pursuing therapy. Bruininks and Malle (2005) argue convincingly that a "well-developed folk concept" like hope is "partly constituted by people's conception of what the phenomenon is" (p. 353). Larsen, Stege, Edey and Ewasiw (2014) assert that an individualistic stance on hope "is important because it means that both client and counsellor are likely to identify individually what hope is and what is hopeful for them" (p. 273). While this study sought to explore couples' meanings and understandings of hope, it was of chief importance to let understandings of hope, as they pertain to specific couples in specific contexts,

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emerge. Therefore, in order to allow this “folk concept” to evolve and for both “subjective and individualistic views of the experience of hope” to develop (Larsen et al., 2014, p. 273), the researcher began the interview process with open-ended questions that did not explicitly employ the word “hope.” Seidman (2006) encourages investigators to utilize open-ended questions to aid participants in “reconstructing a significant segment of an experience” (p. 85). Spradley (1979) refers to this as “grand tour” questions that “set the stage,” inviting participants not to remember but to reconstruct a moment or experience. Thus, in the present study, couples were asked to reconstruct significant moments of therapy in order to reveal what they identified to be of importance to their wellbeing within the context of therapy (Kvale, 1996; Seidman, 2006; Spradley). The interviewer asked, “Can you think of a moment in your most recent therapy session that stands out or was significant for you?” to “warm up” couple participants and stimulate their reflections of recent therapy sessions. Following this, the researcher inquired more specifically of couples’ experiences of hope within therapy. Similarly, the researcher asked if participants could identify particular in-session factors that contributed to or decreased their levels of hope. Lastly, the researcher asked participants to define hope, as they understood it, in the spirit of Bruininks and Malle’s (2005) assertions that, “when we know what hope really is in people’s minds, we can more precisely study its antecedents and consequences without concern that some of them might merely be antecedents or consequences of an experimentally constructed phenomenon” (p. 354). Furthermore, recognizing the importance of both implicit and explicit hope and its uses in therapy (Larsen & Stege, 2010a; 2010b), the interview attempted first to reveal implicit hope through indirect means, followed by asking explicitly of couples’ hope.

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Finally, at the close of each interview, couple participants were asked how the interview process was for them. Furthermore, they were offered a chance to provide additional comments if needed. Couples were encouraged to contact the researcher should they have concerns or further questions and were thanked for their involvement and contribution to the study. The process of data collection occurred over an eight-month period beginning in February 2016 and ending in October 2016.

Data Storage

All transcripts, digital recordings, and related items of participant interviews were stored in a locked filing cabinet in the researcher's home office. Data was only accessible to the researcher and to the committee members supervising this doctoral study. The investigator assigned initial codes to each participant and used codes as identification on all paper copies and digital interviews. Participants and their collected data remained and will continue to remain anonymous to everyone but the interviewer in all data collection, publications, and workshops / presentations.

Data Analysis Procedures

This study followed a phenomenological and inductive hermeneutical approach to interpret the collected data (Creswell, 2013; Lincoln & Guba, 1995). Interview transcripts were analyzed using a phenomenological method of analysis. Thematic method of analysis offers a robust, systematic framework for coding qualitative data and uses codes to identify patterns across the dataset (Braun & Clarke, 2006). Furthermore, thematic analysis lends itself well to applied research in its efforts to concretize accessible data so that it can be readily applied to clinical settings.

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Interviews were transcribed using OneNote and Microsoft Word. To achieve full immersion in the data, the researcher transcribed all interviews personally. This allowed for a repeated and thorough examination of respondent reflections. Data analysis took place over a period of eight months from November 2016 to July 2017. This time frame enabled the investigator adequate time to reflect on participant responses and to remain immersed in the data.

Transcripts were reviewed and coded using Braun and Clark's (2006) method for analyzing data. The following seven steps were employed: (a) initial bracketing of personal assumptions (bracketing interview); (b) memoing (familiarization with data); (c) coding of descriptive labels which is considered a preparatory step in the organization of the data prior to later in-depth, structural analysis (d) searching for and identifying emerging themes based on freshly revealed knowledge regarding the phenomenon. This step paid close attention to implicit dimensions of the experience through the process of continually moving from part to part and from part to whole in order to grasp the structural organization of the situation as a whole. This process of working back and forth between participant statements and participants' full interview is referred to as *constant comparison*; (e) reviewing and refining emergent themes; (f) defining, naming and grouping these themes under larger umbrella or super-ordinate themes; and lastly, (g) developing an analytic narrative and rich discussion that integrates findings, acknowledges limitations, and points to directions for future research.

Trustworthiness and Credibility Checks

In order to improve the trustworthiness and credibility of data analysis and to reduce researcher bias, the present study used peer reviewers and member checking as

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per long-standing and current recommendations found in the literature (Birt, Walter, Scott, Cavers, Campbell, 2016; Lincoln & Guba, 1985; Patton, 2002; Spall, 1998). Peer reviewing as a technique to improve trustworthiness involved having two interview transcripts (one couple and one therapist) reviewed by two members of the thesis committee and a volunteer doctoral candidate in the psychotherapy program at Saint Paul University. Following independent review by each reviewer, the researcher and three peer reviewers met together in person to discuss what they considered to be emergent themes as taken from the sample transcripts. This process led to a stimulating discussion regarding possible emergent themes and interrogation of emerging theories (Spall, 1998). These reviewers reached consensus on the main emergent themes although each reviewer described themes slightly different than the other. Patton (2002) is quick to assert that peer reviewing is not necessarily to establish consistency across the data but is a way to uncover deeper meanings in the data set. Furthermore, external reviewers verified that participant quotes were not used out of context and ensured that quotes were true to the original transcripts.

The process of “member checking” (Birt et al., 2016; Creswell, 2007) is considered by Lincoln and Guba (1985) to be the most important technique to establish credibility. This step encouraged participants to play a significant role in the evaluation of the data by inviting select participants to critically observe and interpret their own data. Specifically, two couple and two therapist participants were sent their interview transcripts and a list of possible emergent themes. Additionally, and according to the suggestion of Birt et al. (2016), participants were asked questions such as, “Does this analysis match your experience? Is there anything you would like to change or add?” The

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selected participants indicated their agreement with the emergent themes. Lastly, the researcher performed internal checks by revisiting transcripts and recordings throughout the analysis to ensure that emergent themes were grounded in the data.

Credibility or trustworthiness of research also requires researcher reflexivity in bracketing one's assumptions or biases (Lincoln & Guba, 1985). Husserl (1931), the first to acknowledge the necessity of investigator bracketing, argued that researchers need to move beyond their everyday assumptions so that their beliefs do not constrain or influence what they "see" in the phenomena under study (Wertz, 2005). Studying the world requires reflexivity, respect for ambiguity and attention to how all the distinguished aspects of the phenomenon or event interact.

Bracketing, for the purpose of this study, is defined as "the researcher's acknowledgment of beliefs and biases early in the research process to allow for readers to understand their positions, and then suspend those researcher biases as the study proceeds... Individuals continually reflect on the social, cultural, and historical forces that shape their interpretation" (Creswell & Miller, 2000, p. 127). Furthermore, this study also relies on Fischer's (2009) definition that bracketing must happen not only at the beginning and but also throughout the research process. Bracketing, argues Fischer, does not end with a perfunctory step at the beginning in order to achieve false objectivity but requires ongoing "regular mindfulness" (p. 585). This requires a reflexive journey of preparation, action, and systematic feedback throughout the entire research process. Researchers are called to work diligently to understand the effects of their experiences and assumptions, their imposed meanings on the data, and how they have "language" concepts and ideas (Ahern, 1999). In other words, the researcher is continually turning

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back “to *attend to* how he / she has *participated in* forming a particular understanding or in taking an action” (Fischer, 2009, p. 586).

It would be remiss not to acknowledge and appreciate the tension of the processes of engagement and disengagement with the phenomenon being studied. The researcher acknowledges this apparent contradictory stance yet argues that this is precisely where she must stay planted: there is a need to bracket ‘pre-understandings’ while *at the same time* using these ‘pre-understandings’ as a source of insight. Finlay (2008) captures this tension well: “Thus, the researcher is distanced and detached but at the same time remains open and fully involved” (p. 3).

How does one ‘bracket’ and still be fully open to the research encounter? Finlay (2008) encourages “empathic openness” as a bridge to straddle this tension, acknowledging that the researcher is involved in this research “encounter” and that past knowledge is both “restricted *and* used to interrogate the meanings that come to be, in order for the researcher to be more fully open” (p. 3). “Empathic openness” addresses the required complexity and enables reflexivity and reduction to intertwine in a sort of “dialectical dance” (p. 3). Finlay’s metaphor of a dance permits the researcher to step between striving for reductive focus while staying reflexively self-aware. This study required the researcher to maintain a stance of openness in order to be “moved by an Other, where evolving understandings are managed in a relational context” (Finlay, 2008, p. 3). This present research involved a reciprocal encounter through interviews in real time; the researcher had to remain reflexive while still being fully involved, interested and open to what may appear. It is precisely this tension that allows for a rich and textured understanding of hope to emerge (Ahern, 1999; Finlay, 2008; 2009).

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In this way, the researcher had to make judgments at every level of the research process. Key points of decision making occurred at the time of: (a) the literature review in terms of the researcher's decision on what studies to highlight; (b) the development of the interview questions; (c) the nature of interview process in terms of the direction of the interview and which topics to deepen; (d) the analysis phase in terms of the selection of meaningful data chunks, the integration of descriptive codes and later, the emergent themes; and lastly, (e) the preparation of the written dissertation in terms of the interpretation and contextualization of results within the literature on hope and counselling.

As a means of bracketing, and heeding suggestion of others (Locke, Silverman & Spirduso, 2004; Seidman, 2006; Fischer, 2009, Roulston, 2010), the researcher reflected on the autobiographical roots of her interest in this topic. To facilitate this process of bracketing, the researcher adopted the perspective of the interviewee (Roulston, 2010). Specifically, the researcher responded to the study's interview guide prior to interviewing participants. In this way, the researcher's personal experiences in relation to the topic of hope in therapy were revealed (see Appendix I for the Bracketing Interview).

In addition, the researcher kept a bracketing journal from the beginning of her research and throughout the research process, noting assumptions, puzzlements, surprises, biases, and other reactions to the data. Journals are encouraged as a means of exploring bias and presuppositions (Majcher, 2011; Tufford & Newman, 2012) and can allow researchers to monitor changes in their understanding of the data and engage in interpretative revisions as necessary (Fischer, 2009). The researcher recognizes, however, that journaling will not necessarily reveal biases that exist outside of awareness.

CHAPTER 3: FINDINGS

The participants of this study offered rich and valuable descriptions of the nature of hope and the processes underlying therapeutic hope as it occurred in session. Using a phenomenological approach, study participants were considered to be experts of their own experience, thus they provided unique and rich perspectives on their lived experiences and understandings of hope in therapy.

The findings of this study reveal a complex yet invigorating window into the dynamic of therapeutic hope. Participants identified various aspects belonging to the nature of hope as well as underlying processes of hope in therapy. Both sets of participants (therapists and couples) provided insight into what they perceived were influences of hope, the nature of hope, their experiences of hope, and the therapeutic ingredients necessary to grow hope in therapy. These emerging themes and underlying processes are provided in greater detail below.

Results

In order to better understand the context of each therapist and couple, Part 1 provides a brief overview of each participant and their unique lens on hope. This section presents condensed summaries or a ‘snapshot’ of the narrated experiences and insights of each participant, beginning with therapist participants and followed by couple participants. The four couple and four therapist interviews conducted for this study provided participants with the opportunity and space to reflect on their experiences and understandings of hope in therapy. As a result, their responses offer a window into hope as viewed through eight distinct perspectives. The overview of each participant is intended to add depth to his / her experience and to understand the unique context of each

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participant as it informs the understanding of emergent themes on hope in therapy. Part 2 offers super-ordinate themes and related emergent themes on the nature and the underlying processes of hope from therapists' perspectives while Part 3 presents super-ordinate themes and emergent themes based on couples' perspectives.

Part 1: Overview of Participant Responses

Therapists

“Inviting Hope” to Therapy Through Authentic Presence: Matt’s Perspective

Matt’s insights on hope in therapy can be summarized as *inviting hope through his person and presence*. Matt referred to this theme throughout his interview: he identified his authenticity and genuine concern for clients as the critical conduit through which hope is transferred to his couples.

Matt, 39 years old, is a marriage and family therapist with nearly ten years of clinical experience working in a community agency. He self-identifies as white and as a Dialectical Behaviour Therapist who also has extensive training in Family Systems and Cognitive Behavioural Therapy. Matt described, with passion and commitment, how important he felt hope was in therapy declaring that, without hope, therapy would not exist. A central focus of Matt’s perspective on the nature and processes of therapeutic hope demonstrated that he believes hope to be essential to therapy and that hope is best grown and nurtured through a genuine therapeutic relationship.

Touchingly, Matt’s reflections consisted of the relationship between himself as a therapist and the invitation for hope to inhabit the space between himself and his clients. His presence, he surmised, invites hope through a “small crack in the door or in the wall.” Matt pictured hope “showing up” in the room with his clients: “Especially if they feel it’s

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genuine coming from me, then that in and of itself, invites hope into that moment.”

Throughout his interview, Matt demonstrated the very authentic and genuine presence of which he spoke through his descriptions of the care and even love he has for his clients.

Matt described his work with Adrian and Genevieve stating that he has deep care for them and their wellbeing. Matt reflected that the essence of doing therapy is hope, stating that it is equally important to have this hope coming from clients and therapists. He explained:

I don't know if therapy could exist without hope. If someone doesn't have hope they would eventually, in my experience, start reporting that therapy doesn't seem to be working or even more indirectly just stop coming. They'd book a session and then not come back, if there was no hope.

Hope as “a Way of Seeing the World”: Heidi's Perspective

Heidi, 59, identified herself as Northern European and as a Humanistic and Experiential therapist who relies on a Rogerian regard of her clients as the foundation of her work. In speaking with Heidi, it became evident that hope plays a vital role in both her professional and personal life. Despite Heidi being a novice therapist, her mature outlook on life and life's journey was notable and touching. Heidi's interview demonstrated that she was well acquainted with hope as a resource. Likewise, Heidi revealed her strong commitment to the practice of self-nourishment and renewal.

Central themes in Heidi's perspectives on hope included: *hope as a lens* to see the world, hope as spiritual, and gaining her own hope when observing her clients' resilience. Heidi's interview demonstrated not only the lens of hope she uses to view her clients but also the lens of hope through which she views the world around her. Profoundly, Heidi

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stated, “I find there’s a lot of hope around. If you look for it. It’s not what you look at matters, *it’s what you see.*” This perspective allows Heidi to meet her clients relationally and to stay well attuned to their needs in session. As well, this perspective grants her an ability to live in a world where hope is never hard to find.

Heidi attributed her continual replenishment of hope as part of belonging to a spiritual community and her relationships with her family. Heidi also indicated that seeing her clients’ resiliency increased her hope when she sits across from them: “I see goodness in them, all of them, and how hard they’re working and that leaves me with great hope.” Furthermore, she believes that if couples want to stay together, then “it’s workable. They can do it.” Holding onto this hope for her couples allows Heidi’s own sense of hope to remain intact and even flourish. Heidi’s work with Ellen and Donald demonstrated her deep-seated hope for them and for what therapy could do for them.

Hope is “First Combatting Hopelessness”: Elaine’s Perspective

Elaine, 56, entered this study as the most experienced psychotherapist with over 18 years of clinical experience. She identified as white and as an Emotionally Focused Therapist (EFT). Elaine referred to her theoretical orientation several times throughout the interview, referencing it as a tremendous resource for her clinical work. Elaine reflected that being part of the larger community of EFT therapists served to foster her hope. She expressed her belief in the model of EFT as being effective for couples and trusts the model as it can provide a “way out” for couples in distress.

Central topics in Elaine’s interview included: combatting hopelessness as a way to hope and the importance of staying with despair, hope as essential to therapy, and her use of implicit hope. Elaine spoke with clinical confidence as she described multiple couples

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with whom she's worked. Some couples were "really tough" and she sagely concluded: "I am not a miracle worker, and even though it's disappointing, I have to go back to, you know, it wasn't the right time."

Elaine touched on her use of implicit hope as she explained she uses normalizing and validating statements to instill hope rather than use the word hope explicitly. She highlighted use of self as a therapist and her careful attunement to the couple's needs as a means of ensuring that at the beginning of therapy she is meeting and joining her clients in their loss of hope. Elaine described how important it is for therapists to hold both hopelessness and hope for couples and that hope, for her, is first and foremost, "combatting hopelessness." Before anything else she explained how she "must massage couples' pain," and then use hope-filled statements such as, "There's a way out," or "I know the way to go". When Elaine first met her couple, Claire and Mark, they were in a highly distressed place. She was able to validate and normalise their despair, while pointing them to a way through their pain.

Hope is "Spiritual Energy": Colin's Perspective

Colin, 44, brought a treasury of diverse experiences to his interview responses, in part due to his previous work as a military chaplain. Colin was a novice therapist but approached his clinical work with a wealth of life and work experiences that informed his perspectives on hope. Colin identified as an eclectic therapist with a background in Psychodynamic Theory and Emotionally Focused Therapy. He explained he came from a German-Russian background but had lived in Canada for most of his adult life.

Central themes emerging from Colin's interview included: hope as a spiritual energy that flows, hope grows when therapy has a clear direction, hope is discovered in

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the process of couples connecting with each other and hope is found in his couples' resilience. Colin elaborated on the theme of hope as a spiritual energy explaining that, with his background as a chaplain, "hope has been my game for a long time." He described hope as a "genuine, living force (that) belongs to each individual, to everyone."

Colin first prefaced his work with Josh and Bev as being "challenging," and explained he was unsure if they would be suitable for a study of hope in couple therapy. Colin indicated he was not certain they would stay together and reflected that working with a couple with ambiguity had forced him to check his own expectations and agenda for the therapy. As Colin's interview unfolded, he described a moment in therapy that provided him with hope: "I saw my couple move toward each other, despite their difficulties." He explained that seeing his couples connect when in session allowed him to feel more hopeful both for his work with them and for the couple. Furthermore, Colin highlighted the idea that when therapy has a clear and concrete focus, hope is easier to build. Lastly, Colin shared that when he witnesses his clients' resilience, he is both inspired and hopeful. He referred to this as the "resiliency piece" and noted that the efforts and strength of his couples benefits his own hope.

Couples

"Hope is not ending up like my parents": Genevieve and Adrian's

Perspective

Genevieve, 24, and Adrian, 23, had been together for four years, were engaged and were hoping to be married in a year from the time of the interview. They had no children. Genevieve and Adrian had met each other through mutual friends at age 18 and had been together since. The couple described how they knew, "they were young," but

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also explained if they were able to last for four years already, they were, “pretty certain they could do a lifetime together” (Adrian). Genevieve and Adrian cited wanting to improve their communication and learn more about each other before getting married as the reason for seeking therapy. They described how a friend had encouraged them to proactively pursue counselling as a way to “iron out the wrinkles” before marriage. At the time of the interview, the couple had completed six sessions of therapy.

Central topics in Genevieve and Adrian’s interview included: hope was sticking together for the long run; hope was having confidence in the future, and they felt hope from their therapist and when they gained insight into each other. Furthermore, Genevieve clearly explained that hope, for her, was defined as “not turning out like her parents”:

My parents divorced. They were never happy together. So to me, hope means the opposite of that, I guess. Like staying together, being happy. I know it’s vague but having peace about each other and the relationship, working on things and enjoying your time together.

Genevieve and Adrian were quick to define hope as being confident about their relationship. This included remaining committed and stable when looking to the future. They reflected on moments in session with Matt when they felt his hope through his deeply attuned presence: “we knew he really cared for us,” Genevieve reflected. Adam and Genevieve spoke highly of the therapy they had experienced with Matt and expressed that when they had moments of insight into each other stood out as significantly hopeful moments for them. Adrian explained, “realizing these things about (her) was really positive, it made me hopeful, you know, that maybe I can understand Gen more when

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we're married." He reflected that Matt was able to help them understand more about each other, particularly in their reactions to one another.

“Hope, After Heartbreak, is Dreaming of Something Better”: Ellen & Donald’s Perspective

Ellen, 55, and Don, 59, had been in relationship for a year and a half and were hoping to use therapy to build trust between them. Both had been married previously and neither had children. Ellen cited that her past experience with unhealthy relationships, divorce and broken promises had left her “heartbroken” and wary of trust. She indicated she was hoping therapy would help her partner understand her more and allow her to trust him and their relationship. Don initially expressed, with a laugh, that he was “along for the ride” but as the interview progressed, he reported he had experienced significant moments that had impacted him as well. Ellen and Don were currently living together and spoke of plans to “get married in a year or two.” They spoke about the house they planned to buy together and the renovations they dreamed of doing to accommodate Ellen’s home business as a pet groomer. At the time of the interview, the couple had completed five sessions.

Central topics in Ellen and Don’s experience and perspective of hope in therapy included: hope as sharing future dreams together, hope as rebuilding trust, and hope as experienced and facilitated through their therapist’s presence and their personal moments of connection in session.

Throughout their interview, Ellen and Don often referred to hope as dreams and desires for their future together, citing their dreams to renovate, get married and grow old together. Ellen spoke of the presence of their therapist, Heidi, and her implicit hope and

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genuine care for them as a couple, as being hopeful. Both partners reflected on moments of connection between them that occurred within session and left them feeling hopeful for each other and their relationship.

“Hope is Healing After Hurt”: Mark and Claire’s Perspective

Claire, 37, and Mark, 38, had been married for 16 years and together for 22 years. They sought therapy following marital infidelity or what they referred to as a “marital trauma.” As parents of three school-aged children, they described a busy home life. Mark explained that he works in a highly demanding and time-consuming job. Claire and Mark courageously described the pain they were in when initially seeking counselling, calling it their “crisis point.” They explained they started originally with another counsellor, referred to them by their family physician; however, they quickly realized she was not a good fit for them. After doing some of their own research and knowing they wanted an Emotionally Focused Therapist (EFT), they found Elaine, their current therapist. Claire and Mark described how their participation in a couple’s retreat weekend as part of their counselling had benefitted them tremendously and greatly supplemented the work they were doing in therapy. At the time of the interview, Mark and Claire had completed ten sessions of therapy and one weekend retreat.

