Hope and the therapeutic relationship:

An 'Interactive Dance'

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Declaration

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Introduction to the portfolio

This section will introduce the three components of the Doctoral portfolio, which comprises a research study, clinical case study and literature review. The central theme of the portfolio concerns the importance of both hope and the relationship to the therapist's work.

The central theme was not fully formed at the outset but was one that evolved organically over the course of my doctoral training. As a trainee counselling psychologist keen to improve my practice I took an interest in research that attempted to identify the factors that contributed to successful therapeutic outcomes. In parallel to this I was immersing myself in the humanistic ethos of counselling psychology and its emphasis on the therapeutic relationship. Perhaps unsurprisingly these two interests overlapped and I became fascinated about the role of the therapeutic relationship in successful client outcomes.

The opportunity to explore my interest further arrived when I was required to undertake a literature review as part of my first year training. Curious to broaden and deepen my understanding I sought to investigate whether more effective therapists made greater use of relational factors in their work. It was during this time while examining common factors research that I became aware of the findings supporting the importance of clients' hope to a successful therapeutic outcome. Although I found the research that I had read on hope to be thought-provoking and relevant to my clinical work I had not yet read nor conceived of hope in relational terms and so it was not included in my literature review. Shortly thereafter and no doubt triggered by my readings on hope and developing reflexivity I began to become aware of my own experiences of hope in my clinical work. Once I began tuning into what I considered to be 'my hope' I became aware of its power to seemingly help or hinder me and the extent to which it could fluctuate depending on my view of my client. This experience led to a curiosity about the role of therapists' hope in their work which upon investigation I found to have been largely overlooked by researchers when compared to the research being conducted on how therapists could foster hope in their clients. As I became increasingly aware of the gap in the hope literature and keen to know more I endeavoured to undertake my research focusing on therapists' experiences of hope

in their clinical work. Included in my portfolio is a client study, which, given my interest, considers the role of hope in a CBT study involving a client with OCD. The client study was written up before I had begun the data collection stage of my research.

It could seem, as it initially did to me that while my interest remained with the therapist I had shifted the focus from the therapeutic relationship to hope, but as my research evolved I began to see that hope and the relationship were inexorably intertwined[1]. This was something that evolved steadily and it was only after completing my research study that I could see that the three components that now comprise the portfolio could be subsumed under the central theme of hope and the relationship.

My understanding has evolved to a place where I consider a therapist's hope to be a form of relating as it is always a hope for or in something or someone. Furthermore establishing a therapeutic relationship is by no means guaranteed so the very act of reaching out and relating can be considered to be an action imbued with hope. Within therapeutic work I consider hope and the relationship to be mutual and it seems inconceivable that one could exist without the other.

Importantly I have not amended my literature review or client study to reflect the findings of my research study as I feel that they provide an overview of my professional development and when taken as a whole show my evolving understanding of the portfolio's central theme.

Sections of the Portfolio

Section A: Research Study

This study explores practitioner psychologists' understanding and experience of their own hope in their clinical work. The study adopted an Interpretative Phenomenological methodology (IPA). Three master themes emerged from the data: making sense of hope, hope is intrinsic, and responsibility towards hope. The implications of the findings for counselling psychology and suggestions for future research are explored in the discussion

[1] The second part of the portfolio title 'interactive dance' can be attributed to one of the research participant's understanding of hope as existing within the therapeutic relationship.

along with limitations. This was the final component to be completed and presents findings which I feel tie the portfolio together.

Section B: Client Study

The client study considers the important role that hope plays for both the client and therapist. It focuses on my work with a client who had been assessed as having OCD. Whilst utilising a CBT approach it also includes hope theory. The study focuses on the introduction, development and evaluation of therapy. Upon reflection it can be seen that my experience and understanding of hope as discussed in the study resonate with some of the findings in the research study which were to emerge over a year later.

Section C: Critical Literature Review

The critical literature review attempts to answer the question of whether more effective therapists make greater use of relationship factors. The review contains an appraisal of key relationship factors mediated by the therapist as well as a discussion of limitations, implications and suggestions for future research. This was the first component of the portfolio to be completed and was undertaken prior to my having explicitly formed the research question for my study. Noteworthy is that the research studies' findings suggest the possibility that the relationship factors explored in the literature review could actually be understood as the mechanisms through which therapists foster hope in themselves and their clients.

Section A: Research Study

How do practitioner psychologists' understand and experience their own hope in their clinical work?

Abstract

Within psychotherapy research there is a general consensus on the important role that clients' hope plays in successful therapeutic outcomes. However little is known about how practitioner psychologists understand and experience their own hope in their clinical practice. It is anticipated that focusing on this under-researched phenomenon will provide initial insight into the role that their hope plays in their work with corresponding implications for practice. This research study investigated practitioner psychologists' understanding and experience of their own hope in their clinical work. It employed an Interpretative Phenomenological Analysis (IPA) methodology with semi-structured interviews used as the means of data collection. Eight qualified practitioner psychologists (six counselling, two clinical) were interviewed, with the transcripts of their interviews analysed in accordance with the IPA method. Three master themes emerged from the data: Making sense of hope*,* which explores the participants' attempts at articulating their understanding and experience of hope in their clinical work; hope is intrinsic*,* which explores the innate and essential role that the participants' hope plays in their work; and Responsibility towards hope*,* which explores the responsibility that participants felt towards sustaining hope. The themes were explored and interpreted using the extant literature on hope. Accounts of the participants' understanding and experience of hope are presented. The findings suggest a number of implications for the practice of counselling psychology and the wellbeing of counselling psychologists. These include the understanding of the therapeutic relationship as a key source of psychologist hope, the necessity of the psychologist having hope to engage in clinical work and the importance of the psychologist aligning their hopes to their clients'. The findings are discussed as well as limitations of the study and suggestions for future research.

Literature Review

The literature review is comprised of six parts, beginning with an overview of how hope has been conceptualised. Secondly it will discuss the role of hope in human living. The third part will examine the importance of hope in therapy. Part four concerns the importance of therapists' hope for a good outcome and for therapists' wellbeing. The fifth part will review existing research concerning therapists' hope. Attention will then turn to the present study, providing a rationale for the study and a clarification of its relevance to counselling psychology.

Introducing Hope

"*Dum spiro, spero*, While I breathe I hope"

Cicero

Spoken more than two thousand years ago, the words of the great Roman orator capture the sense that hope is a universal phenomenon, inexorably intertwined with the act of living. It "has been 'hailed by thinkers of every age from Aristotle to Marcel. It has been endorsed by the spiritually minded as well as the most atheistic philosophers and scientists. Practitioners of every healing art have prescribed hope" (Scioli, Rici, Nyugen, & Sciloi, 2011, p.1). Given its seeming importance to human existence what then is hope? Despite its seeming universality a straightforward explanation has been hard to find (see Jevne, 2005 for a historical overview of hope). By way of example it has been venerated as "a psychic commitment to life and growth" (Fromm, 1968, p. 13) and condensed to "an expectation greater than zero of achieving a goal" (Stotland, 1969, p.2). According to the late Reverend and Psychologist David Smith the experience of hope remains so basic and pervasive in our human existence that it appears somewhat amorphous and ambiguous, noting that hope has been understood variously as an emotion, an act, a virtue, a habit, an attitude and a passion (Smith, 2007).

Conceptualising Hope

Whilst discussions around hope were largely the preserve of theologians (see for example Moltman, 1967; Pieper, 1986) and philosophers (see for example Kierkegaard, 1844; Marcel, 1962; Rorty, 1999) since the 1960's researchers in the 'scientific' helping professions,

recognising the complexity of hope as a concept, have attempted to identify its key characteristics.

Whilst understood as an essential part of early human development (Erikson, 1968) there exist numerous definitions, models and frameworks by which to conceptualise hope (see Eliott & Olver, 2002 for an overview). A widely regarded definition of hope was provided by a nursing researcher, Stephenson (1991), who following a review of the construct explained it as "a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfilment that is personally meaningful" (p. 1459). Stephenson, according to Larsen, Edey and Lemay (2007), manages to capture many of the key characteristics of hope that have been identified by other researchers. In particular the definition overlaps with the comprehensive meaning framework of Dufault and Martocchio (1985) which recognises hope as having two spheres and six shared dimensions. The two spheres concern generalised and particularised hope and contain six dimensions: affective, cognitive, behavioural, affiliative, temporal and contextual. Within their framework generalised hope can be understood as a non-specific positive life orientation, in contrast to particularised hope which is focused on a specific outcome. The difference between generalised and particularised hope appears similar to the distinction articulated by philosophers such as Godfrey (1987) who contrasts 'ultimate' (i.e. specific) with 'fundamental' (i.e. generalised) hope.

In addition to the work of Dufault and Martocchio (1985) it is worth noting the contribution of the late Charles Snyder who with his colleagues (Snyder, 1995; Snyder, Harris, Anderson, Holleran, Irving, et al., 1991) proposed a goal-focused perspective on hope where hope can be understood as a combination of identified goals and pathways to meet them and agency towards achieving them. Whilst considered by some (e.g. Te Riele, 2010) to undermine the complexity of hope and to encourage the labelling of people as high or low hope it has led to the development of state, trait and children's hope scales (Snyder, 2002) which have been used to examine hope and goal attainment and the relationship between goals and life outcomes (see for example Chang & DeSimone, 2001). Of further note is the model developed by Morse and Doberneck (1995) who are in the minority of researchers in explicitly including elements of hope which suggest that it can be difficult to maintain, as hoped for things or situations are often difficult to achieve, hence the need for hope. Their

seven component model of hope included components confirming that hope entails a bracing for negative outcomes, and a determination to endure.

The apparent challenge in conceptualising hope was evidenced by a meta-analysis of 46 articles involving hope in nursing research which concluded that there was a lack of precision regarding the description of hope across the studies (Kylma & Vehvilainen-Julkunen, 1997). The difficulty amongst researchers in coming to a consensus regarding hope has been attributed, in part, to the failure of researchers to understand its variety of versions (Eliott & Olver, 2002). This flexibility of meaning sees hope functioning as a noun, a verb, an adjective (hopeful) (Farran, Herth & Popovich, 1995) and an adverb (hopefully) (Eliott & Olver, 2002).

Eliott and Olver (2002) in a study on the discursive properties of hope amongst cancer patients found that participants' hope encapsulated a variety of meanings, with participants switching between different versions of hope depending on what they were discussing. They identified a reciprocal relationship or hoping process involving three versions of hope. Hope was firstly recognised as a noun which existed objectively as an entity, and which could go up or down or be gained or lost. Secondly, it was recognised as a subjective noun which could be discovered, possessed or internalised by the person. Thirdly, it was understood as existing as a verb, introducing a subject who does the hoping.

Elliott and Olver, 2002 in their concluding comments suggest that instead of trying to define a 'true hope' which unwittingly diminishes it researchers should acknowledge its range of meanings. They propose that through focusing on the specific meaning of hope for specific patients at specific times researchers could develop a taxonomy of hope which better illuminates its range of functions.

Differentiating Hope

One of the added difficulties in understanding hope is that it has not been seen as a psychological construct but exists in general use as a folk concept (Larsen & Stege, 2010b). Combined with its flexibility of meaning it is perhaps unsurprising that it is used synonymously with a range of other concepts such as optimism or desire. In an attempt to distinguish hope from seemingly related affective states Bruininks and Malle (2005) carried out a quantitative analysis on hope and the folk concepts, optimism, want, desire, wish and

joy. Their findings suggested that hope was distinct from the other affective states in being understood as both an emotion and cognition, in contrast to optimism which was understood as primarily cognitive or desire which was viewed as an emotion. According to the authors hope differentiated itself in that it "enables people to maintain an approach related state despite their present inability to reach the desired outcome" (Bruininks & Malle, 2005, p.338).

Hope and Despair. Despite the overwhelming positive associations with hope it is worth noting that it has not been universally lauded, with the ancient Greek tale of Pandora understanding hope as one of the ills intended to torment mankind (Eliott, 2005). Although this view has shifted in the west over the centuries, hope remains for some therapists a false and naïve belief for a positive future (Omer & Rosenbaum, 1997). Whilst it was previously hope that was avoided it appears that with hope at a premium it is now despair which we seek to avoid (O'Hara, 2011). Despair like hope can be used as a noun denoting the complete loss or absence of hope and when understood as a verb, is losing or being without hope (The Oxford English Dictionary, 2012, p. 192).

Although despair is generally believed to be something best avoided, existential philosophers consider this to be impossible as they understand despair as an unavoidable part of the human condition (Spinelli, 2009). For Kierkegaard (1980) despair was understood to be at the heart of unavoidable life tensions. These tensions can be conceived as existing within two intersecting polarities, the polarity between 'possibilities' and 'limitations' and the polarity between 'reality' and 'imagination'. In Kierkegaard's developed view despair occurs when people are unable to balance these tensions through overemphasising one polarity at the expense of another. For instance we may overemphasise our limitations and fail to recognise our possibilities. As such our aim should be to navigate through these polarities of despair, fuelled by a hope that we will be able to balance them.

For Viktor Frankl (1959) hope was equated with meaning and value in life whilst hopelessness was akin to having no meaning. Importantly both Frankl (1959) and Kierkegaard (1980) understood that hope could arise from situations of despair and facilitate the search for meaning in challenging situations.

O'Hara (2011) has further sought to underscore the value of despair, making the point that despair can serve us in ways that hope cannot. He explains that hope is often misunderstood as optimism for the future, which if indiscriminate is akin to false hope. He contrasts this with genuine hope which he sees as grounded in reality. Whilst recognising despair as a potentially dangerous process he cites Palmer (2000) in proposing that despair can remove our illusions or false hopes and 'introduce us to ourselves' (O'Hara, 2011, p. 325) and through working through our despair we can discover and foster genuine hopes. This view of hope and despair as reciprocal rather than opposites has been endorsed by others, including the family therapist Carmel Flaskas (2007) who rejects the simplistic notion of hope and despair as inverse and instead sees them as mutually coexisting. In her view people (clients and therapists alike) are able to hold dual positions being simultaneously hopeful and despairing.