Central themes in Mark and Claire’s interview indicated they understood hope as healing after hurt, hope as growth, and notably, that they felt hope most acutely when experiencing each other’s vulnerability in-session. They described the process of therapy as being tremendously beneficial for them in helping them heal from the trauma their marriage had sustained. Profoundly, Claire highlighted the theme *hope as healing* with her reflection:

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I think I would rather have had the trauma in our marriage to give us the hope of what we're building towards, how we've healed, rather than to be stuck in what we had as a marriage before. It took something really big to kind of shake us up, like a wake-up call.

Claire and Mark poignantly described when they first met Elaine they were encouraged by her ability to join with them in their present state of pain. They also reflected she was able to point them ahead to how therapy could help their relationship.

Hope is Courage in Uncertainty when “Hope can be Hard”: Josh and Bev’s Perspective

Josh, 29, and Bev, 26, had been in relationship with each other for three years and sought therapy to improve their communication. Josh and Bev had a two-year-old son, Dylan, whom they brought with them to a few counselling sessions when unable to find childcare. Josh and Bev explained that they had separated three months prior to beginning therapy and were unable to talk about issues without becoming volatile. Josh and Bev were unsure of their future together and were seeking clarity from therapy to determine the fate of their relationship. They had completed seven sessions of therapy at the time of the interview.

Central topics in Josh and Bev’s interview included: hope as future dreams and their experiences of hope in therapy when they gained insight into themselves and each other. Josh and Bev, with authentic and courageous responses, indicated they were unclear of their relationship and, as a result, *hope was sometimes hard*. Both expressed not knowing where therapy would lead them and the uncertainty that ensued. Josh and Bev were willing to talk about how difficult it was to hold hope when their relationship

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brought challenges yet each expressed feeling hopeful, particularly around gaining insight. Bev shared: “I guess it brings in a certain amount of hope but because of our relationship and that we don’t know what we’re doing...” then added as an afterthought, “We don’t know if we’re going to continue our relationship because we don’t know where we’re at, so it can sometimes be hard to feel hopeful.” Josh and Bev indicated that they felt hope from their therapist, Colin, and, at times, they wondered if their uncertainty about their commitment was confusing to him.

Part 2: Therapist Perspectives on Knowing Hope and Growing Hope

The resulting data from therapist interviews highlighted the nature and meanings of hope (Knowing Hope) and the process of creating and encouraging hope (Growing Hope) as experienced within the context of therapists’ clinical work and personal lives. The super-ordinate themes of “Knowing Hope” and “Growing Hope” and their respective emergent themes are presented in Table 3. “Knowing Hope” revealed hope as a ‘pathway of wellness’ wherein hope was described as essential, a spiritual energy, a motivator and an embracer of hopelessness. Additionally, according to therapists in this study, hope was also known as ‘opening space’ to possibilities and the potential to grow. Therapists indicated that “Growing Hope” involves providing and nourishing hope through their presence, trusting their competence, trusting the process of therapy, holding onto their own hope and having a plan for the therapy. Lastly, therapists in this study indicated they experience hope when they witness their couples’ resiliency, change and connection.

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Table 3

Super-ordinate Themes on Knowing and Growing Hope from Therapists' Perspectives

Super-ordinate Themes	Emergent Themes	Descriptive Codes
KNOWING HOPE	Pathway to Wellness	<ul style="list-style-type: none"> • Essential • Spiritual energy • Motivator • Embracing hopelessness
	Opening Space	<ul style="list-style-type: none"> • Possibility • Potential to grow
GROWING HOPE	Providing / Nourishing Hope	<ul style="list-style-type: none"> • Presence • Trust one's competence • Trust the process of therapy • Hold onto personal hope • Have a plan for therapy
	Witnessing Hope	<ul style="list-style-type: none"> • See couples' resilience • See couples change • See couples connect

Knowing Hope

Hope as a pathway to wellness. All therapists spoke in detail about the quality of hope as crucial to therapy and essential to determining their couples' sense of wellness and health. In fact, the majority of therapists in this study were eager to talk of hope and its place in therapy. They believed hope served as one of the most important elements of

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therapy. Therapists tied hope into the idea of “something better” that leads to greater overall wellbeing for their clients.

While each therapist used different clinical examples and personal anecdotes in knowing hope, all agreed that the nature of hope could be understood as a pathway leading toward better health. Therapists quickly determined that better health involves improved emotional, physical, spiritual and relational wellbeing. Hope leads couples to “good things” (Heidi). Whether it was hope that drove the client to first seek help and make the call, “It’s what keeps clients coming back. Hope is what pushes people to seek help, there’s a reason they make that first call” (Matt), all therapists agreed that hope is necessary to one’s wellness. Likewise, Heidi explained that hope leads one to living life “more fully” and with greater “happiness.” In particular, the nature of hope as a pathway to wellness recognizes hope as an essential component for change and as linked to or containing an experience of health and energy. A hopeful attitude provides a “bridge” between the couple’s current distress and their desired goals; it is a way forward toward couple wellbeing. Two therapists referenced the idea of hope as a bridge leading to something better. Colin stated:

Hope is an energetic bridge that brings us forth into a desire reality. Even in the desire itself is an element of hope. It’s a bridge that brings us forward to a desire reality. It’s bridging between where we feel we’re at – that place of desolation and maybe despair, a place of yearning that I don’t have what I want and a desire – a bridge towards a desired outcome.

Additionally, Elaine stated, “so many times couples come into therapy demoralized and hopeless. I’m like a bridge in many ways, to their future, to their reconnecting or to their

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working with their relationship. To helping them find a way through.” Hope is the pathway to wellbeing that helps couples see their way forward from current hopelessness toward eventual healing and reconnection.

Hope is essential to life and wellbeing and, not surprisingly, was determined by therapists to be fundamental to the therapeutic process. All therapists in this study indicated they believed hope to be extremely important to therapy. Parsimoniously, Matt stated, “without hope, there’s no therapy.” Heidi reflected that hope is everywhere: “you just have to be able to see it,” and, particularly in the therapeutic process, “my therapy is infused with hope.” Elaine stated that while she would not use the word “hope” explicitly, all of her clinical work with couples involves hope: “I don’t use the word ‘hope’ that much but I instill it. I know couples need it. I need it. It’s all important, so I guess that’s all hope.” Colin described that hope exists at the heart of every living being and is intricately tied to one’s life purpose: “It’s at the core of the individual where I believe lies all the hope. It’s tied to our life purpose, our God-given purpose.” Not only did Colin describe it as fundamental to the experience of being human but he firmly believed, although not always recognized, that it is “always there.”

The nature of hope as a spiritual energy and related to spirituality emerged from the majority of therapist responses. Therapists described hope as “belonging to spirituality” (Matt), or as “belief in spiritual hope” that involves a “greater good” (Heidi). Colin described how hope grounded in spirituality “feels different” than merely cognitive hope. Hope, he explained, has “an energetic quality” that is “life-giving” and “takes us outside or beyond ourselves into the Other. It’s higher than just us.” Colin explained his understanding of the relationship of hope and spirituality in detail:

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There is a spiritual component to hope, desiring something different that is not just pragmatic. The hope we are tapping into is a genuine, spiritual hope; hope is an energetic piece of spirituality that is not dependent on our results, it's beyond us and there is a universal purpose to it.

Other therapist participants explained they perceive a spiritual quality to hope that links to the relationship they cultivate with their clients. Matt tied spirituality and hope to the therapeutic relationship and described how hope helps to inform his presence. Through a spiritual connection with clients, Matt believes he transfers hope to his couples. He reflected on hope as a relational energy with spiritual undertones:

It's a connection between myself and my clients. It's between myself and what goes on around me, too. I feel that it is experienced even in the treatment plan or a therapeutic conversation. I am more ready to describe that as love – that I care so much for you and a part of me longs for you to find the hope and what it is that you are looking for, and that is a spiritual moment, it's hope-filled and it's between myself and my therapees.

Colin also likened spirituality to energy and related hope to this same energy. Hope, he perceives, is a force of energy greater than ourselves:

It feels to me that we are part of a force greater than ourselves, as part of God's creation. It's an energetic moving force, hope is. It comes from life experience and is much bigger than that and comes from agape, which is unconditional and unearned but always present.

Elaine described a “spiritual impulse” that she recognizes in herself and in the lives of her clients. She tied knowing hope as part of a “spiritual impulse” into a larger systemic view

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of her work with couples. Elaine stated that hope is the knowledge that her work has the power to impact lives of future generations:

There's a sense that (my work) is for the greater good, you know, that this is for the world. This work does make a difference for this couple's children and that might make a difference for, who knows, for some noble laureate down the road who is going to actually give us an answer to peace. That's hope, right there, ok, a sense that this is for the greater good. This is changing one couple at a time and it definitely does feel 'other' and 'holy'. (Elaine)

Elaine indicated that changing couples, one at a time, includes a spiritual hope that brings meaning to her work. Seeing her work as containing potential far-reaching implications for future generations of healthy relationships depicts her understanding of hope as having spiritual significance.

In addition, hope as a pathway to wellness included therapists' descriptions of hope as a motivator. Hope is what keeps people engaged in the therapy process and ensures they come back: "Without hope, they would stop coming, stop trying" (Matt). Therapists spoke of hope as a motivating force that inspires couples in critical ways through all stages of therapy. First, hope acts as the motivator for couples to make the call for help (Matt, Heidi); secondly, hope acts as a means of keeping couples committed to the work of therapy (Elaine, Colin); and lastly, hope ensures and solidifies couples' visions of where the therapy might take them (Elaine, Matt) and keeps them encouraged and invested.

Paradoxically yet equally significant, therapists reflected on the role that hopelessness plays as part of hope's pathway to wellness. Therapists in this study

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described hope and hopelessness as “two sides of the same coin” (Matt) and “close cousins” (Elaine). Therapists reflected that hope cannot exist without hopelessness and the relationship between the two indicates “a belonging” together (Heidi). Hope and despair, therapists explained, were not diametrically opposed to the other but were both perceived to be part of the experience of what it means to be human and, eventually, to what leads to wellness. Hope and hopelessness can happen, reflected Matt, even in the same moment:

These two, I think, go together, they’re ways of describing two sides of one moment. On the one hand, I think we can describe hope as wanting a preferred future, but there’s also this sense of fear and desperation that if things continue like this, then catastrophic things might happen. Someone’s going to leave them, maybe they’re going to kill themselves, but even in that moment of hopelessness, if they pick up the phone to book an appointment, there’s that little hope.

Elaine further commented:

I have to acknowledge that despair in the room otherwise the hope is just a cognitive exercise. They’re both there. I feel them both. I might say something like, ‘Yea, you’re at a pretty desperate place today’ or ‘It feels pretty disillusioning and you’re not certain it’s ever going to be any different,’ so that’s a way of speaking to both.

Therapist participants indicated that loss of hope can be found in varying degrees and can be present in many different forms in therapy. They revealed that while despair is a challenge, it can also act as the very catalyst for client change and can, when intertwined with hope, lead clients back to the very path of wellness they long for.

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Hope as opening space. Therapist understood hope as an opening of space in order for couples to engage with new possibilities, to know their current distress will not last forever, to imagine what may be possible, and to set the stage for client change. Hope, emerging in this theme, was equated with possibility and the imagination of future potential. Therapists spoke to the idea of hope creating room to inspire couples to entertain new alternatives and options:

Hope is potential for growth. It's the possibility and the belief that things can and will get better. I see that when clients come, and they're hopeless. But there's the possibility for growth and change. (Heidi)

Hope, for me, is the sense that something more could be, that there's a possibility that what is currently overwhelming or troubling won't necessarily be the end word or the final story and there's a possibility for something more that someone would prefer. (Matt)

Hope is not an answer, it's a process. Hope is living in the question of possibility.

The very desire for possibility is a hope-filled concept. (Colin)

Hope is also a way of showing perspectives to clients that they may not see. In other words, therapists indicated that hope acts as an opening both in couples' understanding and perspective of their situation. By expanding and creating space to see, consider, even to act on possibility, therapists reflected that hope reveals, perhaps otherwise unrecognized, potential for clients. Matt reflected, "Hope is imagining what is possible, given where things currently are." Therapists used hope to open space for couples to

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entertain the concept that their present predicament might evolve into something new, possibly better, in the future. This is an expansive hope that opens space and brings forward new possibilities for growth and health.

Growing Hope

Therapists in this study identified the following underlying processes of hope based on their experiences in session: ‘Providing / Nourishing Hope’ via therapist use-of-self and ‘Witnessing Hope’ as received from client interactions. These emergent themes, belonging to ‘Growing Hope,’ are described in-depth below:

Providing / nourishing hope. Therapists perceived that through intentional use-of-self in therapy, they were able to provide and nourish hope for their couples. Therapists clarified they intentionally relied on therapeutic presence, trust in their own competency and the efficacy of therapy, their own hope and their ability to provide a clear plan for therapy. Therapists highlighted these ingredients, stemming from their use of self, as necessary to encourage and cultivate hope in the room for their client. They reflected that this giving of hope to clients happens through both implicit and explicit means.

Couples often come for therapy in the trenches of their own pain when their own levels of hope are low. They arrive in need of, quite simply, hope. In order to nourish the seed of hope within couples, therapists in this study underscored the importance of providing a therapeutic environment that is warm, safe, authentic and conducive to the risk-filled trajectory of change. Heidi described the therapeutic presence she strives to offer all her couples:

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I genuinely like all my couples. I really do. I think they can feel that from me.

They know I care for them and that I truly want the best for them. They get that from me, the way I look at them, the way I speak with them.

All therapists in this study reflected on their therapeutic abilities to provide a place of non-judgement for their distressed couples. Therapists recognized their presence as a critical factor in order to put couples at ease, care for them and create a safe place for deep therapeutic work and healing to happen. Therapists indicated that therapeutic presence includes holding pain, using validating statements and offering couples a warm and caring presence. Matt identified that he uses his genuine and authentic presence to encourage hope. Therapists expressed confidence in knowing they were able to foster and maintain a robust and effective working alliance with their couples by being present, empathic and by holding their couples in positive regard.

Acknowledging the role that a strong alliance plays in determining positive outcomes and efficacious therapy, therapists in this study articulated a strong belief in their competency. Therapists stated that they could not be effective at their work if they did not feel they were able to help and guide couples. They emphasized the importance of believing they possess the right skills to help:

I hold the belief that I do have the skill and the ability to join a person, even take a person through the therapeutic process. Without that, I wouldn't be effective or have hope in myself or for them. (Matt)

Just feeling skilled helps. I know that I can help couples, I can massage their despair, meet them there and speak to that. I know that offers them hope. (Elaine)

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Use of self also included therapists' belief that therapy, quite simply, works. Therapists recognized and upheld therapy's efficacy and its ability to bring change and relational growth. Through the process of therapy, hurting and distressed couples can arrive at healthier places, individually and as a couple. Therapists expressed confidence in the power of therapy and maintained their belief in what therapy can accomplish:

I believe in the model, in the process of the model. It's not just a belief thing, it works: I've seen it work. Not with every couple, ok, I have some really tough couples, but I know it works. And I tell them this. (Elaine)

I believe in the process of therapy. It works. I've seen it and I've been in the field long enough to know it. I have hope in it and where it can take my clients... In my opinion, the work of therapy can more often than not, take a person to a different level. (Matt)

Matt further explained he remains hopeful from simply knowing that he can "hold clients" in the process of therapy and that he's able to articulate to them "what therapy looks like, what it can do, and what it can't do, so being able to explain that succinctly and make sure they (clients) believe it too." As part of believing in therapy, therapists described the importance of laying out the landscape for clients to better prepare them for the process of therapy. Therapists believed that preparing couples this way also helps to clarify couples' expectations and hoped-for outcomes.

Therapist participants shared how using their own hope, implicitly and explicitly, was crucial and fundamental to encouraging hope in their couples. They described their own hope as a "cornerstone" (Colin) to their work and as essential to guiding their

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couples to roads of their own hope. All therapists, in their own words, expressed how their personal hope is paramount to their work:

There's one element, and this one is coming to mind, just having hope myself. Knowing that I have hope and that I can help them. That seems to be critical to helping my couples find their hope. (Matt)

I have hope that we can explore together and they (couple) can learn things and come to the point where they can say, yes, we are able to clearly commit to each other or yep, we've done as much as we can do and this is not the relationship that's going to be the one for each of us. I have hope for that. I believe if a couple wants to stay together and that's their desire, for both of them, that's workable. They can do it. (Heidi)

I have a hope that's life-giving. It's energetic and meaningful. I, as a therapist, have to be very clear on where my own hope is coming from – is it a place of my own pain or is it from a force that's greater than me? When I think of it, the very fact that anyone can have a long-term relationship is miraculous in itself and that's my hope, right there. (Colin)

Lastly, therapists in this study acknowledged that having a plan for therapy and offering couples direction was a way to provide hope. While theoretical models are not a one-size-fits-all, therapists indicated that they rely on theoretical models as a guide and “roadmap” (Elaine) for therapy. In turn, they can offer this plan to their clients. Therapists maintained hope in empirically evidenced approaches for couple work and

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described having appreciation for their backgrounds and in-depth trainings in Family Systems, EFT, and CBT, for example. Their theoretical orientations serve as a foundation for their work and assist them in navigating therapy with difficult couples. Therapists agreed that having a clear roadmap for their couples and the therapy ahead acted as a way of engendering hope, particularly when they know these theoretical approaches work: “It’s being able to show them (couples) the way to go and knowing how to get them there” (Elaine). Therapists perceived that a clear direction and a concrete plan to achieve collaborated goals acted as an effective way to grow hope for their couples.

In contrast, therapists mentioned that when they experienced moments of a lack of direction or clarity in therapy, they experienced a loss of hope. Not having a clear road map appeared to inhibit or decrease therapist hope:

I had this couple, ugh, I felt really hopeless with them. They were a transfer from my internship supervisor and they had really deep historic hurts, mental health issues and lots of attachment, family of origin stuff. I didn't know where to start with them... I didn't know how to help them or even how therapy could help them. (Heidi)

Sometimes I feel like my wheels are spinning and I have to take a step back and seek out supervision, you know, just reflect on what’s going on, why am I experiencing this loss of hope for them (couple), and it’s usually because I don’t have a direction or focus. (Colin)

It seems that having clarity around a plan for therapy, having a plan grounded in an efficacious theoretical approach and having a focus to sessions are ways to maintain therapist hope. Inversely, when the way is not clear, therapists’ hope appears affected.

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Witnessing hope. Therapists in this study reflected that witnessing specific moments provided by their couples allowed them to feel hopeful. They spoke candidly of moments in therapy when they also were recipients of hope. These moments, often unbeknownst to their couples, included witnessing couples' resilience, moments of change and moments of connection. Observing moments of strength, change and connection emerged as a critical component of the underlying process of therapists' hope in therapy.

All therapists in this study indicated witnessing their couples' resilience gave them hope. Resilience, based on participant responses, also included couples' strength, courage, love, perseverance and stamina. Reflecting on their couples' painful journeys and difficult life experiences, therapists acknowledged that when they caught sight of their couples' resilience, they became heartened and hopeful.

I know a lot of my couples have been through really tough things. I recognize that and I never want to forget the courage and stamina they show me, in showing up for therapy, in showing up for their lives. That gives me hope (Matt)

There's that resiliency piece that even in the midst of conflict, and they are in serious conflict, that it's there and I don't want it to be lost. Even coming to therapy, that they're here and that's an incredibly brave thing to do, so what's that about? The fact that they're coming to therapy and not a lawyer is a positive action and says, they're wanting something more. (Colin)

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When I'm working with couples, I just see so much love. Even when things are difficult and their desire is to get better or to see things better. They really want it, even if they don't see it. They really want to get better. Their love and strength give me hope. (Heidi)

While every therapist highlighted the resilience and strength of their clients as a means of receiving hope, they also demonstrated a keen sense of *wanting* to see their clients through this strength-based lens. This speaks of the unconditional positive regard that therapists in this study seek to offer their clients. Therapist participants witnessed their couples' resilience but also chose to view their couples through a lens that recognized and honoured these demonstrations of courage.

Some therapists in this study indicated they receive hope when they witness their couples changing during session. Therapists were quick to note specific moments, almost like snapshot memories, of witnessing their couples' first steps toward change and improvement. Therapists recalled times in session when they saw their couples try something new, take ownership for their roles in negative cycles of interaction, articulate their own needs, and change reactive patterns to more adaptive ones. Therapists explained this change as: "seeing my couple find a new normal" (Colin), and "noticing my couple was really de-escalated" (Elaine), and Heidi's recollection: "I remember, so vividly, when my couple responded to each other differently, they just weren't as triggered." Therapists affirmed that in-session moments of hope for them were, significantly, moments of witnessing their couples grow and improve:

Our last session, I saw my couple really listening to each other, man, this was a really big step and very different than how they had related to each other when

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they were first coming in and seeing this just made me really hopeful for them and our work. (Colin)

When I noticed my client taking a risk, like in the last session. Or when I saw them trying new step in their dance, one that is better for them, I just really validate that. It gave me so much hope to see them trying something new with each other. When they're able to move out of their frozen stances. (Matt)

Change looked differently for every couple and while highly dependent on context and presenting issue, witnessing couples change and connect, however slight, had a positive impact on therapists' hope.

Inversely, therapists indicated moments in session when they were not able to feel as hopeful for their couples. These moments centered on times when their couples did not seem to be "getting better" (Heidi) and when their couples appeared "stuck" (Colin). When therapists in this study did not witness their clients making improvements, they identified feelings of decreased hope. It appeared that not having the physical sign of couples improving led therapists to feel discouraged:

Sometimes it's disappointing or the couple doesn't make the progress they want to make or I want them to make, then I have to go back to – it doesn't always work for everyone. (Elaine)

It's like when they're just not any getting better, and I'm really wanting them to improve, you know, and treat each other better. That's hard. But I have to remind myself that I can't be working harder than they are. (Colin)

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Other therapists reported that seeing couples remain longer in their negative cycles than initially hoped resulted in having to adjust their own expectations: “I know it works for a lot of couples, but not all. So there’s a sense of realism as well. I am just on their journey for a while and it’s hard work to do this” (Elaine). Similarly, Matt reflected:

Sometimes it’s not the right time. Maybe they’re not ready. Every couple is on their own timeline but sometimes it seems they’re not changing at all and that’s hard to work with. I have to be really mindful of my own hope and I’m more prone to discouragement then.