The Importance of Hope in Human Living

Over the past thirty years researchers have increasingly demonstrated the positive role that hope plays in human living (Eliot, 2005) with higher hope being found to be consistently and robustly associated with life satisfaction (Park, Peterson, & Seligman, 2004). Following the emergence of hope theory (Snyder et al., 1991), and the validation of associated psychometric scales (Snyder, Sympson, Ybasco, Borders, Babyak, et al., 1996) a plethora of research has been undertaken, highlighting the importance of hope across a range of outcomes. In a review of the correlates between hope and challenging life events, higher levels of hope were found to be strongly related to beneficial life outcomes (Cheavens, Michael, & Snyder, 2005). Higher levels of hope have also been shown to correlate with better psychological health (Cramer & Dyrkacz, 1998), indicators of mental health such as self-esteem (Chang & DeSimone, 2001), confidence (Snyder et al., 1991), better academic (Gilman, Dooley, & Florell, 2006) and sports performance (Curry & Snyder, 2000), better problem solving (Chang, 1998), more effective coping with physical illness (Irving, Snyder, & Crowson, 1998) and discovering value in adversity (Feldman, 2005).

In contrast researchers have found correlates between its antonym hopelessness; and suicide (Aldridge, 1998, Clarke, Beck, & Alford, 1999) and its antecedents, such as suicidal rumination, ideation and depression (Lester & Walker, 2007; Smith, Alloy, & Abrahamson,

2006; Miranda, Fontes, & Marroquin, 2008). Hopelessness has also been recognised as a mediating variable between cognitive vulnerability and depression (Haeffel, Abramson, Brazy, & Shah, 2008). Paralleling the growth of research supporting the view of hope as essential in human living was a move to better understand the role of hope in therapy.

The Importance of Hope in Therapy

Hope has been acknowledged as an important part of the change process since the early years of psychotherapy, with Freud (1905/1968, p. 289) noting that the transformative power of psychoanalysis had much to do with patients' "expectations, coloured by hope and faith" in therapy. Despite his claim Freud appeared to write little on the subject of hope (Smith, 2007) and it was to be over fifty years before a number of psychiatrists and psychologists emphasised the role of hope in health and wellbeing. Karl Menninger (1959) perhaps leading the zeitgeist was amongst the first to raise the absence of research on hope within psychiatric literature whilst simultaneously arguing that it was an underutilised source of healing. Following him in acknowledging a focus on hope were prominent figures such as Viktor Frankl (1963), Erich Fromm (1968) and Jerome Frank who succinctly emphasised the transformative power of hope when he asserted that "hopelessness can retard recovery or even hasten death, whilst mobilization of hope plays an important part in many forms of healing"(Frank, 1973, p. 136).

The calls were acknowledged, leading to an increasing number of researchers influenced by the positive psychology movement (Seligman & Csikszentmihalyi, 2000) focusing their efforts on understanding the role of hope in psychotherapy and its significance in client change. Within common factors research hope has subsequently been identified as one of four primary factors responsible for client change across therapeutic modalities (Asay & Lambert, 1999; Hubble & Miller, 2004, Wampold, 2007). Indeed Snyder, Michael, and Cheavens (1999) like Frank before them (Frank & Frank, 1991) propose that hope serves as a unifying framework across therapies and that the placebo effect experienced by clients across therapies can be understood as the result of hope. Building on common factors research Hanna (2002) identified seven client precursors for change, including hope which Hanna considered a catalyst for the other precursors as it was able to reduce anxiety, and increase motivation and confidence in tackling problems.

Increasingly hope has also been understood as existing or emanating from within the therapeutic alliance (Bordin, 1979), which has consistently been shown to be one of the most important signifiers of a positive therapeutic outcome (Wampold, 2001). Barsan (2005) using a measure of hope scale (Herth, 1991) found that hope increased in line with the therapeutic alliance across the initial, mid and final stages of therapy. A study by Horvath & Greenberg (2004) determined that hope played a crucial role within the first month of therapy, with a content analysis undertaken by Cooper (2009) finding that as therapy progressed the clients' increasing sense of hope was related to improved outcome.

Whilst clients' hope has been shown to increase as part of the therapeutic alliance it would appear that this has much to do with the efforts of the therapist, something which has been acknowledged in a study by Tally (1992) where clients identified the best predictor of therapeutic satisfaction as their therapist encouraging them to believe that they could change their situation. Owen, Wong and Rodolfa (2010) subsequently found that a large proportion of male clients considered relational factors such as the therapist's hope and empathy to be therapeutic.

Nursing researcher Cutcliffe (2004) carried out a grounded theory study in which he interviewed 12 participants comprising bereavement counsellors and clients who had received bereavement counselling on their retrospective experiences of hope. He identified a core variable: the implicit projection of hope, containing three subcore variables: forging the connection and the relationship, facilitating a cathartic release, and experiencing a healthy (good) ending. Cutcliffe acknowledging Glaser's (2001) view of grounded theory argued that the three variables had a linear and temporal construction developing in phases and involving a cyclical process within each stage while the overarching core variable was ever present. Although focused on bereavement counselling Cutcliffe's (2004) study found that the mixed group of participants understood hope as being transformative and that it emerged and was maintained through a strong counsellor-client relationship in which the counsellor implicitly projected hope into the client and the therapeutic environment. Cutcliffe (2004), in attempting to understand how his theory of 'implicit hope projection'

compared and contrasted with Carl Rogers' (1952) core conditions, proposed that implicit hope projection may be another necessary core condition in bereavement counselling.

Given the acknowledged importance of clients' experiencing hope, attention has turned to ways in which therapists can foster hope in their clients, in other words 'how hope is and should be practiced' (Larsen & Stege, 2010b). Larsen et al. (2007) drew attention to the debate as to whether hope should be fostered implicitly or explicitly and proposed a model which allowed for the possibility of both, whereby the counsellor and client can approach hope implicitly or explicitly resulting in a number of possible combinations e.g. counsellor implicit about hope while their client is explicit about hope. Larsen et al. (2007) also identified three different stances that therapists take in working with clients' hope, recognising that hope can be instilled, found or created. Larsen and Stege (2010 a, 2010b) followed up on the initial model with a study that identified a number of implicit and explicit strategies used by therapists to foster hope in their clients. According to the authors an implicit strategy could involve highlighting a client's resources or encouraging a client to reframe a problem, whereas an explicit strategy is more direct and could involve directly asking a client about their hope.

The Importance of Therapists' Hope to a Positive Therapeutic Outcome

Despite the increasing focus on the important role of clients' hopes in therapy, and research on ways in which therapists can foster hope in their clients, there has been little research on how therapists experience hope in their work. This paucity of research may seem surprising if we accept the notion that therapists as fellow humans are equally shaped by their hopes, suggesting that their personal hopes must exert some kind of influence on their client work. The importance of therapists hope takes on further significance if we consider the research on the therapeutic alliance and the possibility that hope may be a co-creation between client and therapist (Edey & Jevne, 2003). Importantly Edey, Jevne and Westra (1998), authors of a book on hope-focused counselling maintain that the therapist and client must both possess hope for therapy to be successful as both require hope to persevere in the face of obstacles.

Whilst limited there has been some research to confirm the view that therapists must themselves be hopeful in order to foster hope in their clients (Cutcliffe, 2004; Flesaker &

Larsen, 2010). Related research has indicated that increases in levels of therapist motivation and agency correspond with increases in the client's motivation and agency (Magyar-Moe, 2003; Snyder, Illardi, Michael, & Cheavens, 2000), which could be due to therapists' hope affecting their clients. Indeed therapists' hope in their clients has been understood within Snyder's hope theory as the positive expectancy of goal attainment. Hope theory, whilst noted as being uni-dimensional (Farran, et al., 1995) may support the idea that therapists' hope in their client could lead to a more proactive stance on the part of the therapist. For instance Lopez, Snyder, Magyar-Moe, Edwards, Pedrotti et al. (2004) propose that therapists who are hopeful invest in establishing a strong working alliance which has been repeatedly shown to be one of the best predictors of outcome (Martin, Garske, & Davis, 2000). Furthermore hope has been proposed as acting like an emotional 'contagion' (Larsen & Stege 2010a), so if the therapist was feeling hopeful it would be more likely for the client to catch it.

Therapists' hope in their clients may go beyond its suggested role in directly moderating clients' hope and could actually impact on the success of therapy, irrespective of the extent to which it influences the clients' hope or working alliance. In a quantitative study (Coppock, Owen, Zagarskas & Schmidt, 2010) involving ten therapists and 43 clients, therapist-rated hope in their clients after the first and last sessions of therapy was significantly related to client outcomes, with client-rated hope found to be not significantly related to outcome. According to Coppock et al. (2010) it could be understood that therapists can achieve positive outcomes with clients who experience lower levels of hope. Drawing on Snyder's hope theory (Snyder, 2000) they propose that it is the therapists' hope reflected in their ability to see their clients' potential agency and pathways to solutions that leads to client change. Alternatively they suggest that therapists' hope may influence the client indirectly, perhaps unconsciously through positive countertransference (Coppock et al., 2010). An important caveat in generalising their findings is that the study contained a number of limitations, including the lack of any baseline to determine the degree of hope required to address X problem and a mildly distressed sample resulting in only 30% of the clients achieving a clinically significant change.

The Importance of Hope for Therapist Wellbeing

Although there appears to be strong support for the importance of therapists' hope in client outcome there is an increasing body of research in the helping professions which suggests that the therapists' degree of hope in their work is related to their wellbeing, with Edey and Jevne (2003, p.45) commenting that hope is "the fuel that keeps the counsellor going". Saakvitne (2002) maintained that psychotherapy is a profession with serious 'occupational hazards' and the assumption that helping professionals have universally high levels of hope (Westberg & Guindon, 2004; Koeing & Spano, 2007) can be questioned. A study by Woodside and Landeen (1994) on therapists working with clients with schizophrenia found that they were no more hopeful than the general population, with their hope falling after having worked with any individual client for more than five years. Research on psychotherapists working with clients with long term mental health problems has found that they frequently experienced frustration and emotional exhaustion which were understood as contributors to 'burnout' (Horowitz, 2008), a condition referred to by Snyder (1994) as an absence of hope . More recent research by Austin, Brintnell, Gobel, Kagan, Kreitzer et al. (2013) highlights the risk of burnout and compassion fatigue amongst psychologists.

Hope has been shown to be protective, reducing susceptibility to burnout amongst mental health professionals (Pines & Maslach, 1978) and to support social workers manage work stressors (see for example, Frost, 2004, Schwartz, Tiamiyu, & Dwyer, 2007) with a study by Shecther (1999) indicating that the same is the case for therapists. Given that hope has been understood as "our most essential commodity as therapists" (Saakvitne, 2002, p. 338) it seems unusual that there has been so little attention paid to how therapists experience hope in their work. What follows is a review of the few research papers that have been identified as attempting to address this gap in the literature.

Therapists' Experiences of Hope

Flesaker and Larsen (2010) investigated how five Canadian counsellors who reintegrated women on parole into the community (reintegration counsellors) fostered and maintained hope in their work, including their personal descriptions of hope. Employing a thematic analysis on data obtained from semi-structured interviews they identified hope as playing

an important role in their work, encapsulated in an overarching theme which they labelled 'Maintaining a Hope-Seeking Orientation'. The participants in the study described how their striving to maintain a hopeful orientation sustained them through client difficulties and supported them when their own hope was threatened by work-related challenges. Within the theme were five subthemes. The first subtheme, 'understanding of hope' described how their hope motivated and inspired them to handle difficult work situations.

Within this subtheme participants characterised their hope as: temporal, relational, necessary and underpinned by personal meaning. The authors noted that the participants may have been particularly aware of the importance of hope given the serious client issues that they faced. The other four themes identified the ways in which the participants supported their hope during their work, through; seeing life as a journey, maintaining a hopeful life perspective, retaining down to earth expectations and viewing hope as a learnable skill.

Whilst offering initial insight into how counsellors understand and maintain hope the study did have a number of limitations. One of the limitations concerned the ability to theoretically transfer findings to the broader therapeutic community on how hope is experienced. The small sample of five reintegration counsellors contained members of four different professional groups, identifying themselves as: therapist, chaplain, community support worker and prison liaison. These are roles with a wide array of different trainings and as such it may be a stretch to transfer their findings to practitioner psychologists. Notwithstanding this the fact that the researchers were able to identify themes across a disparate group, albeit one that worked with the same population, could suggest that their findings are applicable to a broad cross section of helping professionals. Another limitation raised by the researchers is that the reintegration counsellors and their clients were all female. They were therefore unaware if male counsellors working with male clients would have had broadly similar or differing accounts of hope. The counsellors were additionally working with a challenging client group and it is difficult to know if clinicians working with less demanding groups would conceive of hope in the same way. A final consideration and one acknowledged by the researchers is their epistemological position, which they recognise as constructivist and exemplified by their view that their analysis of the data was more akin to constructing than discovering emergent themes. Taking this further it could be

useful to consider that the first author had previously worked as a reintegration counsellor and was the one who carried out the interviews and took the lead on analysis. Although the first author acknowledges this, suggesting a reflexive awareness, they are nonetheless both 'hope scholars' and it may therefore be unsurprising that they would find hope to be central to the work of reintegration counsellors. However their identification of the importance of a hope-seeking orientation, encapsulated in their phrase and title of their paper, 'To offer hope you must have hope', offers initial insight into how helping professionals understand, foster and maintain their own hope.

Crain and Koehn (2012) citing Cutcliffe (2004) and Edey and Jevne (2003), maintain that as helping professionals must be hopeful themselves in order to foster hope it is important to understand how they experience and maintain their own hope. To investigate this they carried out a hermeneutic phenomenological inquiry in Canada, exploring six female domestic violence support workers lived experience of hope. Four themes were identified: hope is visceral, hope is contextual, hope is mutual, hope is a journey. 'Hope is visceral' had three subthemes which described the physical sensation of hope in significantly positive terms; they included experiencing hope as vivacious or physically exciting, experiencing feelings of serenity or contentment and feelings of catharsis, as if a weight had been lifted.
'Hope is contextual' had three subthemes, understanding hope as being a shared experience based on compatibility of lived experience with the client, being influenced by organisational factors such as funding and colleagues and being boundaried with a separation between work and home life. 'Hope is mutual' described support workers' understanding of inspiring hope as an interaction between themselves and their clients and other people in their lives. They understood hope as being contagious, and something they experienced when believing they had made a difference for their clients and which was sustained by a collegiate atmosphere with fellow colleagues. The final theme 'hope is a journey' revealed the support workers' understanding that finding and maintaining hope in their role takes time and effort and involves ongoing personal growth, experiences of witnessing client change and observing a shift in societal attitudes to violence against women.

The study in conjunction with Flesaker and Larsen's (2010), helps to illuminate the ways in which hope is experienced amongst health professionals, in particular providing a multifaceted view of hope as a phenomenon that is visceral, contextual, mutual and understood as a journey. Whilst revealing, the study contained a number of limitations in transferring the findings to a broader group. As with Flesaker and Larsen (2010) the sample was all female, working with an all-female population. Working with an all-female population leaves open the possibility that it may not be representative of how male support workers would experience hope or indeed if they would experience it differently if they also had male clients. Another limitation in transferring the findings to contexts beyond domestic violence support concerns the lack of information on the level of training and duties required in their role, making it difficult to ascertain how similar their experience of hope in their work would be to practitioner psychologists'. A final consideration concerns the lack of any discussion on the epistemological position taken by the researchers, which, given that they have employed a hermeneutic phenomenological approach, could be considered something of an omission. Whilst the authors do take time to describe their method (Van Manen, 1997) and evaluative criteria (Lincoln & Guba, 1985), it is left to the reader to assume the epistemological stance, making it difficult to determine the ways in which the researchers' stance influenced the emergence of their identified themes.

O'Hara and O'Hara (2012) carried out a qualitative study in Scotland aimed at exploring how therapists conceptualise and operationalise hope. Sixty-five trainee and experienced counsellors completed a short answer questionnaire asking them about the strategies they used to foster hope in therapy. An additional 11 experienced counsellors were interviewed about their view of the nature of hope and how they operationalised it in therapy.

Attention will turn to the interview data which was analysed collectively with the questionnaire data using a grounded theory approach (Strauss & Corbin, 1998). Five core categories were identified: nature and source of hope, hope stance and orientation, blockages and difficulties in maintaining hope, the dialectic nature of hope and despair, and hope-focused strategies. The first category referred to how participants understood and sourced hope. Their understanding had much in common with existing research, identifying hope as an expectation of a positive future, with some participants understanding hope

contextually through the way they sourced it, either internally (e.g. validating the self) or externally (e.g. interpersonal support). The second category addressed the therapists' individual stances towards hope based on what they hoped for, with some holding a primary stance, e.g., hope in human potential or the possibility of change, and others holding multiple stances. The second category also included the more specific hope orientation of the therapist towards the client, with four foci emerging, hope in the client, hope for the client, hope in the counselling process and hope in life. The third category had two subcategories, identifying blockages to the client gaining hope and difficulties for the therapist maintaining hope. The difficulties in maintaining hope all involved the client, including a lack of client engagement, a poor therapeutic alliance, the therapist feeling hopeless which was considered as transference, poor agency on the part of the client and external factors such as restrictive socio-economic circumstances of the client. The fourth theme, expressed by six of the participants, was an understanding of hope and despair as two sides of the same coin, with despair providing a catalyst for the emergence of hope. The fifth and final theme identified the range of different ways that therapists attempted to engender hope.

Of further note were some observations about hope in the reflexivity section where the researchers became aware through the interviews of how "mercurial it was as a concept to explicate" (O'Hara & O'Hara, 2012, p. 54). Furthermore they observed the recognition amongst participants that they had not previously noticed the role of hope in their work, realising that their reflections had been implicit.

The aforementioned study appears to be the first to interview a more general population of therapists about their understanding and experiences of hope, resulting in the possibility of a greater transfer of findings to other contexts or settings. That the researchers provide a breakdown of descriptive statistics, including age range, gender, therapy orientation, and years' experience suggests that a broad group of counsellors have been interviewed. However the most evident demographic critique is that of the 11 interviewees only two were male, suggesting that male counsellors' experiences of hope may have been underrepresented. Additionally whilst the authors offer a detailed account of how they undertook the analysis and cite Elliott, Fischer and Rennie (1999) in recommending that

researchers remain wary of their pre-understandings, they fail to acknowledge their epistemological position. Acknowledging their epistemological position would have been advantageous given the divergence of methods within grounded theory (Glaser, 1998) and the fact that there is disagreement within the grounded theory community as to what ontological and epistemological position underpins Strauss and Corbin's (1998) approach (see Charmaz, 2000). Given a lack of acknowledged epistemological position it is difficult to determine for example the degree to which the researchers understood their categories and subcategories as having been extant phenomena that they uncovered or social constructions of the mind.

Irrespective of the aforementioned limitations through carrying out an analysis with a larger and broader sample the authors have identified a number of themes which provide greater insight into therapists' views of their hope and how they operationalise it. Furthermore the author's observation that therapists' hope is largely implicit and outside of conscious awareness is intriguing as it raises questions over the extent to which they may be unwittingly influenced by their hopes.

The final study to be reviewed is the first to explore psychologists' experiences of hope. Larsen, Stege and Flesaker (2013), recognising that psychologists' experiences of hope have been neglected, carried out a qualitative study investigating psychologists' in-session experiences of hope. Five female psychologists working with eleven client-participants took part in the research. Video recording was used to capture a single session of therapy within the first three sessions for each of the 11 sessions. Within 48 hours of the session the psychologists and their clients were interviewed separately while watching the video of the session. Interpersonal Process Recall (IPR) (Larsen, Flesaker, & Stege, 2008) which requires individuals to focus on thoughts and feelings from an earlier interaction, in this case the recorded session, was used in the interviews. The data was analysed using thematic analysis, identifying three categories: psychologist self-influence on hope, client factors impacting psychologist hope and psychologist hope within the therapeutic relationship.

The first category contained three subcategories: intentionally attending to their own hope, feelings about their competence during the session, and psychologists' projections about the future. The first subcategory revealed how the psychologists would intentionally raise their own hopes during the session through influencing the conversation. The second subcategory identified the importance of psychologists' sense of competence to their hope with psychologist's perception of their competence influencing their degree of hope. The third subcategory concerned psychologist's internal dialogue, where they developed either positive or negative narratives about the likelihood of therapeutic success based on their understanding of their clients' progress.

The second category contained two subcategories which impacted on the psychologists hope: clients' presentation in early sessions and client progress. The first subcategory revealed that clients' presentations were assessed for signs of hope in early sessions, with the psychologist's hope influenced by signs that the client would be able to make use of therapy. The second subcategory identified that further into therapy psychologists' hope was fostered by signs of client progress.

The third category contained three sub categories; therapeutic connection, empathic hoping, and shared responsibility. 'Therapeutic connection' revealed that therapists hope was strongly supported by the sense of connection that they felt with their clients. Of note is that the interpersonal connection was something that was hoped for by the therapist as well as something that they took as a sign of hope for a good outcome. Furthermore the psychologists explained that they drew hope from the clients' trust in the relationship, which was sometimes evidenced through the client showing vulnerability. 'Empathic hoping' concerned the psychologists' understanding that their experience of hope during the session was influenced by their perception of their clients' hope with the psychologists' using a number of metaphors, describing hope as a 'mirror' of the clients' or as a back and forth dance. There was also recognition amongst the psychologists' of the need to connect with the clients' hopelessness whilst staying in touch with their own. 'Shared responsibility' revealed the psychologists' understanding that their hope was sustained when they believed that the client was fully engaged in the process. Some psychologist's also reported

that their hope increased when they felt their client was taking more ownership with a reduction in hope occurring when they felt that they had to increase their responsibility.

Larsen et al. (2013) summarised their findings as indicating that psychologists' hope was tied to their capacity to picture a positive future for their client and their work together. They also understood psychologists' hope as being both outcome and process focused, for example hoping in the therapeutic relationship. In addition they reported that, whilst psychologists' realised the importance of maintaining their own hope they also revealed that their own experiences of hope and hopelessness in session could provide them with information about their client as well as themselves. Whilst the authors failed to discuss any limitations to their study a few have been identified which will now be discussed.

In contrast to the study by O'Hara and O'Hara (2012), Larsen et al. (2013) acknowledge their epistemological position as interpretivist and document the steps they took to remain reflexive, such as using individual research journals and maintaining a team blog. However, whilst they maintain that their study shows psychologists' as being able to discuss experiences of hope in their session and to take action to support it, they do not expand on the fact that all the psychologists' had participated in formal hope education, such as hope-focused counselling psychology practice. This seems something of an omission as it is difficult to determine how psychologists' who had not received such training would have fared, would they have been as aware of their hope in session, and furthermore how good would they have been at identifying hope-related experiences when watching themselves on video? Furthermore how did being aware that the psychologists' had undergone hope training influence the direction of the interview and the identification of the themes?

A further critique relates to the sample size which comprised five female psychologists, three of whom were qualified and two who were in training. As with the previously discussed studies it is difficult to ascertain if male psychologist's, may have experienced or emphasised hope in different ways. Furthermore the small samples, inclusion of trainees could have influenced the emergence of subcategories such as 'self-perception of confidence' and it would be interesting to see if this theme came to the fore in a group comprised solely of experienced psychologists. Taking an alternate view it could be seen

that the distinctions evident between experienced and less experienced psychologists provide an opportunity for knowledge transfer from more seasoned psychologists to those embarking on their journey.

The Present Study

Four studies were identified that have explicitly addressed 'therapists' experiences of hope within their work. Flesaker and Larsen (2010) questioned how reintegration counsellors fostered and maintained their hope with Crain and Koehn (2012) subsequently investigating how domestic violence support workers both experienced and maintained their hope. Owing to these studies, a picture has begun to emerge of how therapists not only foster and maintain their hope but also how they experience it. Notwithstanding this, it is difficult to engage in a theoretical transfer of their findings to a broader group such as practitioner psychologists, as both Flesaker and Larsen (2010) and Crain and Koen (2012) focused their attention on female therapists working in specialised roles with niche female client groups. Given this the present study seeks to focus its attention on practitioner psychologists' working across a range of clinical roles and client groups.

O'Hara and O'Hara (2012) sought to understand how therapists conceptualise and operationalise hope. Whilst awareness is growing of the importance of therapists' hope for a successful therapeutic outcome (Flesaker & Larsen, 2010) and therapist wellbeing, (Shecther, 1999), only a limited knowledge base exists about how psychologists' experience hope. Flesaker and Larsen (2010) maintain that 'To offer hope you must have hope', at present much of the research has been focused on ways for therapists' to 'offer' hope with little attention paid to understanding how therapists 'have' hope. It would therefore seem premature to replicate the O'Hara and O'Hara (2012) study in seeking to understand how psychologists operationalise or mobilise hope with their clients before having gained an initial insight into how therapists experience and understand their hope and the influences it has upon themselves and their work. The present study will therefore seek to focus on psychologists' personal experience of hope in their work with the intention of addressing this gap in the literature.

In the sole identified study addressing psychologists' experiences of hope, Larsen et al. (2013) focused on psychologists' in-session experiences of hope with hope-trained

psychologists'. It was felt that the study's focus on a specific session was somewhat prescriptive, and as a consequence the present study will seek to focus on the broader and deeper experience of hope by not being prescriptive with regards to the experiences that the participants share. Finally as Larsen et al. (2013) interviewed hope-trained psychologists, which could be considered unusual, the study will not stipulate any need for formal education or training in theories of hope. It is anticipated that this will contribute to findings that are drawn from a broader and more representative sample of psychologists.

For this study Interpretative Phenomenological Analysis (IPA)[2] has been used to investigate how practitioner psychologists understand and make sense of their personal experiences of hope in their work, including what role if any it plays in their work. IPA has been selected as it allows a focus on the individual psychologist's 'lived experience' and personal meaning-making of hope which is considered to have been neglected in the previously outlined studies. Two of the previously outlined studies (Flesaker & Larsen, 2010, Larsen et al., 2013) utilised thematic analysis and one used grounded theory (O'Hara & O'Hara, 2012), which are approaches that seek to develop descriptive categories from the group of participants and as such do not prioritise the individual account. The study by Crain and Koehn (2012) utilised a hermeneutic phenomenological approach (Van Manen, 1997) which while interpretative emphasises a search for the universal within the particular, thus forsaking the primacy of the individual account. In contrast IPA's idiographic commitment to the particular over the universal should emphasise the diversity and variation of psychologists' experience as well as their similarities. Through utilising an approach that illuminates convergence and divergence amongst participants it is anticipated that the study will provide some breadth and depth to our understanding of how practitioner psychologists experience hope in their work. In line with the recommendations of Eliott and Olver (2002) the study is not seeking to define therapists' hope but could, through a focus on meaning-making contribute to a developing taxonomy of practitioner psychologists' hope.

[2] IPA will be explored in greater detail in the next section.

Relevance to Counselling Psychology

> "What truly matters in psychotherapy is no single technique but the fundamental power of the interpersonal relationship. Without a doubt, that power is hope. The therapist is the client's bridge of hope back into a liveable and bearable world." (Smith, 2007, p.97)

To date hope research in therapy has largely been concerned with investigating hope as a common factor, on understanding how and why it works and on ways to foster hope in clients. If we acknowledge the significance of hope in therapy, accept the importance of therapists' hope for their own wellbeing and in fostering clients' hope, and recognise the possibility that the therapists' hope may be more important to a good outcome than the clients' (Coppock et al., 2010), then it would seem beneficial to gain insight into how therapists experience their own hope and the ways it can influence them and their work.

Whilst awareness is increasing about the importance of therapists' hope, to date this has largely been focused on the role of therapists' hope in successful outcomes and how hope safeguards the therapists' wellbeing. Although a few studies have begun to emerge on therapists' experiences of hope this remains a neglected area, especially amongst psychologists, as only one recent study (Larsen et al., 2013) was identified which focused on their experiences of hope.

With the exception of Larsen et al. (2013), much of our understanding about how psychologists experience hope in their work is anecdotal, having been distilled from exhortations by experienced and admired clinicians and generalised from research involving related health professions. Although Larsen et al. (2013) have begun to shed light on the phenomenon, given the previously outlined limitations a number of questions have yet to be addressed or need to be further expanded on. Given the paucity of research about psychologists hope one key question for counselling psychology concerns the role of psychologists' hope within the therapeutic relationship. The therapeutic relationship which lies at the heart of counselling psychologies humanistic value base (Strawbridge & Woolfe, 2010) has been understood as central to therapeutic change (Rogers, 1957; Hubble, Duncan,

& Miller, 1999). Notwithstanding this little is known about the extent to which psychologists see their hope as distinct or existing within the therapeutic relationship. Furthermore little is known about what influences psychologists' hope and what role their hope plays in their work. For example might a psychologists' experience of hope or lack thereof impact their ability to be in relation with a client, referred to by Duffy (1990) as the key emphasis of counselling psychology?