Therapists concluded that, at times, couple therapy might not lead to couples improving or even staying together. Responses indicated that, as therapists, they might have to change expectations. Still, this process does not preclude hope:

Ok, sometimes I have no idea that this relationship that will succeed or not, I have hope that we can explore together, they can learn things and come to the point where they can either say, yes, we are able to commit to each other. Or, yep, we’ve done as much as we can and this is not the relationship that’s going to be the one for each of us. So it’s not even so much hope for them to stay together as a couple but more of a hope for deeper insight and understanding themselves better to know if they will commit or split up. (Heidi)

By going to the truth, then that’s hope. Even if it’s the truth that we can’t be together anymore because that’s where they’re at, maybe they can find a way to bless each other and help their own spirits become life-giving again... you know,

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there's hope in bringing the couple to their natural conclusion of who they are.
(Colin)

Therapists in this study spoke of how important it was to acknowledge the reality that some couples will not stay together. They indicated hope might emerge differently as individuals come to “truths” (Colin) about their relationship. Even finding truth, surmised therapists, can result in a hopeful process and even a hopeful outcome. All therapists agreed that hope is still present and active regardless of a couple's decision to remain together or to separate.

Lastly, witnessing in-session moments of connection (often physical touch) can be few and far between, particularly when couples come for therapy highly distressed or deeply entrenched in negative interactional cycles. Two therapists indicated that seeing moments of connection between partners during the therapy session afforded them hope. While these instances looked different for each therapist, they served as touchstone moments. These connections, albeit brief, left indelible impressions on therapists' conceptualization of the couple and emerged as significant hope-enhancing moments. Specifically, Colin described a moment that reminded him that hope was not lost:

For me, there was a really hopeful moment in session when Bev was speaking of a childhood trauma and I saw Josh put his hand out and touch her foot to comfort her. That told me volumes right there. I saw he was still invested.

Other therapists elaborated more generally on clients' connection as meaningful for them. Two therapists reflected on instances, as recalled over the entire trajectory of therapy, that revealed inter-partner connection. One instance happened immediately following the

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session as the couple left the therapy room and the other took place long after the therapy had finished:

But what really moved me was that after my couple left, another colleague said she had seen them walking down the hallway together and stopped in the middle of the hall and turned to one another, held hands, and walked out. When she told me this, wow, that really moved me and gave me a sense of hope. (Matt)

I recently had an email from a couple who I worked with, they were divorced when they started therapy with me and they just got remarried and sent me their wedding picture. Neat. So that gives you a little bit of hope! (*laughs*). (Elaine)

Therapists explained how knowing a couple's history and discovering their original connection (what first attracted them to each other; inquiries about their courtship) helps to cement hope for the couple, particularly the hope that one day, with hard work, their connection can be restored: "When I asked them how they first met, they gave lovely answers and I was moved. I felt a sense of underlying love which they had that got buried under a lot of defensiveness and stuff" (Colin).

In summary, the two emergent themes of "Knowing Hope" and "Growing Hope" according to therapists' responses indicated that therapists know hope to be a pathway to wellness and an open space with new possibilities. "Growing Hope" occurred through therapists intentionally providing and nurturing hope through various interventions. Furthermore, therapists felt hopeful when witnessing couples' resilience, change and moments of connection.

Part 3. Couple Perspectives on Knowing and Growing Hope

While couples differed on their reasons for seeking therapy and their goals for therapy, they revealed similar descriptions of hope, what hope meant for them as a couple, and their experiences of hope in therapy. Table 4 presents the super-ordinate themes of “Knowing Hope” and “Growing Hope” and their corresponding emergent and descriptive codes. “Knowing Hope” entails a shared life that involves the couple weathering challenges together, envisioning a future and sharing dreams. Additionally, “Knowing Hope” also includes hope as a pathway to wellness through the repair of old hurts and rebuilding of trust. The theme of “Growing Hope” includes seeking and receiving hope as offered by their therapist through joining, normalizing struggles and providing a clear plan for therapy. Furthermore, “Growing Hope” also entails couple connection with self and other. This emergent theme includes couples gaining insight into self / into one’s partner, seeing the partner’s vulnerability, allowing one’s vulnerable self to be seen and lastly, connecting to each other. The following super-ordinate themes, emergent themes and descriptive codes are described in greater detail below

Table 4

Super-ordinate themes on Knowing and Growing Hope from Couples’ Perspectives

Super-ordinate Themes	Emergent Themes	Descriptive Codes
KNOWING HOPE	Shared Life	<ul style="list-style-type: none"> • Weather challenges • Envision a future • Share dreams
	Pathway to Wellness	<ul style="list-style-type: none"> • Repair hurt

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		<ul style="list-style-type: none"> • Rebuild trust
GROWING HOPE	Seeking/Receiving Hope	<ul style="list-style-type: none"> • Therapist Hope • Therapist Joining • Therapist Normalizing • Therapist Giving a Plan
	Couple Connection (Self / Other)	<ul style="list-style-type: none"> • Insight into self • Insight into other • See partner's vulnerability • Allow vulnerable self to be seen • Connect to each other

Knowing Hope

Hope as shared life. Couples understood hope as meaning a shared life. This included staying together for the long run, weathering life's challenges, envisioning a future together and sharing dreams as a couple. Staying together as a dyad included enduring life's unknowns and potential challenges. Couples indicated they accepted that life will not unfold without struggle but spoke with confidence of staying together, despite obstacles. Furthermore, couples spoke of imagining the future together and sharing collective dreams for the future.

Genevieve and Adrian explained that hope for them meant "sticking" together for the rest of their lives, or in their words, for "the long run."

Hope is knowing that whatever comes ahead we have the trust and tools to make it through. Because who knows what's in our future, you know, with jobs and kids. Like if we have horrible job situations or kids with special needs that need

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strong requirements, that's not easy on a relationship. But it's like being with this person, I feel confident to handle whatever comes, we can handle things together and stick together and be happy that we're together. (Adrian)

Other couples also reflected on this collective concept of hope:

We're building towards something rather than being stuck in something but we're together, we're on the same pathway, you know, we're travelling together. We've learned how to face it together, all of it, rather than him doing his thing and me doing mine. (Claire)

For me, when I think about it, this is what hope is - it's being together, that as a couple... It's that we stick together, you know, good times and bad times, we stay a couple, we get old together, get wrinkled, we stick together and build something. (Don)

Staying together also included a sense of confidence and assurance that they, as a couple, can handle what the future may have in store. This theme, indicated by three couples in this study, included envisioning a shared and permanent future. Further, couples reflected that hope also meant sharing dreams for their future together: they employed the words "desire" and "dream," and used them interchangeably to depict future longings. Couples described hope as containing agency or meaning an active pursuit of their dreams. In other words, couples knew hope to mean going after what they've always wanted for themselves:

Hope is the realistic desires of what I've always wanted. So for me it's like the realistic desire to be a couple, to get old together, you know, those dreams for my

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future. I've known so many limitations. I'm not talking about miracles to walk.

I'm talking about realistic desires: to be a couple, to get old together. It's getting those dreams I want, like a house, we bought a house, and we're getting married next year. Even saying that seems almost too good to be true. (Ellen)

For me, hope's the dream to live happily ever after. I mean to really be happy together, you know, to do that, make it happen. For me, it's going after that dream and not ending up as a statistic. (Genevieve)

Couples described future desires as dreams and indicated they will remain committed to these dreams in spite of life's disappointments. Couples indicated it was important in order to stay focused on these dreams and actively strive for these desires to come to fruition: "Hope keeps my dreams alive. If I didn't have hope, I wouldn't be dreaming of anything better for my life" (Ellen). Josh indicated that hope is what keeps one going: "Hope is what pushes us. It pushes us to keep going and to keep trying. It helps us stay optimistic and determined." Importantly, hope offers couples common ground as they dream about their future. Don and Ellen offered concrete examples of these shared dreams: "When we dream together, we hope for things like having a house or (Ellen) being able to open a business" (Don).

Hope as a pathway to wellness. Couple participants indicated that hope provides a pathway to wellness and healing. This theme of hope includes repairing past hurts, rebuilding trust after broken trust and improving couples' relational patterns. Throughout their interviews, couples in this study used various terms to describe hope as healing such as "improvement" (Genevieve), "getting better" (Don) and "cleaning out the wound"

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(Claire). Couples spoke of hope as a steady trajectory of moving toward positive change and that hope involves healing, however slow and arduous. Couples indicated moving through painful stages served as hope and a hopeful reminder of their healing: “We started in a bad place. But hope was taking these continuous little baby steps in a positive direction, that’s hope. It’s getting better, little by little” (Claire). Couples reflected that when they were able to move through “darker” passages of life and find repair, this was hope:

Hope is not being the same place as you were before, it’s moving forward. It’s growing. Like I can never go back to the exact same dark place that I once was in. It’s believing that I am healing and getting better. (Bev)

Couples described hope as realizing that their relational patterns were improving and noticing that old wounds were healing. There were moments in session when couples could tangibly pinpoint improvement and repair: “Something clicked in that session when we realized we were getting better. For me, that’s hope, plain and simple.” (Mark).

Two couples in this study expressed hope as rebuilding trust. They explained how in each session they were able to take small steps toward trusting each other and rebuilding past trust that had been fractured:

Unfortunately, when you’ve been divorced there’s some sort of luggage that comes with that: broken promises for one, broken promises because when you both say, “I do,” it’s supposed to be for eternity. It’s the trust issue; we’ve been working a lot with that with our therapist because I have a lot of trouble with trust, it’s become really important for us to work on that. So when you ask me about hope, it’s working on trust. (Ellen)

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We were in a really dark place. It was rough and when we were given hope that we could recover from this and even heal from it, it was like a light was switched on for us, like a beacon, and then we could see more clearly. (Mark)

Couples indicated that hope meant rebuilding trust after broken marriages, repairing trust after infidelity, trusting that they could heal, and learning how to change and improve their patterns. Repair and resolve served as pathways to wellness for couples in this study. Additionally, couples indicated that steady improvement, healing, repair and hope are closely intertwined.

Growing Hope

Couple participants explained in great lengths about experiences they had in therapy with their therapists. When asked what moments were hopeful for them, couple participants quickly identified specific interventions from their therapist as significant to their hope. Couples' hope grew when they were received into a therapeutic environment of hope. Once couples' hope had been offered and nourished, couples indicated they also became hopeful as they found increased connection with each other through insight into self / other; through vulnerability of self / partner and through moments of physical and emotional contact. The emergent themes of 'Seeking and Receiving Hope' appeared as particularly poignant when couples first began therapy. Couples in this study reflected that they sought and received hope when feeling / hearing the therapist's hope for them, when feeling "felt" in their pain and distress, when offered normalizing statements that gave them a safe and non-judging environment, and lastly, when their therapist offered them a way out or a plan for the road ahead. The second theme of 'Couple Connection

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(Self / Other)' that included insight into self-other; moments of vulnerability and moments of connection emerged as couples began to own and even live into this hope.

Seeking and receiving hope. Although couples described their relationships with their therapists in diverse ways, similar themes emerged. Significantly, couples looked to their therapist for hope in the therapeutic process. All couples in this study indicated an experience of hope when their therapists expressed or shared their own hope for them. Couples indicated that feeling hope from their therapist aided their own sense of hope for their therapy *and* for their relationship. Couples identified both explicit and implicit ways of feeling and knowing their therapist's hope. Ellen and Don shared that they knew Heidi maintained hope for them because of the "feeling" they got when they were with her: "I get that feeling, the way she talks – the way she looks at us" stated Don while Ellen nodded in agreement. Other couples described knowing explicitly from their therapist that he/she holds hope for them and the work they are doing together: "Yes, we know (Colin) has hope for us. He's told us that he's optimistic for us. He thinks we can work through it" (Josh). Claire and Mark remarked, "I just knew from the beginning that (Elaine) had hope for us. It wasn't fake – we really believed her" (Claire).

Joining, particularly with couples' despair, was identified as a therapist intervention that grew couples' hope in session. Couples identified they felt understood, heard, and safe when their therapists seemed "to get it" (Adrian). Mark expressed that when his therapist didn't "sugar coat it," he could get "on-board with it. I felt like it was worthwhile." Joining appears not only to promote couple hope but also ensures a buy-in to solidify couples' commitment to the process of therapy. Claire and Mark reflected that when they felt their therapist fully saw and understood their pain, they knew she could

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reach them: “We knew she could help us find the way out of this...that was so needed to hear her say that and to feel like she got it” (Claire). Likewise, other couples indicated that they felt joined by their therapist and appreciated the genuine empathy they experienced in session:

He told us he sees a lot of love here and that he sees a lot of pain. It felt good, in a way, to hear that he knew it was painful, that it’s been a struggle. It sounds weird but it was good to know he knew it was hard for us. (Josh)

Paradoxically, the importance of joining couples’ hopelessness as a way to pave the road to hope revealed a theme from couples’ perspectives: hope and hopelessness both belonged to their experience. Each couple indicated they were well acquainted with their own hopelessness through phrases such as, “stuck,” “in a low place,” “dark place,” “in crisis,” “not knowing if we could make it,” “not knowing what else to do,” “at a dead end,” and “feeling fed up.” Mark and Claire indicated it was their loss of hope that served to motivate them to seek help in the first place: “I was feeling hopeless. Um, like we didn’t know what else to do or who to go to, we were in a bad place.” (Claire).

In contrast to the hope-filled process of joining, couples shared moments in therapy where they felt misunderstood by their therapist, thus decreasing their hope. Couples in this study indicated that hope was hindered when they felt “missed” (Genevieve) by their therapist. Couples used the following phrases to describe the moments in therapy where they felt misunderstood: “discouraged, doubtful, confused, jabbed, pushed, and feeling let down.” Couples indicated these moments had a negative effect on their levels of hope and did not provide a nourishing space for their hope to

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thrive. Claire shared an example from their first therapist who she felt was not attuned to their pain. As such, the couple terminated the therapy following session one:

She (our first therapist) was trying to force me to recover before my wound was completely cleaned out. We had come in with this big fight and trauma and things were not fully cleaned out. She kept pushing me to forgive him and I was nowhere near ready. It made me angry. She totally didn't get it. She didn't get me.

Claire indicated that feeling pushed and not having her pain fully acknowledged was a deterrent to her ability to remain hopeful. Genevieve brought up a discouraging moment in session where she felt missed by their therapist:

Last session, we talked about how to fight and it kind of seems like he almost thought we weren't good at fighting, so then that made me discouraged. I don't know... maybe we're not doing it right or maybe he's seeing something that we can't? I was wondering what was wrong.

Therapists often use the intervention of normalizing as a way to assuage clients' pain and validate their struggle. Normalizing spoke volumes to couples in this study – it assured them they were not alone in their journeys, it validated their sense of pain and confusion, and it set the stage for the difficult but extremely beneficial work of therapy. Therapists who assured couples of how much practice is required to learn healthier ways of relating to one another fostered couples' hope by keeping expectations realistic and feasible:

Each time we saw (Elaine), she stressed the fact that we will go home and definitely fall back into our demon dialogues. That we will leave session feeling on a high and fixed and feeling so encouraged but it's unrealistic to go home and

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think that you're better, you know, that it's just going to come naturally. It gave us hope to know that and not be discouraged. It takes practice. (Claire)

(Matt) told us that all couples fight and that we can expect this. That was hopeful to hear. It's more about learning how to fight fairly and constructively. He said we were learning how to listen better to each other. (Adrian)

Normalizing also served to set the stage for therapy to help couples understand what therapy might look like and where it might take them. Claire remarked, "It was so hopeful to hear (Elaine) say that what we were going through was normal – like she expected it." While therapeutic outcomes can never be guaranteed, normalizing helped to give couples a sense of what they could expect and even, what they could hope for.

Finally, couples identified that having a plan for their therapy served to greatly enhance their hope. Therapy plans, couples indicated, offer direction and focus to therapy and provides clients with security. According to couples, a plan offered them a clear path to follow which in turn nurtured their hope. Couples perceived focus and clear direction as something that demonstrated their therapist's ability to walk them through the process of therapy. Particularly when couples arrive for therapy in crisis mode or battling uncertainty regarding their commitment to each other, a concrete plan appears to alleviate distress and abet hope. Claire credited a significant part of the hope they felt was simply believing Elaine when she assured them that while their journey of healing would be unique to them, she had a plan for their therapy. Mark agreed: "I think it was hearing her say, 'you guys can get through this.'" Additionally, both Claire and Mark reflected that

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hearing from Elaine she could help navigate this crisis and that healing was possible enabled them to feel hopeful:

For us, it was knowing, after meeting with her, that we could learn how to work through this, how to communicate. Um, it was her (Elaine) saying, ‘this is what it will look like. This is what’s required.’ That meant so much to us, we both felt hopeful. (Claire)

Inversely, couples reflected on times in session where they didn’t feel like there was a clear plan or focus to their work. They identified this lack of clarity as having a negative impact on their hope:

There was a time, we don’t know what we’re doing and it seemed like (our therapist) doesn’t know what to do with us either. So it seems like he’s trying to figure it out but, um, you know, we don’t know where we’re heading. We don’t know what to expect, um, all of that is a negative thing. (Josh)

There was one session where we kind of felt or wondered if it was going anywhere. It seemed like the exercise our therapist was having us do was for them and we weren’t really sure about it actually helping us. It was confusing. (Adrian)

Two couples reflected that when the therapy felt aimless or “moving in circles” (Josh), they experienced moments of diminished hope.

Couple connection (self and others). The subtheme of gaining insight as part of couple connection involved two aspects: insight into self and insight into one’s partner. Partners indicated that through intentional therapist probes and explorations into childhood and family of origin themes they arrived at new insights of self, that, in turn,

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led to increased hope. Partners reflected on their experiences as a sort of “Aha moment” when they gained insight into their relational patterns and the residual impact of their pasts. These moments were profoundly hopeful for clients, often acting as a turning point in their therapy:

It’s funny. Something can be said to you in many different ways or then it just hits you. Our therapist asked me in this session, ‘Have you forgiven Bev?’ And I don’t know if it was the moment, or that I was already emotional and vulnerable, then I realized that I haven’t forgiven anyone. Ever. And I realized I had a really bad relationship with forgiveness: I don’t do it. So that was huge for me. The way Colin asked the question allowed me to do some introspection and I realized that, no, wow. I have a serious issue with forgiveness. No, I haven’t forgiven Bev for anything and I haven’t done that at all, for anyone in my past. So, coming to that, that gives me hope for my future. (Josh)

That’s where some of this stuff in therapy that’s helping to give me hope because when I first got into this relationship my big concern was, am I going to be able to support her when she needs it emotionally? So going through this has given me hope that yes, I understand much more and yea, I’m going to be able to shoulder some of the burden. (Don)

Bev expressed her own journey of insight since starting therapy and referred to early attachment experiences and the hurts she carries from having caregivers she could not fully trust. She reflected that coming to the realization that she has difficulty with trust facilitated her hope:

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The thing with your core wounds that I didn't realize immediately is that when you discover them, you can work with them. It brought me hope because it brought understanding – now I understand this about myself. It sounds strange because it uncovered difficult things but now I know better how to change. (Bev)

This insight gave her hope, she explained, because it resulted in a better understanding of how she can make positive changes for herself. Bev's experience was one of enlightenment – seeing old wounds and seeing how to change. Other couples spoke of their therapist helping to uncover painful pervading wounds established from childhood and re-enacted in their current relationships. Having their therapist shed light onto these tender places, couples agreed, were significantly insightful moments that added to their sense of hope. Ellen revealed a profound hope-filled moment in her most recent session when her therapist and partner told her that she was “important.” Ellen describes the magnitude of this insight:

Today in our session, for the first time, somebody said to me, ‘You are important.’ There was a reason I was born. That was the first time I heard that today. I heard that from Heidi and from Don. Um, (*tears up*), that meant something. I had hope that my birthday wouldn't be such a terrible day, as it's always been. (Ellen)

Even in the process of the interview, Ellen became tearful reflecting on how significant this moment had been for her: “You asked me about hope – that was hopeful, yea, finding out that my birthday is not a terrible occasion.” Partners reinforced the idea of gaining insight into self as providing hope. They reflected that insight led them to be able to give permission to be fully loved (Don). Further, Claire expressed that insight helped her

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realize she has never fully taken care of her own needs in the marriage and that she let Mark's demanding career take precedence at the cost of her self and their marriage. Bev reflected that insight helped her become aware of her emotional triggers when her partner behaves or responds to her in certain ways.

Furthermore, couples revealed that gaining insight into their partners was also hopeful. They indicated that insight allowed them to discover hidden layers to their partners and helped them understand their reactions and the ways they had learned to navigate relationships:

His outward reaction towards me was not what it was actually looking like, there was something else going on for him that I wasn't seeing. That was hopeful for me that I was learning more about him. It was stuff he had never explored before - coming from a non-communicative family - he had never thought of the impact of certain things his parents had done or not done. (Claire)

When (Heidi) started probing into my childhood and my father dying and brought out certain things that I never would have talked about to Ellen because it just never occurred to me – for me it was just the way it was and by revealing some of those things. I think it helped her understand me more and we both found that hopeful. (Don)

I realized, listening to Adrian tell (Matt) about his childhood, that we were like very different – like our families were so different and we were raised in different worlds, but it was good to know this about his family” (Genevieve)

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Poignantly, couples described their experiences in session that allowed them to see their partners in a new light:

I found out just today, when she was crying, that her mother had a hard time with her birth and her mother and father were down on her and caused so much pain and to find out how she was treated in her early childhood. It was hard to hear it but I would say hopeful to know this about her. I didn't know that to an extent and my immediate reaction was that was a hell of a burden to lay on a young child and she carried it. It's important for me to know. (Don)

Don described not knowing the extent of his partner's childhood mistreatment and described his protective, justified anger against her parents for these significant hurts. Gaining a new perspective subsequently had an impact on partners' understanding of each other, and, ultimately, it appears, bolstered hope for their relationship and their way of caring for each other.