Through illuminating practitioner psychologists' hope it is hoped that counselling psychologists, embracing their ethos of reflective practice (Stawbridge & Woolfe, 2010) and recognising the importance of self-knowledge in client work (Lane & Corrie, 2006), will be encouraged to reflect on their own experience of hope and the role it plays in their work with a view to developing their practice or embarking on related research.

Contribution to Counselling Psychology and Allied Professions

The study will seek to provide an understanding of how individual practitioner psychologists understand and experience hope in their therapeutic work. It is anticipated that this focus will contribute to a developing awareness of the role that hope plays in their work, including an understanding of the circumstances that may influence it and the impact that their hope has on themselves and their work. Through an emphasis on 'lived experience' and personal meaning making the study intends to increase the breadth and depth of our understanding of practitioner psychologists' hope and contribute to a developing taxonomy of therapist hope.

Research Aims

The aim of the research study is to investigate how practitioner psychologists understand and make sense of their personal experiences of hope in their clinical work. Interpretative Phenomenological Analysis (IPA), a qualitative methodology, has been used as it allows the researcher to explore individual therapists' 'lived experience' of hope and to consider the meaning they give to their experiences.

Research Question

How do practitioner psychologists' understand and experience their own hope in their clinical work?

Specific research aims:

1) To gain insight into their understanding and personal experience of hope in their work.

2) To understand the role that hope may play in their work, considering:

- any influence it has on them and their work
- any circumstances that may impact on their hope

Methodology

Rationale for Selecting a Qualitative Research Paradigm

This study is aiming to explore the under-researched area of the lived experience of therapists' hope within their clinical work. Assuming the more established quantitative research paradigm would therefore be problematic as it is undergirded by a positivist philosophy which adheres to the hypothetico – deductive method (McGrath & Johnson, 2003). The hypothetico-deductive method is used to verify a priori theories through the analysis of causal or correlational relationships amongst variables (Denzin & Lincoln, 2000) with the intention of identifying laws leading to prediction. In order to confirm a hypothesis there is often a requirement for larger samples which favour a nomothetic and etic perspective (generalizable and universal) over the idiographic and emic perspective (individual and particular) favoured in qualitative research (Pontoretto, 2005).

In contrast a qualitative research paradigm aims for openness to participants' experiences, allowing for the participants voices to be expressed and, following analysis, for new understanding to emerge. Furthermore, whilst a qualitative approach avoids the testing of hypotheses based on pre-existing knowledge, this does not preclude the research findings from being considered in relation to extant knowledge or indeed to be used to build up a picture of the phenomena in areas of research that have been predominantly quantitative. Where quantitative approaches provide breadth of understanding through a focus on large samples qualitative approaches can provide depth and detail, allowing participants to raise new topics that would not have been previously considered.

An additional consideration for the adoption of a qualitative paradigm has to do with the assumption underpinning quantitative approaches which sees the researcher as objective and detached (Ponterotto, 2005) from the phenomena under investigation. In contrast the qualitative paradigm assumes an interaction between the researcher and the object under investigation and assumes that this relationship will shape the research. Given that the researcher is a counselling psychologist in training investigating practitioner psychologists' experiences of hope, it seemed appropriate to select an approach which acknowledges and

accounts for the influencing role of the investigator through a focus on researcher reflexivity.

Finally, adopting a qualitative paradigm embraces what the sociologist Steve Woolgar (1988a, p. 10) has referred to as the methodological horrors of indexicality (that any understanding is contextual), inconcludability (that no understanding is final) and reflexivity (that the researchers' subjectivity influenced understanding). Given my relationship to the research[3] it is therefore seen as judicious to utilise a paradigm that explicitly acknowledges and embraces them.

Rationale for Interpretative Phenomenological Analysis (IPA)

IPA was considered alongside other phenomenological approaches, in addition to grounded theory and discursive psychology approaches, before it was selected as the qualitative method best suited to meet the aims of the research question. A brief overview will be provided of the other methods that were considered as well as their limitations before the rationale for selecting IPA is presented.

Whilst variations of original grounded theory (GT) (Glaser & Strauss, 1967) are underpinned by positivism and are largely concerned with theory generation to explain social processes (Willig, 2008), the more recent social constructionist version (Charmaz, 2006) acknowledges the reflexive role of the researcher and can be utilised to focus on individual participants' experience. However upon closer examination it was understood that this approach would lead to a descriptive and categorised account of an individual's experience in contrast to the explication of lived experience and meaning making sought by the research question.

Discursive approaches (Potter & Wetherell, 1995) were also ruled out due to their exclusive focus on discourse and how participants construct accounts of their experience. Given that the aim of this study is to identify and describe therapists' experience of hope it would likely encompass cognitive, affective and embodied aspects in addition to verbal aspects of experience. Furthermore the aim is also to learn how they make sense of their experience, which is noticeably distinct from a focus on how they construct it.

[3] My relationship with the research topic will be explored in the section titled Reflexivity

After having ruled out GT and discursive approaches, attention turned to phenomenological methods. Given that phenomenological approaches have the exploration of human experience as their aim, it was necessary to consider the range of phenomenological approaches in order to determine the most appropriate method to address the research question. Broadly speaking phenomenological approaches take either a descriptive or interpretative stance, largely influenced by the corresponding philosophies of Husserl (descriptive) or Heidegger (interpretative), or in the case of IPA draw from both. Whilst the approaches can seem theoretically distinct, the distance between description and interpretation is somewhat ambiguous (Finlay, 2011).

Descriptive Empirical Phenomenology (DEP) (Giorgi, 1997; Giorgi & Giorgi, 2003), a Husserlian method, was considered as it is a well-established and systematic approach used to investigate lived experience. DEP utilises a descriptive approach to analysis influenced by nomothetic principles which attempts to minimise interpretation in order to uncover the psychological essence of the phenomenon under investigation. Whilst initially appealing, there was a recognition that in utilising DEP as the approach the research aim would shift to an attempt to build a definitive picture of therapists' hope, which given the paucity of existing research seemed a premature and perhaps overly ambitious aim.

The Hermeneutic approach explicated by Max Van Manen (1997) was considered given its interpretative focus and recognition of the role of the researcher in the co-construction of meaning. However Van Manen's approach emphasises a search for the universal within the particular and as such does not give primacy to the individual account. Furthermore the approach eschews a prescriptive approach to analysis, believing that this could prematurely foreclose possible understanding (Langdridge, 2007). Instead it advocates flexibility and the role of the researcher in steering and immersing themselves in the analysis. Given this researcher's commitment to reflexivity and relationship with the research topic, it was felt that the lack of prescription and intertwining of the researcher with the data could result in the over-interpretation or imposition of the researcher's views onto the data. There was a concern therefore that the researcher would be more likely to see what he wanted to see.

IPA, in contrast to the descriptive and hermeneutic approaches previously outlined, draws on a range of phenomenological positions, having affinity with the positions of both Heiddegerian and Husserlian philosophers (Eatough & Smith, 2008). Its idiographic commitment focusing on the particular over the universal was seen as a real strength, as it emphasises the diversity and variability of participants' experiences. As such it would be ideal for illuminating the span of therapists' experiences of hope, in contrast to DEP which would lose the individual account in favour of the collective essence or of Van Manen's approach which would prioritise the search for universal themes.

Whilst it might initially seem that an idiographic focus would minimise the possibility of being able to generalise findings, Warnock (1987) has noted the seeming paradox that examining the particular in detail can also lead us to the universal. It could therefore be understood, that whilst IPA emphasises the breadth and depth of individual experience, it can also accommodate the subsequent identification of shared experiences, illuminating the particular as well as the universal. Furthermore, IPA's structured approach to analysis explicated in numerous papers (e.g. Smith & Osborn, 2008) was also considered important given the researcher's relative inexperience with qualitative research and the intangible nature of the topic under investigation (experiences of hope). That IPA was developed by a psychologist (Smith, 1996) for psychological research and has been successfully used widely within health, clinical and counselling psychology research (Smith, Flowers & Larkin, 2009) was also considered important.

Finally, IPA's acknowledgement of the participant and researcher as co-creators of meaning can also be seen to parallel the reflexive position advocated by counselling psychologists, which similarly sees the client and counselling psychologist as co-creators of meaning (Horvath & Greenberg, 2004).

Compatibility of IPA and Counselling Psychology

Before discussing the compatibility of the IPA method with the discipline of Counselling Psychology, it must be acknowledged that IPA was selected primarily due to it being deemed the most suitable method for answering the research question and secondly because of the compatibility between it and the researcher's epistemological position.

However given that the researchers' academic interests and epistemological views are influenced by the ethos and values of counselling psychology, it may be unsurprising that IPA is a method that is concordant with the ethos of counselling psychology.

IPA's commitment to giving voice to and privileging the participants' experience, and their understanding of how they make sense of their experience, has strong parallels with the phenomenological ethos and values underpinning counselling psychology (Strawbridge & Woolfe, 2010) and has much in common with the specific models advocated in the Professional Practice Guidelines of the Division of Counselling Psychology (BPS, 2004). The guidelines recommend that counselling psychologists engage with the subjective and intersubjective world view of clients and respect the validity of their clients' views. It also advocates that one "elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing" (BPS, 2004 , p.2).

It would seem that some of the guidelines recommendations have much in common with the aims of IPA, given its prioritising of the individual subjective account and its view that any interpretation should arise from attending to the phenomenon and not be brought in from an external source irrespective of how appealing this may be (Eatough & Smith, 2008).

IPA Overview and Philosophy

IPA despite its popularity in applied psychology (Smith, 2011) has been with us for less than two decades, with the first paper outlining its theoretical grounding and application to psychology being published by Jonathan Smith (1996). IPA does however draw on a much longer tradition in phenomenology, hermeneutics and idiography.

IPA has a commitment to the detailed examination of individual lived experience, the meaning of that experience to the individual and how they make sense of that experience (Eatough & Smith, 2008). Whilst it is possible to conduct IPA on any type of experience it is most frequently used to carry out research of existential import to the participants (Smith, 2011).

IPA can be considered to be underpinned by phenomenology given its concern with lived experience. It also acknowledges Husserl's concept of human consciousness (Husserl, 1970) as being intentional in the sense that it is always consciousness of something in the relationship between what one experiences and how it is experienced. Husserlian's advocate that the way to research consciousness is to engage in a phenomenological reduction, as is the case with DEP which advocates a bracketing off of existing interpretation so as to describe the essence of the experience. IPA whilst often misunderstood as being 'simply descriptive' (Larkin, Watts & Clifton, 2006) draws heavily on hermeneutic phenomenology associated with Heidegger (1962), Gadamer (1990) and Schleiermacher (1998).

IPA drawing on Heidegger's proposition that we are 'being in the world' rejects the Cartesian dualism of person/world, subject/object, mind/body (Eatough & Smith, 2008) and attends to the uniquely embodied intersubjective experience of the individual. The influence of Merleau-Ponty (1962) can also be seen who whilst acknowledging Heidegger's view of worldly existence understood our relationship with this world as being embodied. Merleau-Ponty contends that the body not only connects one with the world but additionally offers the way to be in the world and to understand it (Finlay, 2011). An individuals' perception of others could therefore be understood as being influenced by their own unique and embodied perspective, leaving them unable to fully inhabit the world of another.

IPA acknowledges the impossibility of gaining direct access to participants' experience, recognising the central role of the researcher in interpreting and making sense of the phenomenon under investigation. Notwithstanding the impossibility of directly accessing the participants' experience, IPA draws on Schleiermacher, who proposed that through the detailed analysis of text one could get "an understanding of the utterer better than he understands himself" (Schleiermacher, 1998, p.266). Whilst Smith et al. (2009) do not claim that an interpretative phenomenological analysis of a participants experience would surpass the participants' own understanding, it could offer an alternative view or additional insight that goes beyond the participants' view. To borrow from Packer (2011), it can be understood that accounts can only be interpreted; they do not offer a window onto the

speakers' subjectivity but offer a new way of seeing. Importantly though, the interpretation should be understood as arising from close attention to the phenomenon, as opposed to being brought in from an external source (Eatough & Smith, 2008).

Heidegger (1962) proposed that hermeneutics goes to the nature of people being in the world and that our relationship with the world occurs within a hermeneutic circle, where to understand the whole you need to look at the individual parts and to understand the individual parts you need to look at the whole. As neither the whole nor the individual can be understood without reference to the other it can be considered circular. Drawing on this hermeneutic understanding, IPA employs a 'double hermeneutic' (Smith & Osborn, 2003) whereby the researcher is attempting to make sense of the participant, who is making sense of a phenomenon. IPA also draws on Ricoeur (1970), who distinguished between a hermeneutics of empathy where the participant's account is accepted sympathetically and a hermeneutics of suspicion where the account is analysed more critically. According to Smith et al. (2009) IPA adopts the centre ground by combining a hermeneutics of empathy and a hermeneutics of questioning. They explain this position as the researcher wanting to be able to stand in the participants' shoes to get a feel for their experience but to also be able to stand alongside them and observe them from different angles to better understand their experience.

IPA is also resolutely committed to an idiographic approach, focusing on the particular rather than the universal and concerning itself with understanding the meaning in individual life (Eatough & Smith, 2008). This position can be considered to be in contrast to the nomothetic approach which dominates mainstream psychology and which seeks to verify causal laws. IPA achieves its commitment to idiography through the detailed examination of an individual case study (e.g. Bramley & Eatough, 2005) or through the detailed examination of one case before moving on to the next case. In the case of a sample it is only after the individual analyses have all been completed that one can move on to a cross case analysis in which the individual accounts are interrogated for convergence and divergence (Smith, 2004). Following this the findings can be discussed in relation to existing theory (Smith et al., 2009) allowing for the personal account or accounts to illuminate the social (Evans, 1993).

In spite of or perhaps because of its popularity, IPA has received a fair share of criticism from qualitative researchers. Willig (2008) has argued that IPA in line with other phenomenological approaches suffers from a number of conceptual and practical limitations. These include the role of language, the suitability of participant accounts and a focus on description over explanation. The role of language will be discussed as it could be considered IPA's key limitation.

The concern regarding the role of language can be understood as a critique on IPA's reliance on working with texts and therefore its implicit acceptance of the representational validity of language (Willig, 2008). This critique is supported by the argument that language precedes and shapes experience thereby constructing rather than describing reality. Following this view it could be understood that the researcher is observing the participants' construction of a phenomenon and not their experience of it. However I would argue that construction and experience are not mutually exclusive but exist in an interaction. Therefore, even if language is a construction of 'a reality', it is a construction grounded in and interacting with the participants' ongoing contextual experience. For example if a person stubs their toe they may shout out in pain, with their choice of response (e.g. swearing) being mediated by the social context. Irrespective of how they verbally construct their response, their language is nonetheless a representation of their experience of stubbing their toe.

Therefore it is felt that IPA does offer the opportunity to get 'experience close'. Furthermore IPA is resolutely interpretative and the researcher can critically engage with the text, illuminating hidden meanings that lie behind contextually constructed accounts. Finally, IPA researchers do not exclusively work with the text but acknowledge the embodied experience of the participant during the interview, observing and noting, for example body language, rate of speech, tone, etc. This additional data can provide further opportunity to access and interpret the participants' experience.

Ontological and Epistemological Position

I will now present my ontological position which can be understood as my theory of reality or what I hold to be true, and my epistemological position which can be understood as my theory of knowledge. My view of reality is that there exist phenomena and structures in the world, but these phenomena are understood by us through our subjective lenses, informed by our personal world view and mediated by the prevailing socio-cultural and historical contexts in which we find ourselves. As such, whilst I believe in the reality of a phenomenon per se (thus eschewing extreme relativism), due to our inherent subjectivity I do not believe that we can ever grasp a single objective reality of that phenomenon. Furthermore, drawing on Slife & Christensen (2013), I make a distinction between phenomena of meaning and phenomena of objects. When understood as an object a phenomenon can retain its identity irrespective of context, for example a stone remains a stone irrespective of where it is or how it used. Yet once the phenomenon is understood by its meaning, the same stone could now be considered as a weapon or a paper weight depending on its context. Irrespective of how the contextual meaning informs the interpretation of the stone, it nonetheless retains the objective qualities of a stone, regardless of how well these qualities can be described.

My ontological position could therefore be understood as being to the left of the theoretical continuum between critical realism and relativism, closely aligned with what has been referred to as hermeneutic realism (Browning, 2003).

Following from my ontological position, my epistemological stance is in line with Heidegger's view of someone who is continually a 'person in context' and who as a researcher will be attempting to understand the lived experience and meaning making of contextual beings. It can therefore be understood that I largely reject the possibility of epistemological dualism and objectivism espoused by the positivist paradigm (Ponterotto, 2005) and see my role as an interactive one in which any psychological knowledge produced will be a co-creation between the researcher and participant/s. In line with this epistemological stance is a prioritising of reflexive awareness on the part of this researcher[4],

[4] Personal, epistemological and methodological reflexivity will be discussed in the next section.

including an awareness of the role of my values and experiences in influencing the research (axiology).

I will now outline how the ontological and epistemological position underpinning IPA can be understood as being compatible with my own.

According to Jonathan Smith (2004), IPA does not claim a distinctive epistemological position, but is understood as part of a stable of closely connected approaches sharing a commitment to exploring personal lived experience. IPA, as already outlined, draws on phenomenology, hermeneutics and idiography and is also influenced by social constructionism and social cognition. Given the breadth of theoretical influence it may come as no surprise that there can be some flexibility in the epistemological position advocated by IPA researchers.

As has been mentioned previously IPA, has a dual commitment to the detailed examination of individual lived experience and how individuals make sense of that experience (Eatough & Smith, 2008). This commits the researcher to "exploring, describing, interpreting, and situating the means by which participants make sense of their experiences" (Larkin et al., 2006, p.110). The authors suggest that these aims can be achieved through the adoption of an ontological and epistemological position known as contextualism (Madill, Jordan, & Shirley, 2000), which rejects the notion of one reality and understands knowledge as being subjective and situated within a socio-cultural and historical milieu (Jaeger & Rosnow, 1988).

Contextualism, similarly to hermeneutic realism, can be seen as a form of critical realism, recognising that phenomena can exist independently of us with the meaning that we ascribe being a product of our contextual encounter with the phenomena. From this perspective, psychological knowledge produced within an IPA study is understood as a function of the relationship between the researcher and their participant whose experiences are contextually grounded.

Given that the research question concerns itself with participants' understanding and experience of hope in their work, it is a phenomena of meaning that is being explored and which accordingly lends itself to an approach that is underpinned by a contextualist ontology and epistemology.

Through taking a contextualist position, one acknowledges the role of interpretation on the part of the participant and the researcher in the creation of meaning. My role as the researcher should therefore be considered an active and influential one, with any knowledge produced being a product of my interpretations of the participants' interpretations, the aforementioned double hermeneutic. In order to try to remain as faithful as possible to the spirit of IPA, the researchers interpretation should remain as close to the phenomenon as possible and not be brought in from an external source, thereby allowing for the partial illumination of the phenomenon as well as its contextual meaning. To achieve this aim it is important for the researcher to enter into an ongoing process of reflexivity.

Reflexivity

According to Langdridge reflexivity can be understood as "the process in which researchers are conscious of and reflective about the ways in which their questions, methods and very own subject position might impact on the psychological knowledge produced in a research study" (Langdridge, 2007, p. 58).

Reflexivity can be thought of as existing on a continuum ranging from benign introspection (reflection) to radical constitutive reflexivity (Woolgar, 1988b). Benign introspection according to Woolgar aims to preserve an accurate representation of participants' accounts, maintaining a distinction between researcher and participant and concerning itself with process and verification. It can therefore be understood as representing a positivist paradigm. Radical constitutive reflexivity in contrast is underpinned by a constructivist paradigm and assumes that multiple realities are co-constructed between people and the world with no one account taking precedence over the other. From this perspective the researcher and participant are considered to be co-constructors of meaning. It has been argued by Shaw (2010) that reflexivity enables a holistic approach to psychological research,

which she considers crucial to quality phenomenological research given that the researcher and the research are inextricably intertwined.

Finlay (2011) has argued that reflexivity in phenomenological research is something that should occur throughout the research process, noting that it is not enough to simply identify previous understandings and bracket them. She recommends that the researcher '*reflect reflexively'* on meanings as they arise during the research, given their role in forming those meanings. She cautions however that the researcher should also guard against becoming overly caught up in introspection to the extent that the focus shifts from the phenomena to the researcher. Finlay (2003) proposes that researchers engage in a process of hermeneutic reflexivity which involves more than bracketing one's fore-understanding and expectations at the start of the research and additionally requires engaging in a process of ongoing reflexivity for the duration of the research.

In line with these recommendations I will now discuss my personal reflexivity, with epistemological and methodological reflexivity to be found at various points throughout the research study, reflecting the understanding of phenomenological investigation as "a continuous beginning" (Merleau-Ponty 1960/1964, p. 161).

Personal Reflexivity

In an effort to maintain the 'phenomenological attitude', it is not only important to attempt to bracket external theory and concepts which may have been previously absorbed (for example during the literature review), but it is also necessary to acknowledge my own 'natural attitude' (Finlay, 2014), which can include my beliefs, assumptions and biases towards the phenomenon under investigation. Langdrige (2007) provides a list of questions for the researcher to encourage a reflexive approach. These questions were given to a colleague who interviewed me, as I have found such exercises to be more beneficial when the questions are asked by an-other and require me to articulate a coherent response. What follows is a summary gathered from the interview and subsequent reflections on emergent themes.

Given my epistemological position on the impossibility of true objectivity, this overview acknowledges my known motivations for carrying out the research, and known beliefs, assumptions and biases in order to ground my fore-understanding and situate myself prior to discussing the methodological design and procedures.

My initial interest in the role of hope in therapy emerged following a literature review that I had carried out, where I had learned of the large body of research that supported the importance of hope in successful therapeutic outcomes. I was intrigued by this and began further exploration of extant literature surrounding the role of hope in therapy. In parallel to this, I was undertaking placements as part of my doctoral training and was encountering many individuals in my clinical practice who were distressed and seemed to be sorely lacking in hope. I was initially interested in how hope was understood in therapy and endeavoured to learn what I could in order to support my clients.

However during my clinical work and as a result of counselling psychology training's focus on therapist reflexivity, I was also becoming aware of my own experience of hope in my clinical work and wondered about its impact on myself, my work and my clients. My interest was piqued one day on placement when, following my work with a client who I had felt hopeful for, I had my first session with a client whose persona and personal situation seemed so hopeless to me that I had a visceral reaction where I felt that there was almost nothing that could be done for them.

Given that I had considered myself to be a hopeful person, I was quite taken aback by my unpleasant experience and subsequently took the case to supervision. I also discussed the theme of hopelessness with fellow trainees and heard some anecdotal accounts of clinicians dreading certain clients but also certain placements because of how hopeless they sometimes felt.

Whilst being aware of psychodynamic theory and concepts such as transference and countertransference, as well as the insecurities of trainees on placements, I was curious about what the literature had to say about the role of therapists' own hope in clinical work. Upon finding out that little had been published on therapists' hope and recognising the

need to come up with a research topic for my doctorate that would not only add to but make a contribution to the field of counselling psychology, I determined to progress my idea.

On reflection I can now see my motivation, in addition to being driven by a requirement to contribute to the literature, also came from a personal desire to learn more for myself about how hope was understood and experienced by clinicians and what role if any it played in their work. I hoped that by engaging with this research that I could learn something that would be of benefit to my own clinical practice.

Given that trainees are juggling so many different tasks, experience numerous stressors and anxieties, and are undergoing personal therapy and fretting about their own research, I considered them, like myself, to be 'a work in progress' and reasoned that a sample of qualified and more seasoned clinicians might better illuminate the topic. I was also mindful that if I chose to interview fellow trainees that I could be too much of an insider and too close to the data. Given this I determined that the participants should be qualified practitioner psychologists as I felt their greater experience could provide a richer account. I also hoped that my trainee status would allow me to maintain something of an outsider status (Le Gallais, 2008) and avoid over-identification with the participants' experience, and perhaps minimise the likelihood of the participants identifying with me.

At the start of the research process my assumptions regarding hope included the fact that what we call hope is a heuristic or shorthand word for a genuine phenomenon that has some form of meaning for people. As a heuristic there was recognition that it could mean different things to different people and be experienced and understood in innumerable ways. Likewise I carried the assumption into the research that hope and its antonym hopelessness were something that therapists knew about and likely had some experience of and furthermore that hope had some role to play in the therapeutic relationship.

I must also acknowledge an assumption (or bias even!) that I consider hope or more precisely the act of hoping to be something that we are all capable of. I also consider it a vital part of healthy living, although I keep an open mind as to whether it is always

beneficial, recognising that hopelessness and despair have an important part to play in authentic living. I would therefore eschew context-less pop psychology notions such as 'never give up hope' as platitudes which if embraced indiscriminately could be damaging.

It is also important to acknowledge my initial assumptions about the participants, given that IPA would consider them experts in the phenomenon (Reid, Flowers & Larkin, 2005), in the sense that it is their experience being investigated, and I as a trainee would consider them expert in the sense of them being qualified clinicians and in the case of some, very experienced indeed. I therefore enter into the research engaging with participants who I view as experts and wonder if the traditional power imbalance between researcher and participant may be less noticeable. I am also mindful that, when it comes to the analysis, I try to remain courageous in my interpreting of their understanding and experience and don't halt at the descriptive level out of a mistaken belief that their interpretations are more revealing that anything I can manage. Attention will now turn to discussing the methodological design and procedures.

Methodological Design and Procedures

Participants

Sampling. Although there is no definitive sample size for an IPA study (Smith & Osborn, 2008) its idiographic commitment to understanding particular phenomena in particular contexts (Smith et al., 2009) lends itself to smaller samples sizes as the analysis of large sets of data could result in the loss of "potentially subtle inflections of meaning" (Collins & Nicolson, 2002, p. 626). Furthermore Smith et al. (2009) emphasise that it is important not to see higher numbers of participants as indicative of 'better' work as it is the commitment to the detailed account of individual experience that concerns IPA. These points appear to have been received with Brocki and Wearden (2006) noting a move towards smaller sample sizes in IPA. Notwithstanding this a certain number of participants is required if one wishes to explore convergence and divergence across accounts. After considering the balance between doing justice to individual accounts and having enough accounts to cross-compare a sample size of eight was decided on, which has been considered suitable for a doctoral study (Smith et al., 2009).

Inclusion/Exclusion Criteria. Making use of a broadly homogenous sample was considered appropriate as it allows for a small sample to achieve sufficient perspective given adequate contextualisation (Smith & Osborn, 2003). The extent of homogeneity in an IPA study can vary (Smith et al., 2009) depending on factors such as participants finding the phenomenon meaningful, scarcity of the phenomenon, access to accounts and other ways in which the participants are similar or different, such as gender, age range or ethnicity.

As the aim of this study was to gain insight into how clinicians experienced hope the inclusion criteria maintained that participants were qualified 'practitioner psychologists'. In practice this meant psychologists who worked in a clinical capacity with clients. I focused on 'practitioner psychologists', reasoning that their training and scientist-practitioner ethos (Corrie & Callahan, 2000) was broadly similar and would allow me greater access to potential participants. Access was a deciding factor as I reasoned that identifying willing participants could be challenging given their workload and the likelihood that they were saturated with researcher requests. I decided against expanding the criteria to include psychiatrists, psychotherapists and counsellors as I felt this could undermine homogeneity given the potential diversity in training. I was pluralistic regarding therapeutic modalities, reasoning that most practitioner psychologists would have experience of multiple approaches and considered clinicians' hope to be something that would transcend modalities.

The only exclusion criteria were that the participants needed to be qualified as I anticipated that their experience would provide for richer accounts and make findings applicable to a broader audience.

I initially considered focusing solely on counselling psychologists but felt that perhaps in addition to making it harder to access willing participants I was also limiting the communication and perceived applicability of any findings to the broader psychological community. I was conscious that by focusing on counselling psychologists I might be limiting the scope to counselling psychology journals. I reasoned that other branches of psychology might be less likely to engage with any findings unless some of 'their own' were included. During this decision making I was well aware of the need to have a sample that matched the

aims of the research, requiring a group that were similar enough (convergent) yet which allowed for different views (divergent) and could also provide an individual perspective (idiographic).