All four couples indicated that seeing their partner's vulnerability and experiencing their own moments of vulnerability contributed to their in-session hope. They spoke of the impact of experiencing their partner open up and reveal inner worlds:

When I saw Gen being honest and vulnerable about certain things... seeing the questions from (Heidi) and how they elicit emotions from Gen that we might have brought up on our own. It was the general awareness that there's more going for this person; that was really significant to see her like that. (Adrian)

Yes, when I saw that too from Adrian, and that was hopeful at least for me to see. I saw that he was under a lot of stress, and to add to that, like I guess I want to be

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more patient and I was almost wanting to take care of him more and his feelings.

(Genevieve)

Claire and Mark gave an example of their therapist asking them to get an image of one another as children and to hold this image of each other in their heads. Claire explained, “Elaine tried to help us find an image of Mark as a child and me as a child in a very vulnerable state.” The couple described how this exercise, although raw and painful, enabled them to see each other in a new light (as vulnerable children), which in turn facilitated a deeper understanding and compassion toward each other. Claire stated that when she was able to picture Mark as a scared child, she felt a “surge of sadness and compassion” for him and his younger self: “It was hopeful, for me, you know, um, that I could understand him that way and see a part of him he doesn’t often show, anyone.” Embracing each other’s vulnerability led couples to a deeper understanding of their partner and afforded them insight which fed them momentum to change their ways of relating: “It was a reminder that maybe I need to slow down a bit, not react as quickly, impulsively” (Adrian). Witnessing partner’s vulnerability evoked tenderness and a desire to “take care” of these softer parts of their partners. Seeing partners summon the courage to show this vulnerability and make the choice to risk being vulnerable, couples identified increased hope and, as demonstrated below, increased connection. Mark explained: “It helped me remember that (Claire’s) thinking about all this stuff and trying to balance all these things too, and feeling all these things too, I know that seemed hopeful to us when we could see that in each other” (Mark). Don remembered seeing Ellen’s vulnerability: “She started to cry and then I found out all this stuff about her mother and her birth,” still later he reflects, “knowing all these things leaves me hopeful that I can be a good partner

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for her. I struggled with that at the beginning (of their relationship).” It appears that learning about Ellen’s vulnerability provided Don with insights into his partner.

Furthermore, seeing her vulnerability led Don to a sense of increased hope as he learns how to best support her pain.

Correspondingly, partners of couples elaborated on hopeful moments of their own vulnerability made possible through therapists who created a therapeutic environment of safety and non-judgement. A safe environment emboldened partners to risk and show vulnerability. Partners described moments when they allowed themselves to be seen by their partners which led them to feel hopeful: “I usually don’t let anyone see that side of me, it was really tough to get to that point but it was good too. It was hopeful to know I could go there. I know it was big for me” (Josh). Claire described how therapy allowed her to become vulnerable and to express the “really scared me that just needed to know I am worth it, you know, worth his love.” Going to this place emboldened Claire to also ask what she needed from the relationship; furthermore, she attributed this as also adding to her hope: “I could say to Mark, ‘I feel second-rate and I need to know I’m a priority to you.’ And, with Elaine’s help, Mark could hear that and respond.”

Lastly, couples indicated that their hope grew as they felt more connected to each other. For most, it appears that hope offers couples the momentum they require to move closer to each other to connect. Don stated, “I liked holding her hand. It made me feel close to her and that I had to look into her eyes and tell her that I will try to be there for her.” Ellen expands on the significance this moment held for both of them:

It’s like a promise of support. Ok, you have a closer bond because you’re facing each other, here you really have to look at the person and say what you have on

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your mind or in your heart. It's more intense too because you're holding each other's hands and so for me, um, whatever you say, I'll support you and whatever happens, I'll be there. I'll support you. I liked that. (Ellen)

Bev reported that simply coming together to their weekly sessions helped her feel connected to Josh and hopeful about the process of therapy: "Just coming. Just being here. Together. Makes me feel like we're in this together." Some couples indicated that the very process of therapy led them to greater connection, sometimes even by simply showing up together for the hour of therapy:

It helped knowing we were on the same page. We were working on things. I knew that we were both serious about it, um, it was a priority for us. And we had really good talks about what happened in the session on the drive home. (Claire)

Others linked connection to vulnerability and explained they felt more connected to each other when seeing each other's vulnerability. Genevieve described wanting to "care for" Adrian, likewise, Adrian reflected that seeing his partner's tears in one session moved him to "get up and give her a hug." Coming to therapy and feeling connected appears to act as an impetus for further dialogue, insight and vulnerability. Connecting and moving closer together (emotionally, physically, spiritually) allowed couples to tap into hope and provided momentum for the work of therapy to continue.

Summary

The two main themes of "Knowing Hope" and "Growing Hope" emerged as significant to both therapist and couple perspectives as they understood and experienced in-session hope. Within the main theme of "Knowing Hope," therapists understood hope to mean a pathway to wellness and hope as opening space. Couples knew hope to mean a

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shared life and a pathway to wellness. Within the main theme of “Growing Hope,” subthemes of providing / nourishing hope and witnessing hope for therapists, and seeking and receiving hope and connecting with self / other for couples emerged as being significant to the underlying processes of hope as they occur, often simultaneously, in session.

Noting these super-ordinate and emergent themes, it becomes evident there is meaningful overlap between both therapist and couple understandings and experiences of hope. Perhaps even more intriguing is the overlap and exchange of hope as part of the greater processes of hope within the realm of therapy. The next chapter looks to expand and interpret participants’ responses through comparison and contrast and integrate this study’s findings into the existing body of literature on therapeutic hope. Lastly, chapter four looks to demonstrate the underlying processes of hope as a powerful dynamic in therapy and to illuminate it as responsible for therapist and couple investment and ultimately, for effective and lasting change.

CHAPTER 4: DISCUSSION

This research study was designed to explore in-depth the following research questions: How couples and their therapists understand hope; how couples and therapists experience hope in therapy; the processes of hope as it emerges and grows in couple therapy; how these processes differ or overlap between couples and therapists; and lastly, what therapists need to know about these underlying processes of hope in order to better operationalize hope in therapy?

Two super-ordinate themes of “Knowing Hope” and “Growing Hope” developed from couple and therapist responses. “Knowing Hope” emerged as a theme derived from understandings of hope that describe the *nature* of hope from perspectives of each participant perspective. “Growing Hope” emerged as a main theme that describes the *process* of hope as it transpires within the context of couple therapy

This chapter presents an in-depth discussion of these super-ordinate themes and related emergent themes and their relationship to current literature, as well as a proposed model of the flow of hope based on chapter three’s findings. Additionally, this chapter explores best practices as related to engendering and building hope for clinicians. Finally, this chapter concludes with a description of this study’s limitations and strengths and points to implications for future research.

Super-ordinate and Emergent Themes

The two super-ordinate themes of “Knowing Hope” and “Growing Hope” relate to participant understandings of hope (“Knowing Hope”) and the underlying processes that belong to the cultivation and transmission of hope in therapy (“Growing Hope”). These super-ordinate themes reveal various moving parts and multi-layered processes

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that engender and transfer hope between therapists and their couples and between partners of the couple. While these multiple moving parts initially presented conceptual and organizational challenges, what emerged, aided by the themes of “Knowing and Growing Hope” was a rich and vibrant glimpse into what transpires in couple therapy when hope is exchanged.

Knowing hope. The meaning of hope emerged from therapist interviews as a pathway to wellness.” Therapist understandings of hope as a pathway to wellness included hope as essential to the process and outcome of therapy, hope as having a transcendent, “greater than self” spiritual essence, hope as a motivator, and lastly, hope as containing hopelessness. Hope as a means to wellness is noted in past theories and its relationship to wellbeing has been well established (Frankl, 1959; Erikson, 1964; Frank, 1973; Lazarus, 1999). Others have linked hope to consistently better life outcomes and increased life satisfaction (Cheavens, Michael & Snyder, 2005; O’Sullivan, 2011). Therapists in this study described hope as essential to all stages of therapy, again previously noted by others in the field (Cutcliffe, 2004; 2006a; Hof, 1991; Groopman, 2004; Ward & Wampler, 2010).

Therapists described knowing hope as a spiritual and transcendent energy. Although using different descriptions, therapists spoke of a relationship between hope and spirituality. They openly reflected on how their spirituality and for some, their faith, informs their sense of hope. The transcendent quality of hope appeared to equip therapists with a strong sense of meaning beyond cognition, behaviour or emotion. Hope as spiritual and as a universal resource appeared to replenish, guide and offer meaning to therapists and their clinical work. Pope (2005) describes hope as an internal resource that “spring(s)

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eternal in the human breast” (p. 13). Yet hope was identified in this study, aligning with Bumpus’ (2010) assertions, as possessing a spiritual, transcendent quality reaching beyond human capacities. This finding also reflects Pargament’s (2014) definition of spirituality as the “search for the sacred” (p. 259). Pargament asserts that spirituality can be considered a sacred lens through which one interprets or understands reality. This corresponds with therapists in this study who responded that their hope, subsequently as part of their spirituality, was used as a lens to see the world and their clients. Therapists’ integration of hope and spirituality in this study likely reflects the fact that family and couple therapists are more active in spiritual practices and religious activities than therapists from other professions (Balmer, Walker, Van Asselt & Kennedy, 2012; Walker, Gorsuch & Tan, 2004).

Therapists spoke of hope as a motivator for pursuing therapy and for continuing the challenging work of therapy. They indicated that hope as motivator encourages clients to pick up the phone to call for their first appointment. Hope, according to therapists in this study, acts as a motivating force that initiates couples to seek help, keeps couples committed to the process of therapy and ensures that couples continue working diligently for change. Hope as a motivating action that pushes one into agency or goal attainment is already closely linked (Dufault & Martocchio, 1985; Kortte, Stevenson, Hosey, Castillo & Wegener, 2012; Snyder, 2002). Hope has also been determined to include psychological action, physical action and social action (O’Hara, 2013).

Lastly, therapists described hope as containing and even embracing hopelessness. Therapists in this study identified the necessity of recognizing that hope contains hopelessness. They reflected that hope and despair might even be considered as “cousins”

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and “two sides of the same moment.” Therapists described this tension based on the very first call of the client: clients call because they are hopeless but also reach out because they have hope that something can be different. Therapists identified hope as being both the antidote to, and the embracer of, hopelessness. Therapists explained that they do a disservice to both clients and the gift of hope when they fail to acknowledge hope’s loss and couples’ current despair. Without sufficient joining of hopelessness, hope can quickly become a meaningless cognitive exercise. Therapists reflected that accepting clients’ hopelessness as belonging to the couples’ journey and even as a valuable contributor to the process of healing helps to offer couples a new perspective. To provide this perspective, therapists in this study indicated they need to hold a mature sense of hope that accepts and buffers despair. To sum, therapists in this study strongly advocated for hopelessness to be accepted as part of the therapeutic landscape for couples in therapy. Similarly, psychotherapists in O’Hara’s (2013) and Flaskas’ (2007) studies acknowledged hope and despair as coexisting and had strong practice knowledge that hope and hopelessness are not opposites. Others in the field (Allen, 2013; Jevne, 2005; Lynch 1974; O’Hara, 2013; Weingarten, 2007; 2010) have explored the complementary yet complex tension of hope and hopelessness. The ability to affirm pain and hold both hope and hopelessness as valuable messengers in the room can depend on the therapist’s capacity (Aponte, 2009; Orne, 1968; Weeks & Fife, 2014). Orne (1968) refers to this capacity as the frustration tolerance of therapists, or, in other words, therapist comfort with client discomfort. A mature hope is able to maintain a wider perspective on the ebb and flow of life’s pain so that one’s sense of hope can become steadier and less prone to rise and fall (Lynch, 1974). Putting events into a wider perspective does not transcend or

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deny their gravity (Flaskas, 2007; Groopman, 2004); instead, therapists can enlarge reality for their clients to help buoy client despair.

Therapists in this study also know hope as ‘opening space’ for couples to consider future possibilities and potential for growth. Therapists responded that they understand hope as an attitude of openness to new opportunities, often previously unconsidered, for clients. Possibility renders dreams, opens space for new options and alternatives to be considered and mobilizes efforts to pursue these new choices. Moreover, possibility stimulates the manufacturing of alternatives and is always future-oriented (Satir, 2001). Hope as possibility has been identified by others (Miceli & Castlefranchi, 2010; O’Hara, 2013; Satir, 2001; Snyder, 1995) and by Larsen & Stege (2012) who highlight the *action* of possibility and determine that both “borrowing and recognizing possibility” for clients serve as hopeful interventions (p. 50). Hope as potential to grow has also been well established (Hullmann et al., 2015; O’Hara, 2012; Orne, 1969; Satir, 2001). With creativity and even some fantasy, hope opens space to imagine something more could be realized. However, for this imagining to be more than false hope, denial, or naive optimism, it needs to be also rooted in what is real (Groopman, 2004; Weingarten, 2007).

To summarize the theme of knowing hope from therapists, as based on their responses, this study supports a more multidimensional view of hope (Dufault & Martocchio, 1985, Farran et al., 1995, Larsen & Stege, 2012), rather than hope as primarily a cognitive concept (Snyder, 2002). Echoed in their responses, therapists of this study consider hope an essential resource (Flaskas, 2007; Satir, 2001; Weingarten, 2007), an offering of the universe (Groopman, 2004; Satir), and a precious gift (Martinez, 2005;

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Kowalcky, 2011) with transformative and growth properties (Hullmann et al., 2015; Weingarten, 2007).

Moving now to couples' perspectives, couples explained they Know Hope as "shared life." Shared life includes the ideas that couples weather life's challenges, envision a future together and share dreams. Handling life's unpredictable curveballs, couples in this study explained, requires a "shared life" quality of hope. This means journeying together and remaining joined as life, full of calamity and celebration, unfolds. Couples imagine hope for them *as a pair*, rather than as an individualized idea of goal setting (Snyder, Michael & Cheavens, 1999). Moreover, shared-life hope references both generalized and particularized hope (Dufault & Martocchio, 1985).

Shared-life hope, based on couple responses, can be described as containing a "hope-for-us" dimension. Current research expanding this concept of "hope-for-us" is almost non-existent, save for Godfrey (1987) who highlights hope-for-us using a three-pronged hope concept (hope for me, for others, and for us) in his philosophy of human hope. Perhaps somewhat related to this shared hope can be found in Gottman's (1999, 2006) work who, after studying thousands of couple interactions, concluded that in order for couples to establish a "sound house," they must create shared meaning and work to make future life dreams come true (p. 246). Gottman's ingredients - envisioning a future, shared meaning and life dreams - surfaced in couples' responses in the present study. Hope as shared life also confirms Ward and Wampler's (2010) findings that connection, as a property of hope, serves and sustains a couple's hope. Profoundly, Lynch's (1974) work highlights the shared quality of hope, although anecdotal in description: "Alone," Lynch writes, "we despair. Together we hope" (p. 17). Finally, Dufault & Martocchio

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(1985) point out that hope has a strong affiliative dimension; however, the concept of shared hope remains relatively unexplored in the context of therapy, particularly in couple work.

Hope as shared life includes couples envisioning a future life together. As couples spoke of their future, they appeared to access certainty and confidence as they envisioned what may come. This is not a certainty in *what* will happen - but a certainty *with whom* they will experience life's happenings. Couples described not knowing future outcomes. They referenced possible job losses, health scares, challenges with family/children and other obstacles but expressed a confidence in being together despite it all. When couples spoke of weathering challenges and envisioning a future, they did not imagine the future with specific outcomes. In this way, couples' responses support generalized hope (Dufault and Martocchio, 1985). Broad in scope, generalized hope accounts for life not always working out as planned yet still maintains a positive expectancy (O'Hara, 2013). Furthermore, couples' confidence in weathering challenges together echoes Van Hooft's (2011) conclusion that hopefulness accepts risks, makes effort and accepts outcome, despite disappointments. In a similar vein, this idea of weathering life's challenges as generalized hope supports Weingarten's (2007) definition that hope is more about the process of meaning making as one works towards goals, rather than actual attainment of said goals. It is more about the journey than the arrival (Weingarten, 2007). Similarly, Havel (1991) concludes, as did couples in this study, that hope does not necessarily guarantee things will turn out well but that things will make sense, regardless. Couples share the journey, make meaning of the process, and stay hopeful, regardless of outcome. Even more profoundly, the shared-life hope that serves to fuse couples' dreams, lives and

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futures together appears to be absolutely critical to the existence and essence of each couple.

When couples indicated hope as shared-life meant shared dreams, they did reference specific dreams of building a house, doing renovations, starting a business, growing old together, and getting married. These serve as examples of particularized hope for specific outcomes or the attainment of particular goals according to couples' dreams. These dreams were specific and concrete as opposed to a general outlook of optimism or overall disposition of positivity (Dufault & Martocchio, 1985; O'Hara, 2013).

Couples in this study indicated they also Know Hope as a 'pathway to wellness.' The subtheme of pathway to wellness included components of repairing hurt and rebuilding trust, all identified as elements of wellness. Couples explained that, through little steps of improvement, they found healing and repair. To them, this was hope. Couples also reflected that rebuilding broken trust from past relationships and attachment wounds represented hope. Hope as repair and healing, significantly within the context of couples, emerged in Ward and Wampler's (2010) reference of couples who work to heal by "getting over the hump," (p. 221). Likewise, Farran et al.'s (1995) findings support the concept of hope as repair in their descriptions of hope as achievement, success, and accomplishment after past setbacks. Worthington and Ripley (2014) present their hope-focused approach to couple therapy with an emphasis on forgiveness and repairing past hurts. They establish that couples must participate in forgiveness of past hurts in order to feel more hopeful for their relationship and set the stage for deeper intimacy. Gottman

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(2006) also describes the importance of soft start-ups and positive interactions to incite repair and override the otherwise corrosive nature of past hurts and criticism.

When looking at therapist and couple perspectives, significant themes were found to overlap and diverge. Both therapists and couples “Know Hope” as a ‘pathway to wellness.’ This overlap of understanding reveals a universal meaning of hope – hope is seen by therapists and couples as closely related to health, wellbeing and human flourishing. Even more, both groups viewed hope as leading to increased contentment and satisfaction. Hope as a ‘pathway’ to improved health and life also reveals the power of hope’s transformative effects. This notable overlap in responses offers common ground to build off of through the course of therapy. It also reinforces the resource of hope and its central role in client wellbeing.

Although therapists and couples view hope as a pathway to wellness, this pathway is comprised on different components. As noted earlier, therapists testified to hope and despair belonging together yet this dialectic was absent in couple responses making this a striking discrepancy. Couple responses indicated they were not strangers to the experience of feeling hopeless but their descriptions did not go beyond the hopelessness that simply prompted them to seek therapy in the first place. This absence may speak to couples’ initial state of distress / pain. Perhaps this pain remains in the forefront of couples’ minds making it more difficult to gain perspective, and subsequently, meaning and purpose as pertaining to one’s hopelessness. Furthermore, therapists have the advantage of objectivity, and are thus able to place pain and growth together. The rich and diverse nature of clinical work may equip therapists with an ability to hold a space

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generous enough for both hope and hopelessness to co-exist and to find meaning in these apparent contradictions.

Therapists did not speak to hope as ‘shared life’ whereas couples emphasized this meaning. This emerged as a noteworthy difference. Perhaps couples, more than therapists, are attuned to their collective engagement with hope and their dreams for sharing life as a pair. Therapists in this study more frequently highlighted individual and abstract qualities of hope whereas their clients spoke of hope in concrete terms and directly in relation to each other. This illuminates potential conceptual differences in how hope is viewed within the couple system. ‘Hope for us’ sounded differently than ‘hope for me’ as it referenced a shared future, generalized confidence in commitment, and specific life dreams. Client and therapist understandings of a term, like hope, can create obstacles or opportunities in therapy through intersections of differences or similarities, thus potentially impacting treatment outcomes (Keeling, Dolbin-MacNab, Ford & Perkins, 2010). Hays (2016) argues that one’s word choice reveals a whole set of experiences, perspectives, ambiguity or assumptions. ‘Loaded language’ can influence the therapeutic process whether therapist’s beliefs or understandings are disclosed or not. Larsen, Stege, Edey and Ewasiw (2014) encourage an individualistic stance on hope and note that at times, therapist and client understandings will overlap. Other times, they caution, hope between therapist and client will be unshared, particularly hoped-for outcomes. Therapists cannot assume when asking (or not asking) clients of their hope that they are referencing the same set of ideas as their clients. Hence the “dance” of better understanding clients’ meanings and framework of hope ensues (Keeling et al., 2010).

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To summarize the emergent theme of “Knowing Hope,” both therapist and couple responses testify to hope as critical to the work of therapy and leading to wellness and health. Hope can be both specific to certain dreams and more general, such as couples’ commitment to staying together. Hope does not limit but enlarges, engages, motivates and opens couples up to possibility and potential for growth. Lastly, hope is understood as coming from within but also from outside of oneself. This suggests that hope is not merely the individual property of therapist or client but that hope exists in relation to the other.

Growing hope. This study offers the super-ordinate theme of “Growing Hope” as a means of capturing the underlying processes of hope that evolve between couple and therapist. This theme includes actions of hope’s processes: providing / nourishing hope and witnessing hope (therapists), and seeking/ receiving hope and connecting to self / others (couples). Hope grows through the above actions in a reciprocal exchange.

Therapists identified therapeutic presence, being, attuning, or “withing” (Olthuis, 2006, p. 6) as a fundamental way to provide and nourish hope. The presence of an attuned and genuine therapist, they explained, transfers a felt sense of hope to the couple. Therapists strongly believed that their couples’ hope was facilitated through their unconditional positive regard, compassion and empathy. It is precisely this loving, caring relationship that summons, invites and encourages in-session hope to surface. Therapists affirmed the importance of “being hope” (Jevne, 2005) through a genuine and authentic presence. The link between an empathic therapeutic relationship and hope is not new: Cutcliffe (2004, 2006a) concluded that hope’s essence lies in the caring, interpersonal relationship between therapist and client. Ward and Wampler (2010) determined that the

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therapeutic relationship is a necessary requirement to move couple's hope up the continuum. Likewise, O'Hara (2013) views hope as a fundamental building block of the therapeutic relationship, and Larsen and Stege (2012) refer to hope as "embedded" in a safe and accepting therapeutic relationship (p. 47). Feeling loved unconditionally, cared for, seen and heard cultivates ideal conditions for client hope to seed and flourish (Cutcliffe; Hof, 1993; Thorne, 2002; Weeks & Fife, 2014). These same ingredients constitute a strong working alliance, identified as the cornerstone of effective therapy (Blow, Sprenkle & Davis, 2007; Hubble, Duncan & Miller, 2006; Lambert, 1992; Wampold, 2001).