Recruitment

In line with the paradigm and qualitative method (IPA), purposive sampling (Given, 2008) and snowballing (Goodman, 1961) were used as the primary means of recruitment. Initially practitioner psychologists listed on the BPS online 'Register of Psychologists Specialising in Psychotherapy' and the 'Directory of Chartered Psychologists' were contacted by email. The email included a participant information sheet (see Appendix 1). Psychologists who agreed to participate were additionally asked if they knew of any suitable participants.

Participant Demographics

Eight psychologists were recruited. They were all asked to complete a short demographic questionnaire before the start of the interview (see Appendix 3). There were five females and three males, their experience varied between being qualified for a little over a year to 30 years. The psychologists were comprised of six counselling and two clinical psychologists with all of the participants having a doctoral level education. All the participants worked in private practice, for an organisation or a combination of the two. All the participants had experience in more than one therapeutic modality with participants identifying their primary modality as cognitive behavioural, psychodynamic or integrative. The participants all lived and worked in the UK and were fluent English speakers. It was decided to omit biographical information and profiles to ensure anonymity as it was reasoned that participants could become identifiable to colleagues.

Interviews

Successful data collection within IPA involves utilising a method that encourages participants to offer up rich and comprehensive first person accounts of their experiences.

Whilst a number of data collection methods have been used in IPA studies, such as postal questionnaires (Coyle & Rafalin, 2000), email dialogue (Turner, Barlow, & Ilbery, 2002) and diaries (Boserman, 2009), semi-structured interviews remain the norm. They remain popular as they allow the researcher and the participant to engage in a dialogue, allowing

rapport to develop and the opportunity for the participant to think, speak and be heard (Reid, et al., 2005).

IPA researchers recognise that interviews are not 'neutral' accounts of participants' experiences but are rather co-constructed accounts (Rapley, 2001). The co-construction of accounts was understood to be epistemologically consistent with a semi-structured interview format, providing opportunities for the researcher to modify questions based on participants' responses.

Utilising a semi-structured interview provided the flexibility to explore unanticipated concerns (Smith & Osborn, 2008). Furthermore Kvale (1996) has noted that producing an insightful interview where the participant's life-world is valued and respected is challenging and it was therefore felt that a semi-structured interview was the closest way to explore the research question whilst simultaneously honouring the client's experience.

A further consideration in utilising interviews as a method of data collection is the decision whether to carry out one-off or multiple interviews with participants. In line with Flowers (2008) it was determined that one-off interviews would suffice. Whilst a one-off interview places more pressure on the interviewer to build rapport and get rich enough data, it was felt that this would be achievable given the participant group. Furthermore it was determined that identifying industrious psychologists willing to commit to multiple interviews would be difficult, thus delaying data collection.

When considering what method of data collection to use I was aware of a wish to give the participants something in return for contributing to my research. I reasoned that a face to face interview in addition to meeting my data collection requirements could also provide them with an opportunity to reflect on the role of hope in their work to a greater degree than other methods of data collection. For instance I didn't think that keeping a diary would 'push' reflections on hope as much as being interviewed on the spot and being asked probing questions to their responses. I also wondered if the opportunity to discuss hope in this manner would motivate psychologists' to take part.

Interview Schedule

An interview schedule (see Appendix 5) was developed to allow for consistency across the interviews and to employ questions designed to enable the participant to provide a detailed account of their experiences. The researcher was also mindful of Giorgi's (2010) criticism of Smith and Osborn's position that "there is no single way to do IPA" (Smith & Osborn, 2008, p.54). Giorgi (2010) emphasises that a cardinal rule of science is not only that a research study's steps are documented but also that the research can be replicated. Whilst it is acknowledged that any account is a co-construction between the researcher and participants, the use of an interview schedule nonetheless provides greater opportunity for the reader to see how the researcher influenced the findings and provides opportunity if desired to replicate the research process.

The schedule was developed in line with the research aims and recommendations of Smith et al. (2009) with eight primary questions and two supplementary questions. The questions were intended to be open-ended and expansive with care taken to minimise leading questions. The questions were ordered in such a way as to encourage funnelling from the more general understanding of hope to the more specific role that it played in their work. Adopting the view of worldly existence as embodied (Merleau-Ponty, 1962), a number of questions and prompts were aimed at eliciting not only the participants' beliefs about hope but also the emotions and behaviours of hope.

To trial the schedule I asked a colleague to interview me with it, which provided me with reflexive and technical feedback. Whilst I was able to answer the questions I knew that I had foreknowledge of the questions, had immersed myself in the literature on hope and had previously reflected on its role in my work. I was therefore well placed to engage in the interview and was unsure how it would translate to the participants. Following amendments such as the re-ordering of questions, the schedule was trialled in two pilot interviews (see next section) with subsequent feedback assimilated and more pronounced revisions being made. These included amending questions so they were more neutral, for example substituting 'hopeful' with 'hope', which I had observed was less leading and allowed participants to discuss its antonym hopelessness. I also included additional prompts as well as 'warm up' and 'cool down' questions to open and close the interview.

Pilot Interviews /Pilot Study

Two trainee counselling psychologists in their final year of doctoral training were recruited to assist in a pilot study to review the interview process. The pilots were used to focus on the viability of the interview schedule, to practice interview technique and as an opportunity to engage in interviewer/researcher reflexivity. The ethical considerations remained the same as for the other participants. Participants received an information sheet in advance, signed a consent form prior to the interview and were given the opportunity to sign an additional debriefing form at the end of the interview if they felt that it had been conducted in an ethical and professional manner.

The interviews highlighted some potential difficulties in the initial interview schedule, in particular the usefulness of having a range of prompts for the questions. It also highlighted a difficulty in participants being able to speak 'off the cuff' about hope and the benefit of the interview opening with more general questions. The interviews also highlighted the greater ease with which participants were able to speak about their experiences of hope when discussing examples of their work and this feedback was incorporated into a revised interview schedule.

I was also provided with the opportunity to practice my interview technique, keeping time and managing the challenging task of whether to redirect a participant who I felt was going off topic or let them keep talking and the art of directing the interview from the generic to the more specific.

The opportunity to consider my reflexivity was important and I became aware of the challenge of avoiding leading questions or prompts based on preconceived ideas. I also became aware of the difficulty in resisting interpreting participants' responses in the interview and found that the best way to manage it was to focus my attention on the participant and act like a 'naive' and curious listener (Smith et al., 2009).

Following the pilots I recognised the tension between asking questions that were designed to prompt discussion around the research question but which at the same time could be considered both leading and assumptive. I was particularly aware of the repeated phrase

'your hope' which appeared in a few of my questions as I recognised that there was an inherent assumption on my part that the participants had their own individual hopes.
Upon further reflection I recognised that this is a matter of degrees and that all questions lead somewhere and carry an underlying assumption. For instance my entire research project rests on ontological and epistemological assumptions, believing hope to be an actual phenomenon that can be explored. Given this re-realisation I became more focused on including questions which were open enough to allow participants to discuss issues of import, reasoning that as 'experts through experience' they had it in them to disagree with my question, for example potentially responding with 'Actually I don't see it as my hope'.

Interview Process

Interviews were carried out in either the participants' homes or their consulting rooms. The interviews lasted between 53 and 70 minutes and were recorded using a primary digital recorder with a secondary used as backup. Whilst risk was considered to be minimal protocol was still followed with a family member being contacted before and after each interview. To maintain anonymity no participant information was disclosed to them.

At the beginning of the interview each participant was asked if they had read the participant information sheet in the invitational email and if not were provided with another copy. Participants' were asked to read the participant consent form (see Appendix 2), were afforded the opportunity to ask questions and if in agreement to sign it. Participants then completed a brief demographic questionnaire (See Appendix 3) before the digital recorders were switched on and the interview began.

The interviews began with a preamble to set the scene (See Appendix 4) and were carried out in a conversational style with the intention of building rapport and enabling the participants to explore their experience. The interviewer endeavoured to achieve this through embracing the core Rogerian conditions of congruence, unconditional positive regard and empathy (Rogers, 1957) which also supported the researcher in checking and minimising his assumptions and interpretations.

During the interviews I was cognisant of how my interview style could have an unintended impact on the participants' responses. For instance my tendency as a result of my clinical training is to make use of attending skills (Rennie, 1998) such as paraphrasing, repeating words and phrases and asking clarifying questions in response to content that I consider important. Whilst this approach can enable the exploration of thoughts and feelings thereby gaining access to deeper meaning it also increases the researcher's influence on the direction of the interview. During the interviews my decisions to paraphrase or ask a clarifying question was influenced by the sense that it could lead to the emergence of data that was relevant to the research topic. In order to minimise my influence and to avoid breaking the flow of the participants' discussion I often chose to make note of things to return to during natural lulls.

Whilst the interview schedule was designed to funnel the interview from a more general understanding of hope to the role in played in their work participants frequently raised relevant topics before I asked them. Importantly that these topics were deemed relevant by myself was no doubt influenced by my having considered them important enough to include them in the interview schedule. Given that the participants were skilled clinicians it is likely that they may also have picked up on my own responses to what they were discussing be that my decision to paraphrase, use of prompts or nonverbal clues such as leaning in or subtle nodding of approval. My actions could therefore have increased the likelihood that they may have tailored their responses to what they thought I deemed important.

Of the questions that I did ask it is likely that participants either implicitly or explicitly picked up on the import of these questions and that it may have increased the likelihood of them providing a response either immediately or at a later point in the interview. For instance participants could have gathered from the enthusiastic tone with which I asked the question "How were you aware of your hope?" that this was a question for which they ought to have an answer.

As such my interview style, interview schedule and what I communicated as being important no doubt influenced what the participants expanded on and as such may have amplified the emergence of some topics over others whose significance I may have overlooked.

Following the interviews participants received a debriefing form (see Appendix 6). They were afforded the opportunity to ask questions and notified of their right to withdraw consent within four weeks. If satisfied they were asked to sign a debrief statement acknowledging that they thought that the research had been conducted in an ethical and professional manner and that they were happy for their data to be used.

As part of my reflexive practice and to help me contextualise the interview I adopted the approach of Collins and Nicholson (2002) who set aside up to an hour following each interview to make self-reflective notes (see Appendix 7) on topics that emerged during the interview. Notes included my experiences of the process of the interview, things I could improve on, thoughts about my outsider/insider status.

I became aware during my first interview with Jamie how I had held tightly to the questions in the interview schedule and recognised that a part of me had 'wanted' the discussion to proceed in a linear fashion. I was therefore taken aback when Jamie began to raise what I considered important topics without prompting and outside of my assumed sequence. Following the interview I endeavoured to remind myself that it was a semi-structured interview and that the questions were there to guide the discussion. As the interviews progressed I became more relaxed with the schedule and was better able to go with the participants' experience, whilst still checking in to see that the discussion remained relevant to the research question.

Recording and Transcription

IPA requires a verbatim record of data collection, with Smith et al., (2009) stating that the aim of IPA is primarily to interpret the meaning of the participants account, therefore they consider it unnecessary to include detailed transcription of prosodic features such as intonation, stress and rhythms. However this researcher considers that the inclusion of prosodic features, in addition to important nonverbal behaviour such as gestures (Smith & Dunworth, 2003) can offer greater access to experience as well as provide a counter to the criticism that IPA is overly reliant on the representational validity of language (see Willig, 2008). Furthermore Kvale and Brinkman (2009) contend that transcription is also an interpretative process and researchers need to be mindful of what they are including and

excluding. If material related to the participant is already being evaluated and edited then explicit interpretation could be considered to be occurring.

It was decided that significant (what I observed or was recorded) nonverbal behaviour and prosodic features were to be transcribed. Any identifying features such as names of family members or places of work were removed or altered in order to preserve anonymity. A four step system was utilised to preserve anonymity, with each transcript being assigned a number from 1 to 8. The numbers corresponded to a key matching the number to their pseudonym. An additional key matched the pseudonyms with the participants' initials, for, example John Smith would be JS. The final key matched the initials to the persons' name. These four keys were kept in individual password-protected documents.

Data Analysis

Whilst IPA directs analytic focus towards the participants' attempts to make sense of their experience, it has not been prescribed a uniform method for analysis. Smith et al. (2009) nonetheless provide a heuristic framework offering flexibility in adapting the process to the data. Given the previously discussed criticism of IPA's issue with replication (Giorgi, 2010) and recommendations that qualitative researchers undertake systematic analyses (Henwood & Pidegon, 1992) it was decided to adopt the analytic framework suggested by Smith et al. (2009) and exemplified by Gee (2011). Furthermore as this researcher was new to IPA it was felt that adhering to a well signposted framework would allow one to better navigate through the analytic process.

Although understood as an 'approach and sensibility' (Smith et al., 2009, p.81) IPA can be characterised by its idiographic commitment in which individual accounts are thoroughly analysed through a focus on examining substantial verbatim excerpts (Reid et al., 2005). This process makes use of an iterative and inductive cycle (Smith, 2007) and requires a repeated and thorough encounter with each account, involving the identification and organisation of emergent themes into higher order themes. Only after all the individual accounts have been completed can the researcher integrate multiple accounts. Following this a written narrative account is constructed containing analytic interpretations of the themes evidenced by extracts from the transcripts.

An outline of the analytic process will be provided which closely followed the six steps suggested by Smith et al. (2009). In preparation for the analysis I printed the transcripts onto A4 pages in landscape orientation with the text left of centre so as to leave a wide right hand column for commentary. I made use of a range of colour pens, drawing on Gee's (2011) example of colour coded categories for different types of commentary.

Step one – Reading and re-reading. The first stage of analysis involved reading and re-reading the transcript in order to immerse myself in the data. I listened to the interview during the first and second reading as being able to recollect the voice of the participant during subsequent readings would allow for a fuller analysis (Smith et al., 2009). I also took on board their recommendation to slow down and engage with the data in order to avoid a 'quick and dirty' reduction and summary (Smith et al., 2009, p.82). This considered reading led to an initial outline of a structure for the interview transcript.

Step two – Initial noting. The second step involved interpreting the data through reading and re-reading the transcipt and engaging in a process of exploratory coding. I engaged in three types of exploratory coding: descriptive, linguistic and conceptual, in order to produce comprehensive and detailed notes on the key elements in the participants' account (See Appendix 8)

It was during this step that the concept of the hermeneutic circle came to life as I began to see in the text how individual words were 'in context' and held meaning as part of complete sentences, and reciprocally how the meaning of sentences were derived from the combination of their constituent words.

After noting my initial observations above the text in a green pen I proceeded to identify the descriptive or 'face value' meaning of things that mattered to the participant and how they made sense of it. These were recorded in the right hand column with a red pen and included key words, phrases, beliefs, explanations and emotional responses. I then progressed to linguistic coding, attending to the use of tenses, pronouns, repetition, tone, pace, pauses, fluency, metaphors and other forms of communication such as laughter and gestures.

These comments were recorded with a black pen in the right hand column. The conceptual stage followed and involved moving below surface meaning and interrogating the account for underlying meaning. Commentary was written in a blue pen in the right hand column.

It was during the conceptual stage that I began to increasingly draw on my own thoughts, feelings and experiences. Although some of my interpretations were moving away from the original transcript while engaging in the 'double hermeneutic' I was cognisant of the advice of Smith et al. (2009) to make sure that my interpretations remained grounded in the text and were not imported from outside. Whilst finding the conceptual coding more rewarding than the descriptive coding I was aware of a tension in wanting to identify underlying meaning whilst simultaneously honouring the participants' account and not overreaching.

Step three – Developing emergent themes. After exploratory coding had been completed the focus moved to developing emergent themes, involving a shift to working primarily with the exploratory commentary. This involved becoming more concise and encapsulating the meaning of discrete chunks of commentary into a brief statement which represented the essence of the participant's account and researcher's interpretation. The emergent themes were recorded with an orange pen in the left hand margin.

I again became cognisant of the hermeneutic circle manifesting, where I would name a theme based on its underlying essence only for the theme to later evolve as my understanding of the whole account shifted, which itself was being continually influenced as additional themes took shape.

Step four – Searching for connections across emergent themes. After establishing a list of chronological themes attention turned to clustering the emergent themes based on their relationships to each other. This involved writing down the individual themes onto individual cards and laying them out on a table. The process involved a number of iterations with a toing and froing between the theme, its underlying quote and the context it appeared in before clusters of connecting themes were subsumed into super -ordinate themes (See Appendix 9). To aid in the clustering I employed the analytic processes suggested by Smith et al. (2009, p.96), such as abstraction, subsumption, polarization and

numeration. The process also involved the removal and subsuming of some themes into others.

As I progressed with my clustering of themes I became aware of how some of the cluster labels linked to the interview questions. For example one of the emerging clusters was on factors which impacted on the therapist's hope which corresponded to one of the interview questions. I wondered therefore if my analysis had been too descriptive but when I reviewed my analytic commentary there seemed to be variety amongst accounts and sufficient interpretation. I was also heartened by observing that it is not unusual for identified themes in IPA papers to correspond to one or more of the interview questions (see Smith & Osborn, 2007).

Step five – Moving to the next case. Committing to the idiographic approach ensured the cases were completed individually and in chronological order. As the analysis progressed it became important to bracket off the understanding of the previous account so as to maintain the idiographic approach. In practice however there was also an element of pragmatism and some of the same labels were used for clusters and superordinate themes if they were patently similar. To ensure rigour I repeatedly checked the labels against the commentary and underlying extract of transcript.

As I moved from case to case I was struck by the difficulty in bracketing what I had learned in the previous analysis and had to withhold the urge of leaping from chunks of transcript straight to an emergent theme in the belief that I already knew what the theme would be. I reminded myself of the importance of embracing the analysis, not least because the commentary would provide the foundations for the write up.

Step six – Looking for patterns across cases. The final stage in the analysis involved looking for recurrence of themes across accounts in order to integrate them into a list of superordinate themes. I printed a list of each of the participants' superordinate themes and subthemes and cross-compared them for recurrence. This involved a negotiation between convergence and divergence and commonality and specificity (Smith et al., 2009) and the recognition that participants could manifest the same superordinate theme in subthemes.

With regards to the criteria for recurrence I drew on Smith (2011) who recommended that with a sample of eight there should be extracts from at least three participants for each of them. For this study I determined that each subtheme should be represented by at least half of the participants with a superordinate theme requiring that all the participants were represented in at least one sub theme (see Appendix 10 for a summary table of recurrence).

Assessing Quality and Validity

Madill et al. (2000) note that the issue of quality in qualitative research is problematic in comparison to quantitative as it rejects the positivist correspondence notion of truth, wherein the observer is understood as not impacting on the phenomenon being investigated. The quantitative paradigm espouses the separation of subject and object and employs the concepts of validity, reliability and generalizability to determine quality. In contrast qualitative research's belief in the interaction between the subject and object, its range of epistemological positions and methodological flexibility (Ponterotto, 2005) presents a different challenge in determining quality. Indeed researchers such as Forshaw (2007) have gone so far as to suggest that no claims on validity or rigour can be made for qualitative research; its ontological position suggests that infinite interpretations are considered possible. Taking this view further 'quality' and 'validity' themselves could be considered subjective and value laden notions. Whilst acknowledging the philosophical position of Forshaw this author feels that adopting a systematic approach to the research process and its evaluation remains beneficial. Firstly and despite its limitations it allows others to get closer to how the interpretations were arrived at, secondly it improves quality control and legitimises qualitative research in psychology in the face of the 'received' quantitative paradigm (Elliot et al., 1999).

Since Henwood and Pidgeon (1992) laid the foundations for evaluating qualitative research, a number of recommendations and guidelines for assessing quality or validity have been produced (see Elliot et al., 1999, Yardley, 2000, 2008, Finlay & Evans, 2009). Whilst I took on-board the recommendations of researchers such as Finlay & Evans (2009) who advocate a focus on the four R's; rigour, relevance, resonance and reflexivity, I determined to utilise Yardley's four criteria (Yardley, 2000) as a guide as they offer general and pluralistic guidelines and have also been recommended by Smith et al. (2009) as a way of assessing

quality in IPA. More recently Smith (2011) has offered IPA specific criteria. It was anticipated that through adopting the criteria of Yardley (2000) and Smith (2011) that this researcher could increase the likelihood of producing research that meets the standards of good qualitative research in general and IPA in particular.

Yardley (2000) introduces four broad criteria for assessing quality in qualitative research: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

Sensitivity to context. Yardley (2000) contends that good qualitative research should show sensitivity to context. This can take a number of forms such as assessing relevant literature including knowledge of previous studies and analytic methods, and the socio-cultural setting of the participants and researcher, as well as the ethical context. My attention to sensitivity to context can be seen in the efforts taken to review substantive literature on hope and theoretical literature on IPA including studies where IPA was used to interview counselling psychologists (see Rizq & Target, 2008). It can also be seen in the links I have drawn between my research question, research paradigm, epistemological position and choice of method. Sensitivity to context and socio-cultural setting (Morrow, 2005) was considered with attention paid to the participants with regards to them being practitioner psychologists and what that could entail, for example might their responses be grounded in a context in which they deem it important to 'talk up hope'? Or in which they could hide behind technical language and professional jargon? Might they take the opportunity to 'lecture' a trainee about what they know? Ethics was considered with regards to balance of power and whether this may have been somewhat neutralised or even reversed given the status of the researcher as trainee and the participants as qualified.

Smith et al. (2009) recommend that IPA researchers can demonstrate sensitivity to context from the earliest stages of the research process and right through to completion. Sensitivity is apparent in the decision to select IPA as the research method based on its compatibility with my epistemological position and ability to address the research question through its commitment to idiography and to exploring lived experience. It can also be seen through undertaking a reflexive interview, in the attention paid to the construction of the interview

schedule and its piloting, and the care taken following interviews to make reflective notes. In the analysis and written report the identified themes are underpinned by verbatim extracts.

Commitment and rigour. Commitment refers to the researchers' level of engagement with the topic, including personal experience with the topic. The commitment to the research was underscored by the time and effort taken to familiarise myself with the topic and with the research method. This effort has been consistent throughout the research process and has been sustained through the attending of university research modules, IPA workshops, participation in an IPA peer support group and regular academic supervision. According to Smith et al. (2009) commitment in IPA should also relate to the participants and I feel that this was demonstrated through the care taken during the interview process and the subsequent analysis and write-up which emphasised an idiographic commitment to their unique experience.

Rigour refers to thoroughness of the sample, of data collection methods and analysis. The sample could be considered thorough as it was based on the participants having adequate homogeneity to be able to answer the research question (Smith, 2003). Interviews were also undertaken with the intention of adhering to IPA's focus on the participants' life world and analysis was undertaken with an idiographic commitment and the systematic approach recommended by Smith et al. (2009). In line with this approach an interpretative stance was taken to the analysis resulting in data that is intended to have moved beyond the descriptive. Attention was also paid to identifying instances of convergence and divergence.

Triangulation, a form of corroboration (Patton, 2002), was also employed, in particular observer triangulation (Robson, 2002) was used to ensure that the interview schedule, analysis and write-up was consistent with the ethos of IPA and that the identified themes and interpretations could be seen to have emerged from and remained grounded in the data. The observer (my supervisor) was shown my initial interview schedule as well as the revised version which incorporated feedback from my supervisor and from the pilots. Given time constraints it was considered unrealistic for the observer to review all of the analysed transcripts (500+ pages) so one analysed transcript complete with hand written comments

and emergent themes was submitted. The observer was also given access to my superordinate themes and sub themes for the full data set complete with corresponding verbatim extracts and received my completed written analysis. Feedback was received on all of the aforementioned stages with amendments made.

Transparency and coherence. Transparency relates to how well-documented the stages of the research process are described. I have attempted to be open and transparent and have included discussions on the development of the interview schedule, an overview of the interview process as well as steps involved in the analysis. I have also kept a reflexive diary (Lincoln & Guba 1985) to build an audit trail, interspersing reflections throughout the methodology section. Coherence can be best understood as the 'fit' between the research question, the philosophical position and the research method (Yardley, 2000). From this perspective my transparency in describing the steps I took should allow the reader to determine the coherence of the study. For instance IPA can be considered avowedly interpretative and resolutely idiographic; if the researcher has embraced this ethos it should be evident within the write-up.

Impact and importance. According to Yardley (2000) the real test of impact and importance is how useful or memorable the reader finds the research. Whilst this researcher has aspired to make a meaningful contribution, this is something noted by Finlay (2011, p. 265) in her overlapping category 'resonance' "which can probably only be judged in the eye of the beholder".

IPA-specific criteria. Given the recommendation of Willig (2008) that the evaluation criteria should be tailored to the methodological approach I have also considered my research in relation to more recent recommendations on evaluating quality in IPA papers (Smith, 2011) which have been developed as an IPA-specific adjunct to Yardley's pluralistic criteria. Smith recommends that an acceptable IPA paper meet the following four criteria: 1) that it subscribes to the theoretical principles of IPA being phenomenological, hermeneutic and idiographic, 2) that it is sufficiently transparent for the reader to understand the process, 3) that the analysis is coherent, plausible and interesting, 4) that

there is sufficient sampling from the participants to evidence each theme, with three plus extracts per theme recommended in an eight person study.

In addition to meeting the criteria for acceptability Smith (2011) offers additional criteria to raise the paper to a 'good' standard. He recommends that the paper should be well-focused with in-depth analysis, that it contain strong interpretations and that the reader is engaged and enlightened. Whilst I have endeavoured to strive to meet Yardley and Smith's criteria, it is worth noting that a number of the recommendations are inevitably subjective and I would invite the reader to consider the degree to which they feel they have been met especially as the main judge of validity in interpretative phenomenology is the reader (Rapport, 2005).

Methodological and Procedural Reflexivity

Methodological and procedural reflexivity has been discussed at various points throughout the methodology section. Methodological reflexivity can be found in my reflections on the choice of a qualitative paradigm, consideration and rationale for IPA as the method of choice as well as the outlining of my ontological and epistemological position. Rennie defined reflexivity as "self-awareness and agency within that self-awareness" (Rennie, 2004, p. 183) and I think my attempts at evaluation and making changes can be observed throughout my study; from the design and piloting of my interview schedule, to my reflections during the interview process which led to learnings being incorporated into the next interview.

Whilst Finlay (2011) recognises reflexivity as a criterion of quality, a commitment to reflexivity can also be understood as having been to the fore in supporting my attempts in meeting the criteria for quality and validity (Yardley, 2000, 2008 & Smith, 2011). Without engaging with reflexivity it is unlikely that this researcher would have seen how they may have been influencing the methodological and procedural process.

Ethical Considerations

The research was conducted in line with the British Psychological Society's Code of Ethics and Conduct (BPS, 2009), the British Psychological Societies Code of Human Research Ethics (BPS, 2010) and the HCPC Guidance on Conduct and Ethics for Students (2012). Ethical approval for the research study was granted by City University London (See Appendix 11).

The following areas will be discussed as they relate to the research: Risk, Consent, Debriefing & Anonymity.

As the participants were practitioner psychologists who would be discussing their experiences of hope in their work it was deemed that the risk of physical harm to them would be minimal. Nonetheless there was the possibility than in discussing their work they might be reminded of or disclose upsetting information. I was also aware that in exploring their experience I could inadvertently upset them by going too far with my questioning. As a safeguard the participants were provided with a participant information sheet notifying them of any potential risks prior to agreeing to take part. They were also asked to read the consent form which reminded them of their right to withdraw at any time during the interview and that they were under no obligation to further explore or disclose experiences which they may find upsetting. They were given the opportunity to ask questions and if satisfied to sign it before the interview could take place.

During the debriefing session participants were provided with the opportunity to discuss any issues that may have been raised. They were also provided with a list of contact details for therapists and encouraged to get in touch with the researcher or the research supervisor if they had any further concerns.

An additional consideration regarding risk was to remind participants that if they were discussing examples of client work that they only discuss instances of completed client work so that undertaking the interview did not inadvertently impact on their work with any existing clients.

In practice the participants reported that they had found the interview a positive experience as it had given them an opportunity to explore a topic of some import to them.

Steps were taken to protect participants' anonymity through storing their personal information separately from the research data. Participants were also assigned a pseudonym. Any identifiable information within the transcripts was anonymised or deleted where appropriate. After careful consideration it was determined to only collect and present limited biographical information on the participants as it was felt that it would not

require much information before participants could potentially become identifiable to colleagues.

In order to protect the anonymity of any clients whose case material was presented participants were informed that the focus was on their experience of hope in relation to the work with that individual. This meant that I required minimal contextual detail, for example 'I was working with a client with a diagnosis of OCD' was considered enough before the participant discussed their experience. In practice the participants themselves anonymised any material that they discussed or spoke in generalities about their work, and so it was considered that the anonymity of any client and their material was maintained.