Therapists indicated that trusting their competence and the process of therapy were ways they were able to provide and nourish hope. They reflected how keeping trust in the process of therapy and its benefits enable them to maintain their own hope and, significantly, the hope of their couples. Sprenkle and Blow (2004) found that therapists who believed they had the competency to help improve their clients' lives offered a strong indicator of client hope. Therapists' belief in the power of specific models and theoretical orientations reflects a deep hope in the efficacy of therapy and its power to change couples' patterns of relating. Therapists' steadfast trust in the process of therapy is consistent with Ward and Wampler's (2010) findings that therapists who believe therapy works have greater hope for their couples. Similarly, Larsen, Stege and Flesaker (2013) concluded that more experienced psychologists tend to "anchor" their hope in the overall process of therapy (p. 478). Related to Larsen et al.'s findings, this study notes that the two experienced therapists in this study expressed more confidence in their

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competence, their belief in the process of therapy and its outcomes than their less experienced colleagues.

Therapists in this study described how they hold onto and use their own personal hope in order to provide and nourish that of their clients. They spoke of their hope as being an important clinical and personal resource. Certain individuals appear to be innately more hopeful than others (Wingate & Davidson, 2011), yet all therapists in this study believed that staying hopeful and freely giving of their own hope directly impacts couples' hope. Therapists offered examples of their own hope-filled phrases such as: "You may not have the hope right now, but I do," or "I have hope that you can do this work and see this through." Therapists emphasized that when they articulate their own hope to couples, couples are given a glimpse into a better future and preferred outcome. This finding fits with current literature that emphasizes the significance of therapist hope (Duncan & Miller, 2000; Flesaker & Larsen, 2010; O'Hara & O'Hara, 2012; Snyder, 1995) and its contagion (Groopman, 2004; Kowalcky, 2013, O'Hara, 2013). Furthermore, it highlights the importance of therapists' intentional renewal in order to offer such hope to their couples (Cutcliffe, 2004; Figley, 2002; Harrison & Westwood, 2009; Larsen, Stege & Flesaker, 2013; Scovholt & Trotter-Matthison, 2011).

Therapists indicated that having a plan for therapy acts as another way they provide and nourish hope for their couples. A clear plan for therapy includes concrete, realistic timelines and goals. This finding confirms Davis and Piercy's (2007b) conclusion that clients reported higher levels of hope when therapists laid out a clear plan for therapy. Snyder, Castellani and Whisman (2006) determine that couple therapy without a strong plan tends to end poorly. O'Hara (2013), too, insists that task-focused

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strategies help bolster therapeutic hope and ultimately, improve outcomes. Ward and Wampler (2010) agree that establishing a therapeutic plan moves couples up the continuum of hope.

The theme of witnessing client change and resiliency emerged as an additional underlying process of hope for therapists. More specifically, therapists described receiving a return of hope as they witnessed couples' resilience and courage, change and connection. The important step of witnessing developed as part of the underlying process of the feedback loop of therapists and their responses to their couples. If one of the aims of couple therapy is to help couples connect to each other, it appears that hope plays a vital role in establishing the groundwork for this connection to occur. This is not the end of the story, however, because this same connection appears to not only reward couples but also just as equally reward their therapists.

Excitingly, and hinting at the underlying processes of hope, when therapists witnessed couple's resiliency, they received hope. Therapists recalled their couples' pain *and* resilience often in the same sentence, reflecting on how deeply painful human experiences of loss, trauma and tragedy can bring forth equally inspired responses of hope, resilience, strength and courage (Weingarten, 2007). Therapists in this study explained that witnessing a couple's strength when choosing vulnerability solidified their own hope in such a way that they were better able to offer hope back to the couple.

Similarly, seeing couples begin to change brought hope for therapists. Therapists described feeling encouraged when witnessing their couples take risks, respond differently without reactivity, try on new communication styles, or gain awareness of self and partner. Relatedly, but in the context of individuals, Larsen, Stege and Flesaker

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(2013) identify that psychologists' own hope was fostered when they saw clients try on new behaviours, stay invested in therapy, demonstrate changes, exhibit new learning, look positively to the future and channel their own strength.

Therapists in this study received hope when watching their couples make physical and emotional contact. Therapists described these specific moments of connection as "moving toward each other," "hand holding," "leaning in for a hug," and "touching her foot." These connective moments directly offered therapists increased hope for couples' outcomes. More generally, Ward and Wampler (2010) describe connection as an important element of hope but do so within the context of moving couples up the continuum of hope. They do not account for the impact this connection might have on therapist hope. The feedback loop of therapists receiving hope from couples' connection, resilience and change, specifically within the context of couple therapy, has not yet been explored in current literature. In particular, the way therapists' hope can help to grow and be grown through couple connection and witnessing change and resiliency remains unaddressed.

From the perspective of couples, Growing Hope was reflected in couples seeking and receiving hope from the therapist. Couples reflected that simply feeling / knowing their therapist had hope for them allowed their own hope to grow. While some described knowing this hope implicitly, others were told explicitly of their therapists' hope for them. If therapists, through implicit or explicit means, words, looks and non-verbal affirmations, can transfer their hope to couples, couple participants appear able to cultivate and reinforce their own hope. Reinforced hope might serve as the very impetus for change. These findings are consistent with other conclusions that therapist hope

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(implicit and explicit) is just as necessary as client hope for positive outcomes (Duncan & Miller, 2000; Flesaker & Larsen, 2010a; 2010b; Snyder, 1995). Likewise, Cutcliffe (2004, 2006a) determines that therapist hope is absolutely crucial to client hope and Larsen, Stege and Flesaker (2013) maintain that therapists' own hope, requiring attending and reflecting, remains an important asset to clinical work. Furthermore, Ward and Wampler (2010) conclude that therapist hope is essential to push couples into levels of higher hope. Even more affirming are findings that therapist hope is a better predictor than client hope of positive outcome and change in therapy (Coppock, Owen, Zagarskas & Schmidt, 2010; Conner & Callahan, 2015).

Couples spoke of the significance of feeling joined by their therapists when in pain/distress and were quick to affirm that this joining allowed their own hope to grow. Couples described that feeling joined helped them feel relieved, encouraged and motivated. They experienced, based on therapist presence, their pain as understood and valued. Couples appreciated that therapists did not move too quickly into positive outcomes and repair. From these responses, empathic joining emerges as an essential ingredient to hope's growth. Likewise, Larsen and Stege (2010a) assert that compassionately listening to client hopelessness, while initially seeming counter-intuitive, is a means of supporting hope and can "open the door to hope" (p. 278). It is important to note Larsen and Stege's conclusions are from the perspective of therapists; however, this study uses client perspectives to affirm that joining with pain and hopelessness is a critical way to support hope's growth. Again, from the perspective of therapists, O'Hara and O'Hara's (2012) work confirms empathic witness of clients' struggles as absolutely fundamental to therapeutic hope. O'Hanlon (2014) insists the two

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pillars of effective therapy are acknowledgment of clients' current pain and simultaneous acknowledgement of possibility. Holding both the possibility of something better while still acknowledging and validating couples' despair develops into the hope-filled dance of therapists and couples.

In contrast, misattunement or a lack of ideal therapeutic presence appears to hamper hope's growth, according to couple responses in this study. Strains in the therapeutic alliance or simply feeling missed by one's therapist can create an emotional gap between therapist and couple. These moments of misattunement can lead couples to experience frustration and a loss of hope and may trigger a potential premature termination of therapy. Couples reflected that feeling rushed, missed, misunderstood and outpaced in session did not encourage their hope. This finding offers different interpretations: it could be understood as therapists losing sight of their couples, pushing their own agendas or moving too quickly for their couples. It could be, simply, that therapists were not attuned to their couples' emotional realities, e.g. feeling hopeless, distressed or hurt. Alternatively, it could be interpreted as clients not being ready for the deep, challenging work of therapy and expressing reluctance. Whatever the interpretation, what remains significant is that when couples do not feel "felt" (Siegel, 2010), their hope, likely already fragile and tenuous, is not permitted to grow or move freely. Connected to this, Spiegel, Severino and Morrison (2000) maintain therapeutic misattunement to be responsible for decreased joy and exploration in session. In addition, alliance issues can have a negative impact on hope as confirmed by Bartholomew, Gundel and Scheel's (2017) recent findings that therapeutic ruptures threaten client hope.

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Couples also indicated that therapists' normalization of the process of therapy as difficult served an important role in being able to receive hope. They reflected that hearing their therapists normalize their struggles and current difficulties helped to inform their expectations. Normalizing also brought couples' relief - they heard that they are not unique or isolated in their challenges. This finding resonates with Ward and Wampler's (2010) conclusion that normalizing is a notable therapeutic intervention to assist couples' hope. Hof (1993), too, highlights normalizing as a vital intervention for couple hope but does not provide descriptors of when and how exactly to implement it. Again, it is important to note that the above studies are based on the perspectives of therapists (what therapists perceive as hopeful for clients), while this study revealed that couples also consider therapist normalization as valuable to the growth of hope.

Couples in this study reflected that a plan for therapy bolstered their hope. They explained how simply hearing that their therapist knew of a way to get them through their pain was enough to strengthen their resolve to commit to counselling and shore up motivation to continue trying. It appears that having a plan for therapy grew couples' hope. They began to hope that change could happen, that things could improve and that their current state of distress would not be permanent. A concrete plan may also have assisted couples' belief in their therapists' competency and his/her ability to lead them through the stages of therapy.

When couples feel heard, seen, understood, and acknowledged and when they experience their therapists' hope, belief and plan for therapy, they begin to lean into experiences of hope through connection with self / each other. Couples indicated their experiences with two processes of hope – first, they received hope from their therapist as

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discussed above, and then, this hope grew through connection to self and other.

Connecting with self / other included couples gaining insight into self / partner, seeing partner's vulnerability, allowing for one's own vulnerability to be seen and experiencing moments of physical / emotional connection. Each of these therapeutic moments cultivated hope. Even more, hope began to flow compellingly through couples' significant in-session experiences of this newfound awareness, risk-taking and connection.

Couples' experiences of gaining insight demonstrate a hopeful step forward. A glimpse 'in-to' oneself and one's partner, it appears, is related to the processes of hope. Perhaps when one gains insight or takes a risk to be seen, hope is at work providing momentum and girding up courage. When therapists explore clients' internal worlds and significant childhood experiences, partners are able to see each other, themselves and their relationship in new ways. As couples in this study become more self-aware, they spoke of the ability to have a larger perspective and began to recognize increased possibilities and choices. They spoke of realizing they could heal after gaining insight. This finding suggests that gaining self-insight may enable couples to firm up hope in order to make different choices to effect their outcome rather than remaining stuck in old coping patterns. Connected to this, couples in this study suggested that insight is linked to hope and hope is linked to change. If hope can be described as "the agency of change," (Snyder, 1995, p. 356) then the role hope plays in motivating and influencing change is fundamental. Common factor research has long demonstrated that hope / expectation plays a pivotal role in effecting change (Blow, Sprenkle & Davis, 2007; Lambert, 1992). This finding is also consistent with O'Hara's (2013) finding that self-reflection is an

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avenue leading straight to hope and Larsen and Stege's (2012) conclusion, in the context of individual therapy, that self-awareness of personal values, strengths and one's needs provide the foundation and impetus for hope-filled outcomes. It is important to note that the present study found insight into self *and* into one's partner served as a means to growing hope. Ward and Wampler (2010) used the term, "getting in partner's shoes" to describe the intervention of partners taking on the perspective of the other in order to deepen understanding and increase hope (p. 222). While described differently, this study found insight into self and partner as related to, contributing to, and enhancing the flow of therapeutic hope.

Likewise, couples reflected that moments of vulnerability were hope-embedded actions that offered new perspectives and opened roads to increased connection. Based on couples' responses, becoming vulnerable, seeing partner vulnerability and allowing oneself to be seen when vulnerable was a means of growing hope. Couples spoke of seeing their partners in a new light when their partners revealed their vulnerability. These moments, couples described, were pivotal in their connection to one another and ultimately, to their sense of hope. Tellingly, all couples in this study reflected on times in session when their hope was directly impacted by their partner's vulnerability. This confirms Brown's (2012) assertions: when couples are able to truly see each other and risk being seen, hope is accessed. Brown's description of vulnerability as the "birthplace of hope" that requires both courage and truth resonates with the courage displayed by clients in this study who were willing to risk being vulnerable in the expression of their inner selves (p. 42). Greenberg and Johnson (1988) have long touted the transformative influence emotional vulnerability can have on partners and the quality of their bond.

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More recently and significantly related, Egeli, Brar, Larsen and Yohani (2014) concluded that a couple's choice to embrace vulnerability in therapy served as a means to building hope. While Egeli et al. admit that tensions between hope and vulnerability can emerge, proper navigation of these experiences (first establishing safety between partners) can contribute to partners feeling connected while vulnerable, thus strengthening their bond.

When looking at areas of overlap between therapist and couple responses in the emergent theme of "Growing Hope," there are categories deserving mention. Exploring two different perspectives allows for unique comparisons and reveals a valuable understanding into what truly transpires between therapists and couples as they engage in the processes of growing hope.

Both therapists and couples agreed on the necessity of therapeutic presence as vital to hope's growth. This intersection is notable and as such has been widely recognized in past studies (Cutcliffe, 2004; Frank & Frank, 1991; Larsen & Stege, 2012; Smith, 2007; O'Hara, 2013). Couples expressed when they experienced a compassionate therapist and felt joined in their pain, their hope grew. Likewise, therapists indicated that a therapeutic presence made up of compassion, non-judgement, authenticity and care serves as a crucial way to encourage and grow hope. This affirms O'Hara and O'Hara's (2012) conclusion that without a strong therapeutic relationship, hope has no "conduit through which to travel" (p. 53). A warm therapeutic presence fits with the "doing of hope" and the "being of hope" as previously designated in the literature (Jevne, 2005; O'Hara, 2013; Weingarten, 2007, 2010); however, according to results of this study, the "being and doing" of hope can be extended to "knowing and growing" hope to reflect a more mutual reciprocal process where the therapist is not solely the 'do-er' and the client

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is not solely the recipient. Clearly indicated by the overlap in this study, both therapists and couples recognize and value the therapeutic relationship as a critical element to supporting hope.

Significantly, both therapists and couples highlighted the importance of therapist hope as a necessary requirement to provide hope (therapists) and to receive hope (couples). Therapists reflected they must maintain their own hope, through all stages of therapy, in order to encourage their couples. Meanwhile, couples described looking to the therapist and relying on their hope particularly in the beginning stages of therapy. Both sets of participants agreed on the importance and significance of therapist hope; as such, this overlap solidifies how critical therapist hope is to both parties involved in therapy.

Furthermore, based on both sets of participant responses, it appears that having a roadmap for therapy enables couples to feel more hopeful while simultaneously bolstering therapists' hope. Both therapists and couples indicated that having a plan for therapy provided and sustained their hope. This finding suggests that all involved parties gain hope from having clear direction, focus for the work ahead, and a plan for the therapy.

A notable area of discrepancy is found in the central role couples afforded vulnerability when describing in-session moments of hope. Therapists, in contrast, did not pinpoint clients' vulnerability as increasing their hope, making this a prominent gap. At first glance this may seem like an oversight of therapists of what were truly hope-filled moments for clients. Interestingly, however, therapists cited connection and change between their couples as replenishing their own hope. When looking at moments in session in which vulnerability was achieved, couples often found deeper connection,

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which in turn solidified both their own hope and the hope of their therapist. Perhaps it was the embrace of vulnerability (of self / partner) that moved couples to initiate and pursue connection. This vulnerability may serve to activate partners' hard-wiring to connect and move toward the other (Iacoboni, 2009; Tatkin, 2011). Perhaps while couples picked up on the significance of vulnerability (as they were the ones experiencing it), therapists picked up on the by-product on this vulnerability – connection.

To conclude, comparing and contrasting therapist and couple responses of “Growing Hope,” uncovers a dynamic worth noting. There appears to be a closely-intertwined chain reaction occurring in the therapeutic space: couples' hope grows when therapists offer and provide this hope, couples' growing hope allows them insight and vulnerability which spurs on their connection, couple connection in turn sustains therapists' hope, therapists' hope in turn serves to engender and grow couples' hope even more. Vulnerability, it appears, not only inspires the growth of hope and connection between partners but also rewards therapists with renewed hope. The reaction described above hints at the reciprocal processes of in-session hope and sets the ground for a proposed model of hope to follow.

The Flow of Hope in Couple Therapy

Based on the results of this study, a relationally, socially-constructed model of therapeutic hope as it transpires within couple therapy is proposed. This model presents an integration of the perspectives of therapists and couples on how hope is generated, maintained and grown in couple therapy. The model of how hope flows in couple therapy is presented in Figure 1.

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The model in this study reveals hope within therapy as movement, akin to an electrical current that ebbs and flows as it transfers and receives energy from one part to another. This proposed model captures the movement of therapeutic hope as a “flow” and a transfer of energy. The model acknowledges that couples and therapists come to therapy with ideas and understandings of hope. It attempts to elucidate hope as originating in each individual yet also as emerging, changing, and flowing when in relational encounter with the other. Further, this model attempts to better describe the “projection of hope” (Cutcliffe, 2004, p. 177) as it happens between the therapist and couple triad. Lastly, this model attempts to develop another level of process in order to account for therapists as recipients of hope. Rather than therapists being solely “responsible for hope” (p. 177), this model illustrates the bi-directionality of the transfer and cultivation of hope.

Before discussing the particularities of the model, it is important to highlight the foundational philosophical framework that was adopted to best explain the flow of hope between participants. Specifically, this model relies on Levinas’ (1969) work of the significance of the “relational encounter,” which he defines as “openness to the immediate moment of being in relationship when one welcomes the other” (p. 28). The model demonstrates that hope occurs in a relational, authentic encounter between self and other, when therapist and couple meet and engage with one another. According to Levinas, encounter with the other is a form of transcendence that contains surprise through the hopeful emergence of something new and unexpected. This foundation also incorporates O’Hara’s (2013) declaration that hope always has a social dimension and is “intricately linked to otherness and encounter” (p. 37). Further, this model adopts Buber’s

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(1958) use of the sacred “I-Thou” space of the encounter as the “space between” wherein there is relationship and participation with the object / subject encountered. Hope, this model asserts, helps to negotiate and inform the relational encounter and the space between participants. Buber declares both the “I” and the “You” are transformed by the relationship between them. This relationship is based on reciprocity and mutuality. Moreover, this relationship depends on the participation and even transformation of all members. The model illuminates the participation of hope, as it resides in the relational encounter constructed and informed by two, three or more beings together.

Simply put, when experiences of hope were described in interviews, hope emerged not as the sole creation of the therapist, nor of the couple, or even of the therapy process itself. This model attempts to illuminate the qualities, nature, actions, and even outcomes of hope taken from therapist and couple responses and transpiring within the space of therapy. This is a model of how hope is co-created in the space between couples and their therapists.

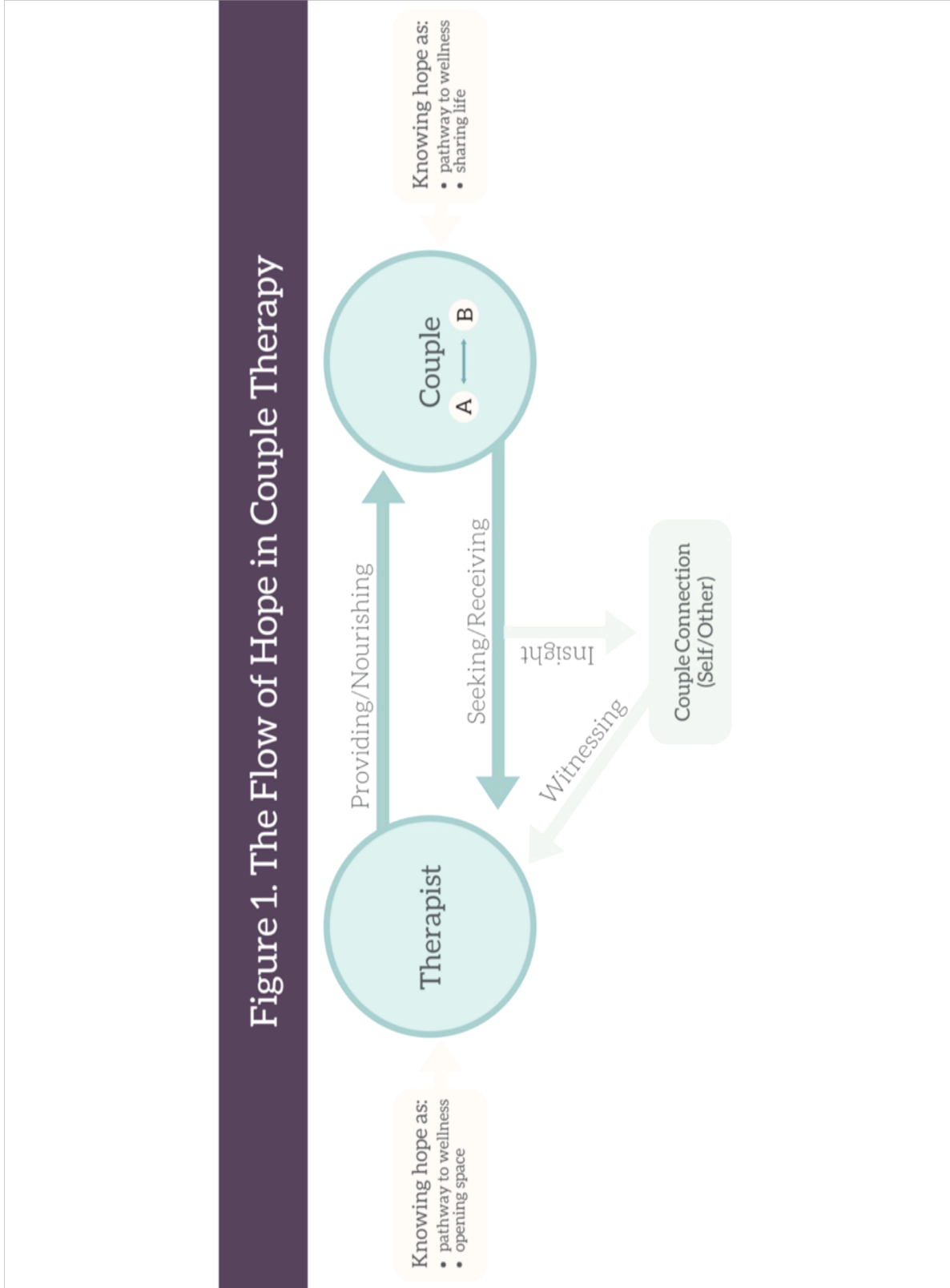


Figure 1. The Flow of Hope in Couple Therapy

Processes of Hope: Knowing and Growing

First, it was recognized that therapists and couples enter therapy with a pre-existing sense of what hope means. These understandings / “knowing hope” are subjective conceptions of hope based on previous life experiences, spiritual and faith worldviews, memories, theoretical influences, word associations, folk understandings (Bruininks & Malle, 2005) and other influences. Just as clients bring unique contexts from their own lives, therapists also come to therapy with preconceived ideas and assumptions about key concepts, particularly when working with common factors (like hope) that are responsible for change (Asay & Lambert, 1999; Blow, Sprenkle & Davis, 2007; Larsen, Stege, Edey & Ewasiw, 2014). As such, clients and therapists have independent subjective worlds that exist in separate spheres but fuse during the process of therapy to create a distinct subjective entity (Singer, 2005), or what Ogden (2004) calls, “the analytic third” (p. 169). Clients’ and therapists’ subjective worlds meet and weave together to create a therapeutic interaction that brings in past relationships, associated memories and fantasies. Each of these associations fuse together to create a unique and new experience in one’s present moment of relating (Singer, 2005).

These ‘pre-understandings’ of hope serve to inform participant hope and to engage therapists and their couples in the beginning stages of therapy. But hope cannot simply be assumed, it has to be encouraged and brought forth. Therapists play an important role at this stage by providing and nourishing hope for couples as needed, perhaps most poignantly when couples arrive for therapy high distressed or in emotional pain. Through implicit and explicit means, whether using the word “hope” directly or through a more felt sense respectively (Cutcliffe, 2006; Larsen & Stege, 2010a, 2010b),

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therapists are the bearers and sharers of hope at a time when couples may have less hope. So begins the process of providing / nourishing hope. Therapists offer this hope through a caring and genuine therapeutic presence, by trusting in their own competence and by trusting what the process of therapy can do for their couples. Therapists encourage couples' hope by holding onto and giving of their own personal hope and by having a therapy plan with clear goals. At the same, couples come to session seeking hope from their therapist, looking to them for encouragement. Couples require their therapist to provide a space where their own hope can take seed. This in turn encourages trust in the therapist and ensures commitment to the therapy process. It also sets the stage for change to emerge. As couples look to their therapist, they seek and receive hope when the therapist normalizes and validates their pain – in essence they feel that the therapist has understood (i.e., joined) their hopelessness.

As couples receive hope, the process of couple change ignites. This flow continues and gains momentum - couples, with their newfound nourished and deepened hope, begin to take risks rooted in this hope. The hope between them starts to flow. They seek greater connection, gain insight into self and partner, and move toward vulnerability. Couples allow themselves to be known and seen, and, as a result, their hope thrives. Simultaneously, when therapists witness their couples' emerging resilience and positive changes they experience greater hope. Therapists' increased hope is then transmitted forward to their couples who receive it and allow it to grow their hope even more. This flow of hope, between therapist and couple and between partners of the couple, continues as the sessions unfold.

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In sum, the model depicts the interchange of hope as involving three processes: first, hope is sought, shared, nurtured and grown in the relational space between therapist and couple. Second, hope sets the stage for couple change: this couple change in turn maintains and grows therapist hope. Third, as therapist hope continues to grow and flourish, it is fed back into the relational space thus encouraging couples' forward movement toward healing. These underlying processes affect and influence therapist and couple, each rewarding and enriching the other. Therapists give hope away and, in return, are rewarded with greater hope as they witness the courageous choices and changes of their couples. Both therapist and couple actively participate in the rich and oft surprising relational encounter (Levinas, 1969) where hope abides.

To date, one other model for hope in couple therapy exists (Ward & Wampler, 2010). The proposed model of this study supports Ward and Wampler's concept of hope existing on a continuum that moves from low to high hope but extends it, based on couple and therapist perspectives, to include the reciprocal process of hope as it unfolds between therapist and couple. Other models of hope for individual therapy exist (Dufault & Martocchio, 1985; Cutcliffe, 2004; Elliott & Olver, 2002; Snyder, 2002) yet they differ from this study's model in terms of the couple context and the process of reciprocity. Snyder's (2002) model presents hope from a primarily cognitive understanding whereas this study's model depicts hope as multi-layered, multi-faceted (Dufault & Martocchio, 1985) and containing emotional, spiritual, behavioural and cognitive elements. Cutcliffe's (2004) model of hope in the context of bereavement counselling conceptualizes hope's inspiration in three phases: forging the connection / relationship; facilitating a cathartic release; and experiencing a healthy (good) ending. Cutcliffe advocates that the "implicit

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projection” of hope is not limited to any particular phase in therapy. This study’s model proposes that, unlike Cutcliffe’s model, hope is not one-sided as the projection of therapist hope, nor is it the “sole responsibility” of therapists (p. 177). Instead this model accounts for hope’s contagion by demonstrating that therapists and couples alike benefit from its exchange, cultivation and growth.

As described above, the co-creation of hope appears to stem primarily from the therapeutic alliance that constitutes the relationality of hope (between therapist and couple) and touted as one of the most effective conduits of hope in therapy (Lambert, 2001; Lopez et al., 2004; Savaya, Bartov, Melamed & Altschuler, 2016; Wampold, 2001). However, there appears to be more than the therapeutic relationship at play – there appears a mutual transfer of hope-seeking, hope-receiving, hope-nurturing, hope-witnessing and hope-embracing concretized through particular steps and interventions, all that exhibit hope’s powerful processes.

Best Practices for Engendering Hope in Couple Therapy

This study derived a list of clinically applicable best practices for working with therapeutic hope in couple therapy taken directly from experiences of couple and therapist participants. These best practices are presented and organized according to the two super-ordinate themes of knowing and growing hope from the perspectives of couples and their therapists (see Table 5).

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Table 5

Two Perspectives on Best Practices for Encouraging the Process of Hope in Couple Therapy

<i>Experiences of Hope in Therapy</i>	<i>Couples</i>	<i>Therapists</i>
Knowing Hope	<ul style="list-style-type: none"> - Need to focus on “us” - Need to recognize shared dreams - Need to commit to being together - Need to repair hurt - Need to rebuild trust - Need to improve communication 	<ul style="list-style-type: none"> - Hold a hopeful attitude - See hope as central to wellbeing - Communicate hope implicitly/explicitly
Growing Hope	<ul style="list-style-type: none"> - Need therapist hope - Need therapist empathy - Need normalization - Need goals for therapy - Need to self-reflect - Need to reflect on partner’s experience - Need to accept and value partner’s vulnerability - Need to show one’s vulnerable self 	<ul style="list-style-type: none"> - Be fully present in therapy - Hold onto and nurture personal hope - Have a clear theoretical approach - Have a therapeutic plan - Recognize couple resilience - Identify and celebrate couple change - Encourage couple connection

First, couple therapists need to hold a hopeful attitude for their couples and maintain this “hopeful stance” throughout therapy (O’Hara & O’Hara, 2012, p. 47).

Holding the attitude that every couple is capable of change, no matter how distressed,

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demonstrates a hopeful approach (Satir, 2001). Viewing hope as a central tenant to the wellbeing and health of couples can motivate couple therapy and point couples in a direction conducive to change.

Therapists are encouraged to consider couples' knowing hope to mean sharing, dreaming and weathering life's storms together. Therapists can weave this understanding into their work by asking for and recognizing shared dreams of the couple. Therapists can use sensitivity and curiosity to better understand clients' conceptions of hope and can ask directly of couples' shared desires, inquire of their commitment together and explore how this commitment might inform their sense of "for-us" hope. Some suggestions for exploration of these concepts of hope, based on participant responses, are:

- Is this a goal-oriented idea of hope?
- Is their hope for a specific outcome (shared dreams) or a more generalized outlook on life (weathering challenges)?
- Does their hope mean a commitment to being together?
- Is their understanding of hope informed by their spirituality / faith beliefs?
- Is there an element of meaning-making when they express their hope?
- Are they on the same page with hope?
- Does their understanding of hope include a larger perspective that accounts for the losses and suffering of life?

Using "we stories," a theme Singer and Skerrett (2014) present as a way to enhance couple resilience, might also work as a means to enrich and build couple hope: "We-stories can create, recover and capture a couple's sense of We-ness" (p. 13). Asking

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of couples' "we-stories" that include past narratives, hope for the future and their shared dreams might draw from couples' collective sense of hope.

Viewing hope as central to wellbeing emerged as an important meaning of hope from both therapist and couple responses. Communicating a sense of hope, through both implicit and explicit means (Larsen & Stege, 2010a, 2010b) can be fundamental to nourishing couples' hope. Hope can be communicated through intentional questions to couples and can sound similarly to Solution Focused Brief Therapy (de Shazer & Berg, 1995):

- "What will be different for you when (issue) is behind you?"
- "How will you know things are different?"
- "What needs to happen to tell you both that therapy has been worthwhile?"
- "When you are no longer (fighting / not communicating), what will you be doing more of instead?"
- "What is it that you really hope for?"
- "What will be a sign for you that things are getting better?"

Weingarten (2007) presents a beautiful clinical example of explicitly "interrogating" hope itself where the therapist asks of the client, "What is the work you need hope to do for you?" and "What do you want hope for?" (p. 31). This narrative therapy technique (White & Epston, 1990) of externalizing hope and its purpose, rather than asking about something specific to hope *for*, is the valuing of hope that may spur therapeutic change. Just as hope can be explicitly explored and questioned, hopelessness can be queried as well. If therapists accept hopelessness as having both place and purpose

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in therapy, then questioning clients' hopelessness, using a narrative therapy perspective (White & Epston, 1990) might offer potentially fruitful therapeutic interventions. A profound question, "What is your hopelessness insisting that you understand about your life?" (Weingarten, 2007, p. 32) goes beyond joining to externalizing and concretizing hopelessness as bringing meaning to one's life and as a possible avenue to insight.

Couples reflected that hope means healing from old hurts, repairing trust, and improving communication. Keeping this in mind, therapists can tailor interventions to include pathways to healing and repair. Specifically in a couple context, Ward and Wampler's (2010) assertion that providing couples with hope-filled statements can speak to couples' longing for healing and repair and point to others who have successfully travelled the same path before them. Therapists can normalize couples' difficulties to better pave the path to repair. Additionally, the sub-theme of hope as repair also included improving communication. Couples in this study described how they learned to listen to each other more effectively in session. This in turn led to deeper understanding and decreased reactivity. Couples described how hopeful they felt when interventions targeted and improved their healing, their trust issues and their relational patterns. Therapists can encourage interventions such as communication exercises, dialogue wheels (Hendrix, 2007), enactments (Greenberg & Johnson, 1988) physical interventions through intentional eye gaze or inter-partner touch (Tatkin, 2011) that specifically integrate ways of helping couples repair from their past hurts or rebuild their trust in each other, themselves and their relationship.

Therapists can use a strong therapeutic presence as an implicit yet integral way to foster and nourish hope. Attuned and genuine presence can secure couples' trust of the

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therapist and how she/he might be able to help them. The presence of a caring therapist might serve to spark couples' tentative hope and encourage couples to begin to kindle their own flickers of hope. This best practice acknowledges that holding and honouring both pain and hope requires careful and attuned presence and encourages therapists to be 'fully present' with all emotional realities in therapy.

Relatedly, couples looked to their therapist to nourish their own tentative seeds of hope. From this comes the best practice of therapists maintaining and replenishing their own hope. Based on Coppock et al.'s (2010) finding that therapists' hope is an even better predictor of positive client outcome than clients' hope, therapists are encouraged to view their own hope as a rich resource for their work. Therapists can integrate practices of self-care into their daily life that supply and renew their own hope, knowing that it is precisely this hope that in turn fuels and nourishes their couples' hope. This best practice can also help to ward off therapist burnout, a well-noted occupational hazard (Harrison & Westwood, 2009; Scovholt & Trotter-Matthison, 2011).

Therapists can root themselves in an effective theoretical approach in order to provide a foundation for their couple work. Therapists in this study identified feeling confident knowing they had a "road map" for their couple work and spoke of the importance of clearly communicating a "way through" for their couples, particularly for highly distressed or volatile couples. As such, it can be critical for therapists working with uncertain couples or couples with mixed commitment levels to offer a clear plan and address uncertainty head-on. The challenge of working with mixed-hope couples can make it difficult to follow a specific theoretical approach and can quickly erode couple and therapist hope. Ambivalence or uncertainty can create an atmosphere of confusion,

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unpredictability and instability in the couple relationship and in the therapeutic space (Goldner, 2014). This confusion points to the best practice of therapists establishing clear therapeutic goals when addressing the couple's commitment uncertainty head-on (Owen et al., 2014). In order to be grounded in a theoretical approach and to offer a clear plan for therapy, therapists can explore uncertainty, tailor therapy accordingly and employ interventions that target mixed-hope.

Therapists can heed the importance of setting clear and attainable goals for therapy, whatever the outcome. Tempering client expectations for the duration of therapy and the effort it requires can help to set up realistic client hopes and establish attainable goals. As derived from couples' responses, therapists can use normalizing statements and occasional self-disclosure to assuage couples' suffering and further shape the direction of therapy. Statements like the ones below, taken directly from couple and therapist participant transcripts, may help to validate clients while offering a clear goal for therapy:

- “This process will not be easy; it’s hard work and it will bring out painful things for both of you. The good news is, it will bring clarity and give you both a deeper understanding of what’s happening for each other and your relationship” (Elaine)
- “Perhaps your hope for the relationship is low, but I have hope that you will find clarity, both for yourselves, your coping and for which way your relationship should go” (Colin)
- “I won’t work harder than you for your relationship but I can promise that I will be with you every step of the way” (Matt)

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- “I can’t decide if you will stay together, only you can decide that, but I can assist you in discovering the reasons you stay together or reasons you choose to separate. It will help you find your own truth in this” (Heidi)

Recognizing client resilience as a way to feed therapists’ own hope emerged as a valuable best practice. As indicated by therapists in this study, seeing their clients as full of resilience, courage and strength was vital to their personal hope. Therapists can intentionally look for couples’ strength, resources and resilience so to nourish and encourage their couples while simultaneously growing their own hope. O’Hara and O’Hara (2012) similarly conclude that hope thrives when therapists are able to view their clients as filled of potential, able to surpass expectations and as truly capable.

When clients begin to make changes, take risks with one another and try something new, therapists can identify and celebrate these new steps. Therapists who successfully provide a hope-filled context of safety and validation enable couples to feel empowered to risk – to look introspectively at self / others, to choose vulnerability and to accept and value each other’s vulnerability. Couples in this study also noted that when they were able to make small changes and work toward goals, their hope increased. When therapists observe their couples changing their dance (Greenberg & Johnson, 1988), trying new steps, over-riding reactivity, seeking to hear/understand, therapists can highlight these changes, however micro, and celebrate these attempts at relational rebuilding.

Lastly, therapists can encourage their couples to connect. When couples have been able to receive, grow hope, and when there is emotional safety in session, therapists can encourage couples to connect, physically and emotionally. Therapists and couples in

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this study described moments of couple connection (hand-holding, sitting close, and reaching for each other) as powerful moments of hope. As these moments happen in session, they can be highlighted and amplified. Using the “here-and-now” (Perls, 1973), as an important experiential intervention, therapists can reflect back to couples, like a mirror, what they observe as couples connect. This brings awareness and prominence to the experience of connection as a significant channel through which hope can flow.

These findings of best practices support requests for more clinically applicable interventions based on process research (Argyris & Schon, 1992; O’Hara, 2013) and can provide clinically relevant implications for practicing therapists.

Limitations

Limitations of this study are similar to that of any focussed qualitative study: (a) limited number of participants; (b) use of retrospective self-report and the question of accuracy and participants’ memory of in-session moments; (c) the inability to say anything about cause and effect; and (d) the potential of inadequacies due to possible bias in the interpretation of data (Creswell, 2007). A more robust sample size with couples from diverse cultural and religious backgrounds may have offered more varied responses. Additionally, hope should be explored in relation to gay and lesbian couples.

It is important to note that of therapist participants, two were beginning therapists and two were experienced therapists. Variability in clinical experience may have influenced participants’ perceptions of competence. Additionally, it should be noted that two of the four therapist participants were recruited from a training program that integrates psychotherapy and spirituality. As part of their training, student therapists are encouraged

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to inquire of spirituality and its relevance to clients' lives; this may have led to an emphasis of spirituality and its relationship to hope.

Hope as a complex and fluid concept cannot be measured at one point in time and may fluctuate in strength over the course of therapy depending on ruptures and repairs. This study is limited in that it provides only a "snapshot" of hope by focusing on in-session experiences rather than following the entire oscillating trajectory of hope.

One might consider the presence of one's partner as having an undesirable influence on interview responses. Social pressure or unhealthy couple dynamics could lead one partner to be silent or reluctant to disagree. This study makes the assumption that couple participants are on the same page regarding concepts and experiences of hope in therapy or, if not the case, that partners would feel free to voice dissenting opinions, particularly as the interviewer intentionally checked in with each partner.

Regarding the data analysis stage, this study acknowledges the lack of consensus in the literature pertaining to techniques that improve validity and rigour (Barbour, 2001; Birt et al., 2016). On one hand, employing these techniques can improve confidence in research results and work to minimize researcher bias; on the other hand, it can also amplify discrepancies or errors (Sim & Sharp, 1998). Birt et al. (2016) question whether qualitative data can be interpreted with the same meaning and whether differences in the interpretation of meaning can be valid if coming from the same dataset. Noting these possible advantages and disadvantages, the researcher made the choice to pursue member checking and peer reviewing, albeit fallible, in an attempt to strengthen and clarify results.

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Finally, Dreier (2008) argues that therapy makes up only a small portion of the lives of clients and, to understand how clients actively make use of therapy, it would be necessary to examine their everyday lives. Most research in counselling and psychotherapy takes the therapy session as its focus and assumes that what happens in the session can be generalized to everyday life. This study acknowledges that clients lead full and complex lives, that clients' external factors constitute 40% of change (Lambert, 1992; Sprenkle & Blow, 2004) and that hope exists beyond therapy sessions. Nevertheless, due to the rudimentary state of the literature and the complexity of process research involving both client and therapist voices, the results derived from this study may be applied to the existing research base with the hopes of providing insight into processes of hope in therapy and into the general wellbeing of couples. Additionally, the results of this study illuminate potential directions of research.

Strengths

It is well documented that research exploring the underlying processes of therapy is much needed (Blow, Sprenkle & Davis, 2007; O'Hara, 2013; Pinosof & Wynne, 1995; Ward and Wampler, 2010). The lack of client voices in current literature remains a notable scarcity (Larsen & Stege, 2012; Orlinsky, Grawe & Parks, 1994; Paulson & Worth, 2002). Furthermore, couple research continues to be an under-developed area in psychotherapy literature, particularly with little attention directed to hope and specific theories of hope in the context of couples (Beavers & Kaslow, 1981; Egeli et al., 2014; Hof, 1993; Ward & Wampler, 2010).

This study seeks to respond to some of the gaps described above. It contributes to the current understanding of hope and its dynamics in couple therapy through its research

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design and its close look at the process of therapy. Furthermore, it adds to the existing knowledge base of hope's operational definitions, particularly with its inclusion of hope and spirituality and couples' idea of hope as "shared life." These categories offer new and promising integrations. Moreover, the results of this study extend Ward and Wampler's (2010) already-established grounded theory work on hope and couples therapy by accounting for couples' perspectives and the underlying processes of reciprocity between therapist and couple when hope begins to evolve.

Including client voices as a critical and foundational component is a significant strength of this study. Client voices are often missed in psychotherapy research. This study values client voices as essential. This study offers a unique glimpse into the processes of therapy while contributing to a noted dearth in the literature (Larsen & Stege, 2012; Orlinsky, Grawe & Parks, 1994; Paulson & Worth, 2002). In sum, this study brings deeper exploration into process research, therapeutic hope and, significantly, how a multifaceted and ephemeral concept like hope moves.

The process of interviewing two participant sets – therapists and their couples – enabled a rich understanding of process to emerge. When couples referenced their therapist or referred to specific interventions or when therapists described particular moments with their couples, the study's design allowed for a stimulating comparison of these in-session moments and the impact these moments of overlap have on therapeutic hope.

It is argued that the interviewing couples together is a significant strength of this study. When partners were interviewed together, the researcher was given the opportunity to witness the flow and co-creation of hope as it happened within the couple system. This

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added depth, complexity and nuance to the processes involved and allowed for further insight into the “here and now” experiences of hope as they occurred between couple participants. Shared hope, even the co-creation of hope, between partners was detected during couple interviews as they spoke of hope, its meaning in their lives and its place in their sessions.

The model of the flow of hope in couple therapy adds a meaningful contribution to the literature through its explorations of hope’s function and development at various stages of the therapeutic process. This study sought to provide a “snapshot” of the processes of hope as they happen in therapy to enhance current understandings. Having an overview of hope and couple therapy and a deeper realization of its related processes can help to inform the practice of couple therapists as they seek to utilize hope as a powerful resource of hope.

Implications for Future Research

Much of the research on hope in therapy focuses on individual therapy, therefore there is a need for further research in the context of couple’s therapy. While the majority of studies in this field have looked at hope in early stages of therapy, the role of hope throughout therapy including the termination phase is needed. Additionally, a longitudinal study following therapists and clients, pre and post therapy, to explore hope’s lasting effects is worth investigating.

Any one factor identified as contributing to couple / therapist hope could be isolated to achieve a greater understanding of how each variable contributes to hope. As identified by this study, joining, normalizing, having a therapy plan, insight, vulnerability and connection with self and partner leads to increased couple hope. Future studies could

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look specifically at how insight into partner and self, for example, supports couples' hope. Building off Egeli et al.'s (2014) work that focuses on vulnerability and its relationship to couple hope, future studies could investigate other isolated factors and their impact on hope.

Additionally, future studies could interview partners of couples separately and then compare and contrast responses to further understand the negotiation of hope within the couple system. As noted in this study with the mention of misattunement, the oft-precarious issue of dyadic alliance building and its relationship to couple hope also necessitates further exploration. Studies could look specifically at ruptures in therapeutic alliances by measuring levels of hope in clients and in therapists, thus building off Bartholomew, Gundel and Scheel's (2017) findings.

This study interviewed one couple that were more ambivalent in their relational commitment. The dynamic of mixed-hope couples could be explored in greater depth using process research. Doherty (2016) urges more research attention for mixed-commitment couples, lamenting that this group is "largely neglected by marriage and family therapy research" (p. 246). Mixed-hope couples represent a meaningful subset of couples presenting for therapy (30% as an estimate (Doherty, 2016)) yet effective therapeutic interventions lag behind for this group. As identified by this study, process research that explores particular interventions for mixed hope couples is needed and could be of tremendous benefit to these couples and their clinicians.

Conclusion

As highlighted by Levinas (1969), the "relational encounter" is foundational to the experience of being human. So too is relationship fundamental to hope's growth.

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Hope is offered and received through the vis-à-vis connection of therapy. It moves through presence and the nurtured space between two or more beings (Buber, 1958). It is deeply and intricately tied to the experience of being human and being *with others*.

In this study, the flow of hope was revealed when exploring couple and therapist understandings of hope's meanings and their experiences of hopeful moments in therapy. While couple and therapist responses uncovered many complex, dynamic, and multi-layered components of hope, the sum of these parts resulted in a model that illustrates the movement of in-session hope. Hope is co-created by therapists and couples and flows through the processes of "knowing" and "growing" hope. Hope emerges from pre-understandings of hope and grows through the actions of providing and nourishing, and seeking and receiving. It flows via connection to self / others and lastly, it continues to flow reciprocally through witnessing resilience, positive change and experiences of increased connection.

Hope plays a foundational role in clients' change processes and offers a renowned pathway to wellness and increased vitality. As a therapeutic concept, it is worthy of the research attention it has garnered thus far. As an energetic process, it deserves future exploration and focus. Most significantly, as couples summon the hope and courage needed to pursue therapy and therapists provide a space ripe with empathy, hope is the gift that emerges and grows between them. Uncovering some of the many components in the encounter between therapists and their couples one is reminded of the potency that ignites when hope begins to flow. This is the powerful and intimate process of couple therapy.

References

- Ahern, K., J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.
- Allen, J. G. (2013). Hope in human attachment and spiritual connection. *Bulletin of the Menninger Clinic*, 77(4), 302-331.
- American Psychological Association, Presidential Task Force on Evidence-Based Practice (2006). *Evidence-Based Practice in Psychology*. *American Psychologist*, 61(4), 271-285.
- Anker, M., Duncan, B., & Sparks, J. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 77(4), 693-704.
- Aponte, H. J. (1982). The cornerstone of therapy: The person of the therapist. *The Family Therapy Networker*, 6, 19-21.
- Aponte, H. (2003). Spirituality: The heart of therapy. In T. D. Carlson & M. J. Erikson (Eds.), *Spirituality and family therapy* (p. 13-27). Binghamton, NY: Haworth Press.
- Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J. & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, 35, 381-394.
- Aponte, H. J. & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, 40, 152-164.
- Archibald, M. M. (2016). Investigator triangulation. *Journal of Mixed Methods Research*,

THE FLOW OF HOPE IN COUPLE THERAPY

10,3, 228-250.

Argyris, C., & Schon, D. A. (1992). *Theory in practice: increasing professional effectiveness*. San Francisco: Jossey-Bos.

Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors findings. In M. A. Hubble, B. L. Duncan & S. D. Miller (Eds.) *The heart and soul of change: What works in therapy*, 33-56. Washington, DC: American Psychological Association.

Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (1993). A psychometric study of the Adult Attachment Interview: Reliability and discriminant validity. *Developmental Psychology*, 22, 16-21.

Balmer, T., Walker, C., Van Asselt, Roberts-Kennedy, B. (2012). A phenomenological study of spiritual values in secular-based marriage and family therapists. *Journal of Spirituality in Mental Health*, 14(4), 242-258.

Barnum, D., Snyder, C. R., Rapoff, M. A. & Thompson, R. Hope and social support in psychological adjustment of children. *Children's Health Care*, 27, 15-30.

Bartholomew, T. T., Gundel, B. E., & Scheel, M. J. (2017). The relationship between alliance ruptures and hope for change in counselling: A mixed methods study. *Counselling Psychology Quarterly*, 30, 1-19.

Beck, B., Halling, S., McNabb, M., Miller, D., Rowe, J. O., & Sculz, J. (2005). On navigating despair: Reports from psychotherapists. *Journal of Religion and Health*, 44(2), 187-205.

Bellamy, C., Jarrett, N. C., Mowbray, O., MacFarlane, P., Mowbray, C. T., & Holter, M. C., Relevance of spirituality for people with mental illness attending

THE FLOW OF HOPE IN COUPLE THERAPY

- consumer-centered services. *Psychiatric Rehabilitation Journal*, 30(4), 287-294.
- Beutler, L. E., Malik, M. L., & Alimohamed, S. (2004). Therapist variables. In M. J. Lambert (Ed.) *Bergin and Garfield's handbook of psychotherapy and behavior change*, 227-306. New York: Wiley.
- Bevan, M. E. (2014). A method of phenomenological interviewing. *Qualitative Health Research*, 24(1), 136-144.
- Blow, A. J., Sprenkle, D. S., & Davis, S., D. (2007). Is who delivers the treatment more important than the treatment itself?: The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33, 298-317.
- Birt, L., Walter, F., Scott, S., Cavers, D., & Campbell, C. (2016). Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation?. *Qualitative Health Research*, 26, 13, 1802-1811
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy*, 16, 252-260.
- Bowen, M. (1978). *Family therapy in clinical practice*. Northvale, NJ: Aronson.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, B. (2012). *Daring greatly*. New York: Penguin Group.
- Bruininks, P. & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion*, 29, 324-352.
- Bryant, F. B. & Cvengros, J. A. (2004). Distinguishing hope and optimism: Two sides

THE FLOW OF HOPE IN COUPLE THERAPY

- of the coin, or two separate coins? *Journal of Social and Clinical Psychology*, 23(2), 273-302.
- Buber, M. (1958). *I and Thou*. New York: Scribner.
- Bumpus, M.R. (2010). The hopeful imagination: A place God comes to meet us. *Presence: Journal of Spiritual Directors International*, 15(1), 24-31.
- Carsen, V., Soeken, K. L., & Grimm, P. M. (1988). Hope and its relationship to spiritual wellbeing. *Journal of Psychology and Theology*, 16, 159-167.
- Cheavens, J. S., Michael, S. T., & Snyder, C. R. (2005). The correlates of hope: Psychological and physiological benefits. In J. Elliott (Ed.), *Interdisciplinary Perspectives on Hope* (p. 119-132). Hauppauge, NY: Nova Science.
- Conner, D. R. & Callahan, J. L. (2015). Impact of psychotherapist expectations on client outcomes. *Psychotherapy*, 52, 351-362.
- Controlled act of psychotherapy. (2017). Retrieved from <http://www.crpo.ca/about-crpo>.
- Coppock, T. E., Owen, J., Zagarska, E., & Schmidt, M. (2010). The relationship between therapist and client hope with therapy outcomes. *Psychotherapy Research*, 20(6), 619-626.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Miller, D. (2000). *Determining validity in qualitative inquiry. Theory into Practice*, 39(3), p. 124-130.
- Crotty, M. (1996). *Phenomenology and nursing research*. Melbourne, Australia: Churchill Livingstone.

THE FLOW OF HOPE IN COUPLE THERAPY

- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage.
- Cutcliffe, J. R. & Herth, K. (2002). The concept of hope in nursing: Its origins, background, and nature. *British Journal of Nursing, 11*, 832-840.
- Cutcliffe, J. R. (2004). The inspiration of hope in bereavement counseling. *Issues in Mental Health Nursing, 25*, 165-190.
- Darmody, M. & Dolan, Y., (2003). Impressions of hope and its influence in the process of change. *Journal of Systemic Therapies, 22*, 67-68.
- Davis, S. D., & Piercy, F. P. (2007b). What clients of MEFT model developers and their former students say about change, Part II: Model independent common factors and an integrative framework. *Journal of Marital and Family Therapy, 33*, 344-363.
- Davis, S. D., Lebow, J. L., Sprenkle, D. H. (2012). Common factors of change in couple therapy. *Behavior Therapy, 43*, 36-48.
- De Shazer, S. & Berg, I. K. (1995). *The brief therapy tradition*. Bing Hampton, NY: Haworth Press.
- Dickinson, E. & Franklin, R. W. (Ed.) (1998). *The poems of Emily Dickinson*. Cambridge, MA: Harvard University Press.
- Doherty, W. J., Harris, S. M. & Wilde, J. L. (2016). Discernment counselling for “mixed agenda” couples. *Journal of Marital and Family Therapy, 42*, 246-255.
- Dufault, K. & Martocchio, B. (1985). Hope: its spheres and dimensions. *Nursing Clinics of North America., 20 (2)*, p. 379-391.
- Dunkle, J. H. & Friedlander, M, L. (1996). Contribution of therapist experiences and

THE FLOW OF HOPE IN COUPLE THERAPY

- personal characteristics to the working alliance. *Journal of Counseling Psychology, 43*, 456-460.
- Egeli, N. A., Brar, N., Larsen, D. J., & Yohani, S. C. (2014). Intersections between hope and vulnerability in couples' experiences of the reflecting team process. *Journal of Couple & Relationship Therapy, 13*, 198-218.
- Erikson, E. H. (1964). *Insight and responsibility*. New York: Norton.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance and way of being. *Journal of Marital and Family Therapy, 40*, 20-33.
- Figley, C. R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude." *Journal of Phenomenological Psychology, 39(1)*, 1-32.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research, 19*, 583-590.
- Flaskas, C. (2007). Holding hope and hopelessness: therapeutic engagements with the balance of hope. *Journal of Family Therapy, 29(3)*, 186-202.
- Flaskas, C., McCarthy, I., & Sheenan, J. (2007). *Hope and despair in narrative and family therapy: Adversity, forgiveness and reconciliation*. New York: Routledge.
- Flesaker, K. & Larsen, D. (2010). To offer hope you must have hope. *Qualitative Social Work, 11*, 61-79.
- Frank, J. (1995). Psychotherapy as rhetoric: Some implications. *Clinical Psychology:*

THE FLOW OF HOPE IN COUPLE THERAPY

Science and Practice, 2(1), 90-93.

Frank, J. D. & Frank, J. B. (1973)(1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: John Hopkins University Press.

Frankl, V. (1959). *Man's search for meaning*. Boston: Beacon Press

Friedlander, M., Escudero, V. & Heatherington, L. (2006). *Therapeutic alliances in couple and family therapy: An empirically informed practice*. Washington, D.C.: American Psychological Association.

Gall, T. L., Henneberry, J., & Eyre, M. (2014). Two perspectives on the needs of individuals bereaved by suicide. *Death Studies*, 0, 1-8.

Godfrey, J. J. (1987). *Philosophy of human hope*. Leiden, NL: Martinus Nijhoff Publishers.

Goldner, V. (2014). Romantic bonds, binds and ruptures: Helping couples on the brink. *Psychoanalytic Dialogues*, 24, 402-418.

Gould, W. B. (1993). *Viktor E. Frankl: Life with meaning*. Pacific Grove, CA: Brooks/Cole Publishing.

Greenberg, L. & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press

Grencavage, L. M. & Norcross, J., C. (1990). What are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice*, 21(5), 372-378.

Guba, E. G. & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (p.105-

THE FLOW OF HOPE IN COUPLE THERAPY

- 107). Thousand Oaks, CA: Sage.
- Hanna, F. (2002). *Therapy with difficult clients: Using the precursors model to awaken change*. Washington, D.C.: American Psychological Association.
- Harrison, R. & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapist: Identifying protective factors. *Psychotherapy theory, research, practice, training*, 46, 203-219.
- Harvey, J. & Delfabbro, P. (2004). Psychological resilience in disadvantaged youth: A critical overview. *Australian Psychologist*, 39, 3-13.
- Havel, V. (1991). *Disturbing the peace*. Prague: Faber & Faber.
- Hays, P. (2016). *Let's talk: Finding the right words. Addressing cultural complexities in practice*. Washington, DC: APA Press.
- Hendrix, H. (2007). *Getting the love you want: A guide for couples*. New York: Macmillan.
- Hill, C., Sullivan, C., Knox, S., & Schlosser, L. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, Practice, Training*, 44, 434-449.
- Hof, L. (1993). The elusive elixir of hope. *The Family Journal: Counseling and Therapy for Couples and Families*, 1(3), 220-227.
- Holcomb, E., & Andrew, S. (2005). Triangulation as a method for contemporary nursing research. *Nurse Researcher*, 13(2), 71-82.
- Horvath, A. O. (Ed.) (1994). *Empirical validation of Bordin's pantheoretical model of the alliance. The Working Alliance Inventory perspective*. Oxford, England: Wiley.

THE FLOW OF HOPE IN COUPLE THERAPY

- Houser, M. E., & Welch, R., D. (2013). Hope, religious behaviours, and attachment to God: A Trinitarian perspective. *Journal of Psychology & Theology, 41*, 281-297.
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (2006). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Hullmann, S. E., Fedele, D. A., Molzon, E. S., Mayes, S., & Mullins, L. L. (2015). Posttraumatic growth and hope in parents of children with cancer. *Journal of Psychosocial Oncology, 32*, 696-707.
- Husserl, E. (1939). *Ideas: General introduction to pure phenomenology*. New York: Routledge.
- Iacoboni, M. *Mirroring people: The science of empathy and how we connect with others*. New York: Picador.
- Irving, L. M., Telfer, L., & Blake, D. (1997). Hope, coping and social support in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress, 10*, 463-477.
- Jevne, R. F. (2005). Hope: The simplicity and complexity. In J. Elliott (Ed.), *Interdisciplinary perspectives on hope* (p. 3-45). Hauppauge, NY: Nova Science.
- Kagan, N. (1969). Interpersonal process recall. *Journal of Nervous Mental Disease, 148*, 365-374.
- Keeling, M. L., Dolbin-MacNab, M. L., Ford, J. & Perkins, S. N., (2010). Partners in the spiritual dance: Learning clients' steps while minding all our toes. *Journal of Marital & Family Therapy, 36(2)*, 229-243.
- Knerr, M., & Bartle-Haring, S. (2010). Differentiation, perceived stress, and

THE FLOW OF HOPE IN COUPLE THERAPY

- therapeutic alliance as key factors in the early stage of couple therapy. *Journal of Family Therapy*, 32, 94-118.
- Knobloch-Fedders, L., M., Pinsof, W., M., and Mann, B. (2007) Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy*, 33, 245-257.
- Koenig, T. & Spano, R. (2007). The cultivation of social workers' hope in personal life and professional practice. *Journal of Religion and Spirituality in Social Work*, 26, 45-61.
- Kortte, K. B., Stevenson, J. E., Hosey, M. M., Castillo, R., & Wegener, S. T. (2012). Hope predicts positive functional role outcomes in acute rehabilitation populations. *Rehabilitation Psychology*, 57(3), 248-255.
- Kowalcky, C. E. (2013). The dynamic gift of hope in psychotherapy. (Doctoral Dissertation). Retrieved from ProQuest Dissertations and Theses database (UMI No. 3595233).
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.
- Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration*, 94-129. New York: Basic Books.
- Larsen, D. J., Edey, W. & LeMay, L. (2007). Understanding the role of hope in counseling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly*, 20(4), 401-416.
- Larsen, D. J., Flesaker, K. & Stege, R. (2008). Qualitative interviewing using

THE FLOW OF HOPE IN COUPLE THERAPY

- Interpersonal Process Recall: Investigating internal experiences during professional-client conversations. *International Journal of Qualitative Methods*, 7, 18-37.
- Larsen, D. J. & Stege, R. (2010a). Hope-focused practices during early psychotherapy sessions: Part 1. Implicit approaches. *Journal of Psychotherapy Integration*, 20, 271-292.
- Larsen, D. J. & Stege, R. (2010b). Hope-focused practices during early psychotherapy sessions: Part II: Explicit approaches. *Journal of Psychotherapy Integration*, 20, 293-311.
- Larsen, D. J. & Stege, R. (2012). Client accounts of hope in early counseling sessions: A qualitative study. *Journal of Counselling and Development*, 90, 45-53.
- Larsen, D. J., Stege, R., & Flesaker, K. (2013). 'It's important for me not to let go of hope': Psychologists' in-session experiences of hope. *Reflective Practice*, 14, 472-486.
- Larsen, D. J., Stege, R., Edey, W., & Ewasiw, J. (2014). Working with unrealistic or unshared hope in the counselling session. *British Journal of Guidance & Counselling*, 24(3), 271-283.
- LaVasseur, J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, 13(3), 408-420.
- Levinas, E. (1969). *Totality and infinity: an essay on exteriority* (A. Lingis, Trans.). Pittsburgh, PA: Duquesne University Press.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lopez, S., Snyder, C. R., Magyar-Moe, J., Edwards, L., Pedrotti, J. T., Janowski, K.,

THE FLOW OF HOPE IN COUPLE THERAPY

- Turner, J., Pressgrove, C. (2004). *Positive psychology in practice*. Hoboken, NJ: John Wiley & Sons.
- Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behaviour*, 6, 695-706.
- Lynch, W. (1974). *Images of hope: Imagination as healer of the hopeless*. South Bend: University of Notre Dame Press.
- Majcher, J., & Daniluk, J.C. (2009). The process of becoming a supervisor for students in a doctoral supervision training course. *Training and Education in Professional Psychology*, 3, 63–71. <http://dx.doi.org/10.1037/a0014470>
- Martin, D., J., Garske, J., P., and Davis, K., M. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68: 438-450.
- Martinez de Pison Liebanas, R. (2005). Does hope have meaning in the western world? *Theoforum*, 36(2), 176-185.
- McDargh, J. (2001). *We shall go on by the light of our hearts: Hope and the imagination*. Lecture.
- McLeod, J. (2001). *Doing counseling research*. London: Sage.
- Menninger, K. (1959). The academy lecture: hope. The Academy lecture: Hope. *The American Journal of Psychiatry*, 116, 481-491. Retrieved May 15, 2015, Illiad.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nedderman, A. B., Underwood, L. A., & Hardy, V. L. (2010). Spirituality group with female prisoners: Impacting hope. *Journal of Correctional Health Care*, 16, 117-

THE FLOW OF HOPE IN COUPLE THERAPY

132.

- Nelson, T. S. & Allred, D. D. (2005). Survey research in marriage and family therapy. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy*, 211-237. New York: Guilford Press.
- Ogden, T. H. (2004). The analytic third: Implications for psychoanalytic theory and practice. *The Psychoanalytic Quarterly*, 1, 167-195.
- Ogrodniczuk, J. S., Joyce, A. S., & Piper, W. E. (2005). Strategies for reducing patient-initiated premature termination. *Harvard Psychiatry*, 13(2), 57-70.
- O'Hanlon, B. *Out of the blue: Six non-medication ways to relieve depression*. New York: W. W. Norton
- O'Hara, D. J. (2004). *In search of hope*. Brisbane: Drynie Enterprises.
- O' Hara, D. J. (2011). Psychotherapy and the dialectics of hope and despair. *Counselling Psychology Quarterly*, 24, 323-329.
- O' Hara, D. J. & O'Hara, F. (2012). Towards a grounded theory of therapist hope. *Counselling Psychology Review*, 27 (4), 42-55.
- O'Hara, D., J. (2013). *Hope in counseling and psychotherapy*. Washington, DC: Sage.
- O' Hara, D. J. (in press). Three spheres of hope: Generalised, particularized and transformative. In D. J., O'Hara & L. Oritz (Eds.). *Hope: Phoenix rising from the contemporary global society*. Oxford: Interdisciplinary Press.
- Olthuis, J. (2006). *The beautiful risk: A new psychology of loving and being loved*. Grand Rapids, MI: Zondervan.
- Ong, A. D., Edwards, L. M., Bergeman, C. S. (2006). Hope as a source of resilience in later adulthood. *Personality and Individual Differences*, 41(7), 1263-1273.

THE FLOW OF HOPE IN COUPLE THERAPY

- Orlinsky, D. & Howard, K. I. (1986). Process and change outcome in psychotherapy. In A. Bergin & S. Garfield (Eds). *Handbook of psychotherapy and behaviour change*. New York: Wiley.
- Orlinsky, D., Grawe, K. & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. Bergin & S. Garfield (Eds). *Handbook of psychotherapy and behaviour change*. New York: Wiley.
- Orlinsky, D., Ronnestad, M. H., Ambuhl, H., Willutzki, U., Botermans, J. F., Cierpka, M., et al. (1999). Psychotherapists' assessments of their development at different career levels. *Psychotherapy: Theory, Research Practice, Training*, 36(3), 203-215.
- Orne, M. T. (1968). On the nature of effective hope. *International Journal of Psychiatry*, 5, 403-410.
- O'Sullivan, G. (2011). The relationship between hope, eustress, self-efficacy, and life satisfaction among undergraduates. *Social Indicators Research*, 101(1), 155-172.
- Owen, J., Keller, B., Shuck, B., Luebcke, B., Knopp, K., & Rhoades, G. K. (2014). An initial examination of commitment uncertainty in couple therapy. *Couple and Family Psychology: Research and Practice*, 3, 232-238.
- Owen, J., Duncan, B., Reese, R. J., Anker, M., & Sparks, J. (2014). Accounting for therapist variability in couple therapy outcome: What really matters. *Journal of Sex & Marital Therapy*, 40, 488-502.
- Papero, D. (1995). Bowen family systems in marriage. In Jacobson and Gurrman (Eds.) *Clinical Handbook for Couple Therapy*. New York: Guilford.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.)

THE FLOW OF HOPE IN COUPLE THERAPY

- Thousand Oaks, CA: Sage.
- Pargament, K. & Mahoney, A. (2005). Sacred matters: Sanctification as a vital topic for the psychology of religion. *The International Journal for the Psychology of Religion, 15*, 179-198.
- Pargament, K., Lomax, J. W., McGee, J., & Fang, Q. (2014). With one foot in the water and the other on shore: The challenge of research on spirituality and psychotherapy. *Spirituality in Clinical Practice, 1*, 266-268.
- Paulson, B. L., & Worth, M. (2002). Counseling for suicide: Client perspectives. *Journal of Counseling and Development, 80*, 83-87.
- Perls, F. S. (1973). *The Gestalt approach and eye witness to therapy*. Toronto: Hushion House.
- Pinsof, W. M., & Wynne, L. (1995). The efficacy of marital and family therapy: An empirical overview, conclusions, and recommendations. *Journal of Marital & Family Therapy, 21*, 585-613.
- Pope, A. (2005). *Essays on man*. London: Ariel Press.
- Pruyser, P. (1987). Phenomenology and the dynamics of hoping. *Journal for Scientific Study of Religion, 3*, 93-101.
- Rainer, J. P. & Campbell (2001). Premature termination in psychotherapy: identification and intervention. *J. Psychotherapy Independent, 2(3)*, 19-41.
- Reading, A. (2004). *Hope and despair: How perceptions of the future shape human behavior*. Baltimore, MD: The Johns Hopkins University Press.
- Rogers, C. R. (1957). The necessary and therapeutic conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

THE FLOW OF HOPE IN COUPLE THERAPY

- Rolls, L., & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality, 11*(3), 286-305.
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. Thousand Oaks, CA: Sage.
- Saakvitne, K. W. (2002). How to avoid the occupational hazards of being a psychotherapist. In L. Vandebreek & T. L. Jackson (Eds.), *Innovations in clinical practice: A source book, Vol. 20*, 325-341. Sarasota, FL: Professional Resources Press.
- Safran, J. D., Muran, C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*, 80-87.
- Satir, V. (2001). *The new peoplemaking*. Palo Alto: Science and Behavior Books.
- Savaya, R., Bartov, Y., Melamed, S. & Altschuler, D. (2016). Predictors of perceived changes by service users: Working alliance, hope and burnout. *Social Work Research, 40*, 183-191.
- Schachtel, E. G. (1999). *Metamorphosis: on the development of affect, perception, attention and memory*. New York: Basic Books.
- Scioli, A., Ricci, M., Nyugen, T., & Scioli, E. R. (2011). Hope: its nature and measurement. *Psychology of Religion and Spirituality 3*(2), p. 78-97.
- Seidman, I. (2006). *Interviewing as qualitative research*. New York: Teachers College Press.
- Sharp, H. O. (1943). *Photogrammetry* (3rd ed.). New York: John Wiley.
- Shechter, R. A. (1999). The psychodynamics of clinician's hope: A delicate balance.

THE FLOW OF HOPE IN COUPLE THERAPY

- Clinical Social Work Journal*, 27, 371-382.
- Skovholt, T. M., Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. New York: Routledge/Taylor & Francis Group.
- Siegel, D. (2010). *Mindsight*. New York: Random House.
- Sim, J. & Sharp, K. (1998). A critical appraisal of the role of triangulation in nursing research. *International Journal of Nursing Studies*, 35, p. 23-31.
- Singer, J. A. & Skerrett, K. (2014). *Positive couple therapy: Using we-stories to enhance resilience*. New York: Routledge.
- Singer, J. A. (2005). *Personality and psychotherapy: Treating the whole person*. New York: Guilford.
- Smith, D. L. (2007). A phenomenological reflection on the experience of hope. *The Humanistic Psychologist*, 35, 81-104.
- Smith, J. A., Flowers, P. Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counselling and Development*, 73, 355-360.
- Snyder, C. R., Sympson, S., Ybasco, F., Borders, T., Babyak, M. & Higgins, R. L. (1996). Development and validation of the state hope scale. *Journal of Personality and Social Psychology*, 70(2), 321-325.
- Snyder, C. R., (2000). (Ed). *Handbook of hope: Theory, measures, and applications*. Baltimore: Academic Press.
- Snyder, C. R., Feldman, D. B., Taylor, J. D., Schroeder, L. L., Adams, V. (2000). The

THE FLOW OF HOPE IN COUPLE THERAPY

- roles of hopeful thinking in preventing problems and promoting strengths. *Applied Preventive Psychology, 15*, 262-295.
- Snyder, C. R. (2002). Hope theory. In C. R. Snyder & S. Lopez (Ed.), *Handbook of positive psychology*. New York: Oxford University Press.
- Spall, S. (1998). Peer debriefing in qualitative research: Emerging operational models. *Qualitative Inquiry, 4*, 280-292.
- Spiegel, J., Severino, S. K., Morrision, N. K. (2000). The role of attachment functions in psychotherapy. *Journal of Psychotherapy, Practice and Research, 9*, 25-32.
- Spiegelberg, H. (1965). *The phenomenological movement: A historical introduction*. The Hague: NL: Martinus Nijhoff.
- Spilka, B. (1993). Problems and directions in operationalizing a fuzzy concept. Paper presented at the annual meeting of the American Psychological Association. Toronto, Canada.
- Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*, 113-130.
- Sprenkle, D. H., Davis, S. D., & Lebow, J. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York: Guilford Press.
- Stone, W. N. (2001). The role of the therapist's affect in the detection of empathic failures, misunderstandings and injury. *Group, 25*, 3-14.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London: Sage.
- Symonds, D. & Horvath, A., O. (2004). Optimizing the alliance in couple therapy.

THE FLOW OF HOPE IN COUPLE THERAPY

- Family Process*, 43(4), 443-455.
- Tatkin, S. (2011). *Wired for love*. Oakland, CA.: New Harbinger.
- Theriault, A. & Gazzola, N. (2008a) Feelings of incompetence among experience therapists: A substantive theory. *European Journal of Qualitative Research in Psychotherapy*, 3, 10-29.
- Theriault, A. & Gazzola, N. (2010). Therapist feelings of incompetence and suboptimal processes in psychotherapy. *Journal of Contemporary Psychotherapy*, 40, 233-243.
- Thorne, B. (2002). *The mystical power of person-centered therapy: Hope beyond despair*. London: Whurr.
- Tufford, L. & Newman, P. (2012). Bracketing in Qualitative Research. *Qualitative Social Work*, 11, 1, 80-96. DOI: 10.1177/1473325010368316
- Walker, D. F., Gorsuch, R. L., Tan, S-Y. (2004). Therapists' integration of religion and spirituality in counselling: A meta-analysis. *Counselling and Values*, 49, 69-80.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahweh, NJ: Erlbaum.
- Ward, D, B., & Wampler, K., S. (2010). Moving up the continuum of hope: Developing a theory of hope and understanding its influence in couples therapy. *Journal of Marital and Family Therapy*, 36, 212-228.
- Weeks, G. R., & Fife, S. T. (2014). *Couples in treatment: Techniques and approaches for effective practice, 3rd edition*. Ann Arbor, MI: Brunner-Routledge.
- Weingarten, K. (2010). Reasonable hope: construct, clinical applications and supports. *Family Process*, 49, 5-25.

THE FLOW OF HOPE IN COUPLE THERAPY

Wertz, F. J. (2005). Phenomenological research methods for counselling psychology.

Journal of Counselling Psychology, 2, 167-177.

Wheeler, S. & Richards, K. (2007). The impact of clinical supervision on supervisees, therapists, their practice and their clients: A systemic review of the literature.

Journal of Counselling and Psychotherapy Research, 7, 54-65.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.

W. Norton.

Wingate, L. & Davidson, C. L. (2011). *Hope as a personal resource*. New York: Nova

Science Publishers.

Worthington, E. L., Ripley, J., Hook, J., N., Miller, A. J. (2007). The hope focused

approach to couple therapy and enrichment. *Journal of Psychology and*

Christianity, 26, 132-139.

Yalom, I. (2001). *The gift of therapy: An open letter to a new generation of*

therapists and their patients. New York: Harper Collins.



Appendix A

Consent Form: Therapist Participants

Study Title: *What is Hope: Therapist and Client Perspectives from Couples Therapy*

Danielle Vriend Fluit, PhD (Candidate), Saint Paul University,

Martin Rovers, PhD, Thesis Supervisor, Saint Paul University

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Danielle Vriend Fluit. The purpose of the study is to explore the experience and understanding of hope within a therapeutic context, specifically within couples therapy. My participation will consist of a semi-structured interview wherein I will be asked to answer questions regarding the use and experiences of hope in my practice. I will also be asked to expand on my own understandings of hope and spirituality.

My participation will also include, should I choose, attending a focus group held at Saint Paul University following the researcher's completion of research in order to better understand the role of hope in therapy and further inform my clinical practice.

Risks: My participation in this study will entail that I volunteer information regarding my experiences as a therapist and this may cause me to feel minor emotional discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks and should I experience emotional distress, a session of therapy will be provided for me, at no charge, to process these experiences.

Benefits: My participation in this study may increase my understanding of hope, spirituality and how I personally experience and value hope. It will also serve to contribute to the advancement of knowledge and lead to better practices among therapists when working with hope in therapy. There is scant research on couples' experiences in therapy and this research seeks to address that gap. I am aware that I will receive a token of appreciation for my participation in the form of a gift card.

Confidentiality and anonymity: I have received full assurance from the researcher that the information I share will remain strictly confidential and my anonymity will be preserved in any written reports of the research. I understand the material from my

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interview will be used only for the researcher's dissertation and journal articles. My confidentiality will be protected through coding of data (no names, places or specific identifiers will be used) and the content will be kept in a password encrypted database wherein only the researcher will have access to material. My anonymity will be protected as no names or specific identifiers will be used. Participants will never be identified according to names. Lastly, I understand that should I choose to participate in the focus group at the conclusion of the study, my anonymity will not be absolute.

Conservation of data: Data collection, transcripts of interviews and audiotapes will be kept in a locked storage container at the researcher's office. Only the researcher and her supervisor will have access to this. Data will be stored for five years following completion of the study and will be securely destroyed after five years.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time, both during the interview process and following it, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be held unless I choose to give permission to release it.

Acceptance:

I, _____, agree to

participate in the above research study conducted by

_____ of the
Department of Human Sciences in the Faculty of Counselling, Psychotherapy and
Spirituality with research under the supervision of Dr. Martin Rovers.

If I have any questions about the study, I may contact the researcher or her supervisor.
If I have any questions regarding the ethical conduct of this study, I may contact the
Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON, K1S
1C4. Tel: (613) 236-1393

Participant's signature:

Date: _____



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Appendix B

Consent Form: Clients

Study Title: *What is Hope: Therapist and Client Perspectives from Couples Therapy*

Danielle Vriend Fluit, PhD Candidate, Saint Paul University,

Martin Rovers, PhD, Thesis Supervisor

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Danielle Vriend Fluit. The purpose of the study is to explore and define hope within a therapeutic context, specifically within couple therapy. I will be asked to expand and elaborate on specific moments in therapy and provide my own definitions or understandings of hope. This process will take approximately one and a half hours in total and will run from October 2015 until December 2016.

Risks: My participation in this study will entail that I volunteer personal information regarding my experiences in a therapy session and this may cause me to feel minor emotional discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks and should I experience emotional distress, a session of therapy will be provided for me, at no charge, to process these experiences.

Benefits: My participation in this study may increase my understanding of hope and how I personally experience hope. It will also serve to contribute to the advancement of knowledge and lead to better practices among therapists when working with hope in therapy.

Confidentiality and anonymity: I have received full assurance from the researcher that the information I share will remain strictly confidential and my anonymity will be preserved. I understand the material from my interview will be used only for the researcher's dissertation and journal articles. My confidentiality will be protected through coding of data (no names or specific identifiers will be used) and that the content will be kept in a password encrypted database wherein only the researcher will have access to material. My anonymity will be protected by using no names or specific identifiers. Participants will never be identified according to names.

Conservation of data: Data collection, transcripts of interviews, audiotapes and videotapes, will be kept in a locked storage container at the researcher's home office. Only the researcher and her supervisor will have access to this. Data will be stored for

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five years following completion of the study and will be securely destroyed after five years.

Compensation: I am also aware that I will receive a small token of appreciation for my participation in the form of a \$25 gift card for a local store following the interviews.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time, both during the interview process and following it, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be held unless I choose to give permission to release it.

Acceptance:

I, _____, agree to

participate in the above research study conducted by

_____ of the
Department of Human Sciences in the Faculty of Counselling, Psychotherapy and
Spirituality with research under the supervision of Dr. Martin Rovers.

If I have any questions about the study, I may contact the researcher or her supervisor.
If I have any questions regarding the ethical conduct of this study, I may contact the
Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON, K1S
1C4. Tel: (613) 236-1393

There are two copies of the consent form, one of which is mine to keep.

**Participant's
signature:** _____

Date: _____

**Ethics Certificate
Research Ethics Board (REB)**

REB File Number 1360.7/15

Principal Investigator / Thesis supervisor / Co-investigators / Student

<u>Last name</u>	<u>Name</u>	<u>Affiliation</u>	<u>Role</u>
Vriend Fluit	Danielle	Faculty of Human Sciences	PhD Candidate-PI
Rovers	Martin	Faculty of Human Sciences	Thesis supervisor

Type of project PhD Thesis

Title What is hope: Therapist and Client Perspectives from Couples Therapy.

<u>Approval date</u>	<u>Expiry Date</u>	<u>Decision</u>
16-10-2015 <i>(dd-mm-yyyy)</i>	15-10-2016 <i>(dd-mm-yyyy)</i>	1 (approved)

Committee comments

**The Research Ethics Board (REB) approved the project.
The researcher is invited to use the reference number 1360.7/15 when recruiting participants.**

In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Signature



Louis Perron
Chair
Research Ethics Board (REB)

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Appendix D

October 9, 2015

File Number: 1360.7/15

To The Ethics Committee,

Thank you for your reply and please find these comments and additions in response to your requests:

1. **Additional Counselling Centres and Authorization:** the counselling centres that will be contacted in addition to Saint Paul Counselling centre are the Ottawa Couple and Family Institute (OCFI) and Capital Choice Counselling. Authorizations will be obtained through contact with the directors of each centre asking for permission to distribute the research study poster (see attached - Poster).
2. **Client Recruitment:** More clarification is added to the ethics application. Clients will be recruited through a client recruitment letter given to them by their current therapist (see attached - Client Recruitment Letter)
3. **Consent Forms:** SPU logo and pagination have been added to both consent forms, to research poster and to both recruitment letters (see attached – consent forms and recruitment letters)
4. **Location:** It is specified in both the ethics application and the consent form that interviews will take place at Saint Paul University, at the office of the therapist or at a confidential location as per the participant's request, if preferred.
5. **Data Storage:** It also indicates that data will be stored in a secure and locked file in the researcher's home office. This information has been added to the consent forms and to both recruitment letters.
6. **Therapist Anonymity:** In both therapist consent form and therapist recruitment letter it clearly states that should therapists choose to attend the focus group, they are willing to forgo their anonymity.
7. **Partner's Consent:** Both partners of the couple must agree to be interviewed and will be interviewed together. Both partners must sign their own consent form.

Thank you,
Danielle Vriend Fluit



Appendix E

What is Hope?

Research Study on Hope in Couples Therapy

Primary Researcher: Danielle Vriend Fluit, PhD Candidate

Thesis Supervisor: Dr. Martin Rovers

Therapists are invited to participate in a research study exploring the role of **hope** in therapy. The study is looking for **couple therapists currently working with couples** who are willing to be interviewed. Therapists and their participating couple will meet with the researcher separately for *one hour* to discuss their understandings and experiences of hope.

Participating in this research offers therapists a chance to practice more effectively and contribute to the growing and exciting field of research on hope. Additionally, therapists will be offered the chance to attend a *focus group / workshop* once results are collected to continue professional development and better inform their practice.

If you are interested in participating or have questions, please contact: **Danielle Vriend Fluit, Ph.D Candidate**



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Appendix F

Couple Participants Recruitment Letter

You are invited to participate in a research study on the role of hope in therapy.

The interview will take approximately **one hour** in total and will include answering questions about your experience of hope in therapy and sharing moments you felt were significant with the researcher, Danielle Vriend Fluit, Ph.D Candidate from Saint Paul University. Your therapist will **not** be present at your interview. All interviews will be at the office of your therapist. You and your partner will be interviewed together.

Your participation in this study will be completely **confidential** and your identity will remain **anonymous**. Your acceptance or refusal to participate in this research will not affect the course of your therapy in any way. You have the right to withdraw from the study at any point and have the right to refuse to answer any question.

Should you choose to participate, you will be compensated with a \$25 gift card for a local store as a token of appreciation for your participation. You will also contribute to the growing field of research on hope in therapy.

Your interview responses will be transcribed and all data will be stored in a secure and locked storage unit in the researcher's home office. Following five years of the study's completion, all data will be securely destroyed. Only the researcher will have access to this data.

If you are interested in participating or have any questions, please contact:
Danielle Vriend Fluit

Appendix G

(Semi-Structure Interviews of Therapist Participants)

1. Years in practice?
2. Your gender?
3. Your theoretical orientation?
4. Your age?
5. Your ethnicity?
6. Your spiritual or/and religious affiliation?

Importance of Hope

1. How important do you consider hope to be in the therapeutic process?
2. How important do you consider *your* hope is to a positive therapeutic outcome for your clients?

Semi-Structured Interviews

1. What does hope mean to you? Please expand...
2. How do you understand / experience hope in therapy?
3. Can you expand on specific moments in session when you felt hopeful?
4. Are there words or metaphors that come to mind when you think of hope and your clinical work with couples?
5. What are some ways you try to convey a sense of hope to your couples in session?
6. How do you maintain your hope as a therapist? Please explain...
7. What would you say are your main sources of hope for your work / life?

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8. Is there anything else I have not asked about that comes to mind when you think of hope and therapy?
9. How do you understand, if at all, the relationship of hope and spirituality / faith?
Please explain.

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Appendix H (Semi-structured Interview of Couple Participants)

1. How long have you been together as a couple?
2. What are your ages?
3. What is the main reason for pursuing couples therapy?
4. How many sessions have you had in total?

1. What was significant or pivotal / helpful, or a turning point for you in your recent session of therapy? Can you elaborate?
2. What made it particularly helpful / or significant?
3. What was the impact of that specific question / statement? How did it shift something for you?
4. Were these experiences related to your hope? How?
5. How did you, if at all, experience hope in this session?
6. Can you describe a specific moment in your session where you felt hopeful?
7. Were there specific things your therapist said or did that gave you hope? Please explain...
8. What are your understandings / definitions of hope?
9. Do you think your therapist has hope for you? How do you know? What tells you this?
10. What was it like to answer these questions? How was this process for you?
11. Is there anything else you'd like to add, perhaps something I have not asked that you would like me to know?

Appendix I

(Bracketing Interview)

What does hope mean to you? Please expand...

It would be difficult to imagine a life without hope. I understand and know (on a gut, intuitive level) that hope is part of the cycle of death and rebirth, death and rebirth. This happens in nature, in our own interpersonal relationships, in my own life when I suffer and then emerge as changed and transformed. It's more to me than just cognition or setting goals – it embodies a spiritual, emotional, mental and perhaps even physical quality (for example, feeling physically lighter, lifted, less burdened).

How do you understand hope in therapy?

Therapy needs hope and it plays a crucial role. Some of this I know intellectually because I've read the research and am familiar with the literature that supports this, but I also know this clinically and experientially. It matters. Hope allows therapy to begin (from the moment the client makes the call to want something better), to continue, (client feeling hopeful enough to stick with therapy) and right to the end (the hope that you can do it on your own, eventually, outside of therapy and back into the rest of your life).

Are there words or metaphors that come to mind when you think of hope / clinical work with couples?

I often associate hope images of new life, of green, trees, plants and seedlings growing come to me. I found myself looking to include images of trees or tiny little plants growing through cracks of concrete. I also realize that fear and hope can live side by side.

What are some ways you try to convey a sense of hope to your couples in session?

I do it more implicitly than explicitly although I will speak to hope directly at times. Oh, I'm thinking of one of my early supervisors who told me she keeps a candle in her therapy room and lights it before every session as a reminder that something sacred is happening during the hour and that there is something greater than her at work as well. I often think about that image. First, I think my couples need to know that I believe in this process and I believe in them and their ability to do this very hard work. Secondly, I have hope (most of the time) in my ability as a therapist to join my clients in their stuck moments and to validate their experiences. I have hope in the process of couples' therapy and while it sometimes doesn't go the way I initially thought it might, I do believe my couples will find their way. I've been influenced by my Christian faith and its meaning of hope – hope in Christ. It's finding healing, rising out of ashes, walking out of the tomb, new life out of what was once dead. Also, I hold Satir's core belief that we are all capable of change, regardless of where we come from.

How do you maintain your hope as a therapist? Please explain...

Through my faith, through my family and friends who surround me with love, keep me grounded, and remind me of what is truly life-giving, through the beauty of nature and immersing myself in nature in order to be reminded of what is beautiful, through the cycle of life and the patterns of nature. I also tend to relish even more in spring now as a

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sign of hope after winter. Although a friend of mine, who is a horticulturist, explained that even in the dead of winter, plants and seedlings are still active in their dormancy, readying themselves to grow and that became a metaphor that I reflected on and could hang on to. I like that idea – being active still in dormancy.

What would you say are your main sources of hope for your work / life?

I also find there's tremendous hope in journeying with my clients through their dark times and parts of themselves and seeing them emerge changed. I have hope in what therapy can offer people and peoples' capacity to choose better.

How does spirituality, if at all, inform your therapy?

It's something I am very open to exploring with my clients – what it means to them whether it is a resource to them or a liability. If it's a resource to them, I will integrate that as an asset available to them, as part of their resilience. If a liability, I would be curious what that's about for them. It's always directed by the client, using their language so I know better how to join / enter their world, their meaning-making.

How do you think this translates it all into your understanding of hope in therapy, if at all? Please explain.

Hope is embedded in my spirituality and part of my faith.