Analysis

Overview of Emergent Themes

Following the IPA analytic process outlined in the methodology section, the following master themes emerged; making sense of hope, hope is intrinsic, and responsibility towards hope. The themes are presented in the diagram below:

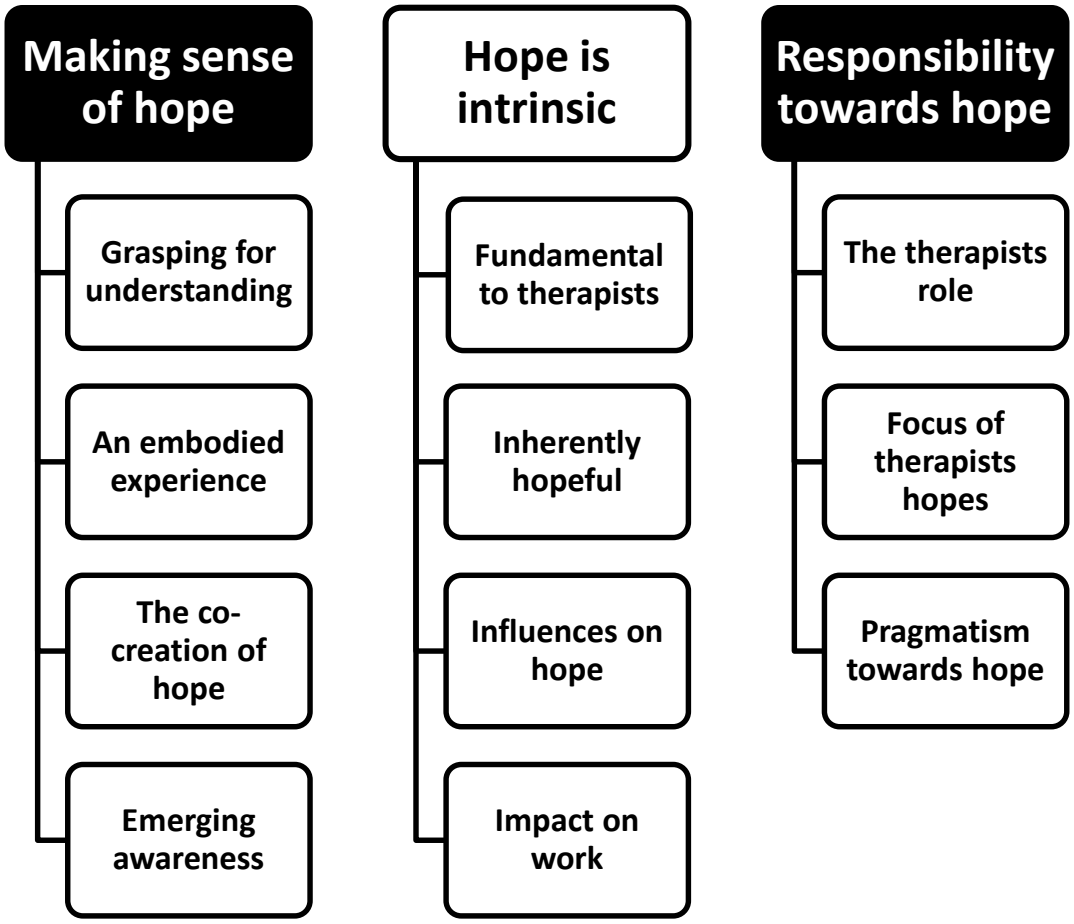

Figure 1: List of master themes and subthemes

These master themes and the themes within them are the result of the author's attempt to present a coherent account of the data. The themes should not be thought of as existing in isolation but rather as being interrelated, with themes being clustered in such a way as to enhance clarity and best address the research question. A brief overview will be provided of the master themes before they are expanded on throughout the analysis section.

The first master theme 'making sense of hope' explores the therapists' attempts to articulate their understanding and experience of hope in their clinical work. It comprises four subthemes; grasping for understanding, an embodied experience, the co-creation of hope and emerging awareness.

The second master theme 'hope is intrinsic' explores the innate and essential role that the therapists' hope plays in their work. It comprises four subthemes; the fundamental importance of therapists' hopes to their work, the inherent hopefulness of the therapists and their understanding of its origins, influences on their hope and the impact of hope on their work.

The third master theme 'responsibility towards hope' explores the responsibility that therapists' felt towards hope. It comprises three subthemes; the therapists' role, focus of therapists' hopes and therapists' pragmatism towards hope.

Master Theme 1: Making Sense of Hope

This first superordinate theme explores participants' attempts to better understand the meaning and experience of hope. Four themes will be presented, with the first theme exploring the challenge they faced in articulating their understanding of hope. The second theme will look at their embodied experience of hope in their work. Theme three explores participants' understanding of their hope as a co-creation between themselves and their clients. The fourth theme considers the infrequency with which they had previously considered the topic of hope and their growing awareness of its role their work.

Grasping for understanding. As discussed in the methodology section I employed a semi-structured approach to the interviews, which usually opened with a general question asking participants how they understood hope. The psychologists' accounts revealed a shared challenge in trying to articulate their understanding of hope.

Participants responses suggested that hope was understood as a complex notion, simultaneously definable and yet intangible, encapsulating a desire for something future focused that was positively experienced as both cognitive and embodied. Although there was some overlap amongst the participants in how they understood hope, what came through strongly for the majority was the common struggle they faced in articulating their

understanding of hope, which seemed to grow in complexity the more they attempted to explain it.

In the following extract Sandra, an experienced clinical psychologist working in the public sector and private practice captures the challenge faced in conveying her understanding of hope:

> It's erm, yeah it's a kind of warm thing that you have. It's a positive, hope. It can never be a bad thing really in my eyes. It can't be a, what is hope?, is it an emotion? I don't know, it's a funny thing, isn't it, it's a concept. It's a concept isn't it, hope? I have hope. (Sandra: 1030 – 1033)

Sandra's initial use of descriptive terms to explain hope such as 'warm' and 'positive' leads her to an emerging realisation that hope is somewhat more than this. Her asking a question and answering it with another question 'what is hope?, is it an emotion?' suggests that she is attempting to come to some form of understanding in the moment and is likely not accessing a pre formed schema. Her noting that 'it's a funny thing' following her conceding 'I don't know' could be a way to diffuse the discomfort of not being able to describe hope in a manner that is satisfactory to herself. Perhaps her settling on hope as a concept is an acknowledgement that abstract entities by their nature are not easy to define. The idea of hope as a concept was one that was discussed by other participants.

For Jamie, a counselling psychologist working in a frenetic public sector service, hope was understood as a 'difficult concept':

> It's a, it's a quite a, it's a difficult concept I think, it's one of those, it's one of those words that you sort of you, you always hear about and you're supposed to know what it is but when it comes down to actually asking you exactly what it is, it's a bit harder. (Jamie: 5 – 9)

The frequent repetition of words 'it's a', 'it's one of those', 'you' suggest that Jamie is less than confident in sharing his understanding of hope, lending support to his assertion that hope is a difficult concept. It is possible that his struggle to outline his understanding of hope is exacerbated by the pressure that as a psychologist he ought to know. His use of the words 'you're supposed to know' as opposed to 'I'm supposed to' may be an attempt to

deflect awkwardness away from himself and share it with a non-specified 3rd party, perhaps his profession?

The difficulty in understanding the concept of hope can also be seen in clinical psychologist Sean's excerpt when he became lost while trying to explain it:

> I'm getting kind of a bit lost in the concept now. It's quite interesting. I feel a bit lost but I think it's just… It's how to kind of quantify it. What is it? And I think it's because we don't talk about it enough. (Sean: 77- 79)

Sean's use of the word 'lost' on more than one occasion evokes the sense of not being able to find one's way or not knowing one's whereabouts while navigating through unfamiliar terrain. His description of his experience of being lost as 'quite interesting' and hope as being 'hard to quantify' suggests that being asked to elucidate his understanding of hope is somewhat novel for him, in spite of working for well over a decade as a clinician. Questioning what hope is he, perhaps similarly to Jamie rationalises his lack of clarity by suggesting that the collective 'we don't talk about it enough' thus denying him opportunities to familiarise himself with this mysterious terrain.

In contrast with the difficulties or tentativeness in articulating hope was Helen a very experienced psychologist who was able to share her then understanding of hope from the beginning of the interview:

> I equate hope with that there's something positive, that's the first word that comes to mind, but I suppose I think of it as also, not that it's all, you know, it's not 100% positive, but there's something about, movement and something about, I suppose laying out, what's the word I'm looking for? Possibilities, and I think that's what I know about hope, and that's what I have learnt about hope in a way. (Helen: 9 – 16)

Whilst Helen seems to be working through her understanding of hope in an orderly fashion, suggesting an awareness of the subject she tempers this by saying 'that's what I know about hope', perhaps acknowledging that there is more to hope than she has considered, and there may be much for her to deliberate over.

An embodied experience. For the majority of the participants their initial attempts at sharing their understanding of hope focused on delineating hope in cognitive terms through describing features such as 'possibility' and 'desired outcomes'. After the initial attempts at a cerebral description there was a shift amongst participants to a broader understanding of hope as an embodied experience, which was described in a variety of ways. It is worth mentioning that the initial question asking participants how they understood hope may have framed their response in more cognitive terms. There was however a question in the interview schedule asking participants how they experienced hope in their work which one could argue provides scope for a broader definition. Nonetheless the majority of the participants volunteered their embodied experience without my having asked the question related to how they experienced hope.

The emerging realisation of hope as being experienced as something more than a purely cognitive process was exemplified by Sandra:

> Hope, yeah it's in your middle isn't it?, here. So you hope. It's an emotional thing, rather than a purely cerebral thing. It's got to be with you, yeah your body as well is hoping, all of you has got to hope for something. (Sandra: 1060 – 1063)

The idea of hope as being in 'your middle' and repeated use of 'you' evokes a strong sense of hope as being not only central to her but to everyone. It appears that her connecting with this physical, perhaps more tacit manifestation of hope has left her more certain about the experience of hope. She underscored this by her use of 'isn't it?' which in contrast to her previous extract seems more self-assured, like a question in search of agreement as opposed to one looking for an answer. The idea that it is more than cerebral is emphasised through her almost desperate call for the body's involvement in hope, 'It's got to be with you' intensifying with the cry that 'all of you has got to hope for something'. There is a strong sense of hope having to reside in the whole of the person's being, and that the entirety of this hope needs to be directed at the hoped for event in order for it to have any chance of it materialising. I am left to consider the possibility of some hopes being shallow and flimsy, easy to dislodge if they are not fully embodied and exist only in a cerebral way.

The broadening understanding of hope from something primarily cognitive to something more substantial and somatic was also discussed by Alison, an experienced counselling

psychologist working in private practice. Alison had initially used a dictionary to assist her in defining hope:

> I had felt I was in the head to begin with. What is hope? I get a dictionary out - as all good scientists - and define the issue. But then it, it felt as if I had gone in on myself and I was speaking from a… I'll go here, you know, the solar plexus bit, but I'm, I'm speaking more of something that is core. (Alison: 555 – 560)

Alison like Sandra (perhaps paradoxically) becomes more certain of what hope means as her understanding of hope shifts from being cerebral and definable in explicit terms to a more implicit experience of hope which she locates in her abdomen. Her attempts to understand hope like a 'good scientist' before locating and communicating from her 'solar plexus' suggest that for Alison hope is an embodied experience, which through her use of the word 'core' could be seen as being fundamental to her and at the centre of her being.

Hope for Jamie as previously discussed was a 'difficult concept' to articulate but was one which he was able to discuss in symbolic terms. During the interview I had observed that Jamie (seemingly unknowingly) was gesturing towards his chest when discussing his experiences of hope. Curious about what this could mean I shared my observation with him, which led to the following response:

> I guess it's maybe it's a sense that hope is tied in with the heart, isn't it?, it's sort of this symbolic idea that it's the heart that keeps us alive and keeps us going and hope is somehow tied in, you know tied in to that so maybe that's sort of why it's, you know why I am pointing in that area. (Jamie: 301 – 306)

Jamie's suggestion that his gesturing is due to hope being 'tied in with the heart' evokes a powerful sense of hope being within us, intertwined with our circulatory system and central to our survival. It is as if hope is located in the heart and is pumped around the body, constantly replenishing the individual. His use of 'I guess' and 'so maybe' indicate that he is tentative about his response and is likely making sense of his experience in the moment.

Illuminating the range of understanding of hope as an embodied experience, a number of participants shared the sensations that they associated with both hope and hopelessness during their clinical work.

> With hope, if I feel it, it's just, it's just lighter. Things feel a lot lighter. It feels like it's quite clear. There's clarity so it's, it's brighter. Erm, it's lighter as in weight or… It just feels easier in some way, erm, it's, it's flowing a bit more. (Sean: 325 – 329)

The evocative words used by Sean equate hope with a relaxing experience and imply that when he feels hope in his work it is easier for him, for instance his use of 'flowing' evokes a sense of unopposed movement. His use of the word 'lighter' to help describe the experience of hope is one that resonated with a number of the participants when discussing their work. For other participants the word seemed to be more equated with weight, as in the case of Jessica, a recently qualified counselling psychologist:

> when you feel very hopeful about someone, it sort of feels a bit lighter. (Jessica: 280 -281)

For Sean, however, it appears to have a dual use, with an additional visual aspect which became apparent through his use of similar words such as clarity and brighter. In contrast to his description of hope as 'lighter' and 'flowing' he described his experience of hopelessness as being the opposite.

> it's just totally the opposite; stuck, it's dark. (Sean: 338 – 339)

Sean's description of hopelessness as being the opposite of hope is emphasised by his blunt response of stuck and dark which evokes a lack of movement and the impossibility of seeing a way forward. Jessica equated hopelessness with a feeling of heaviness, the opposite of what she associated with hope:

> if you have a session that feels more hopeless, it feels more heavy. You're more likely to sigh at the end, and be like, "Ughff…" (Jessica: 273 – 275)

The draining weight of hopelessness is conveyed by her uttering 'ughff' which seems to vocalise her physical exhaustion and displeasure.

In common with the more tentative understanding of hope versus the more certain understanding of hopelessness, Jessica seems to be surer when discussing the sensations of hopelessness over hope. It may be that, in common with other participants, Jessica

experiences hopelessness as a more visceral experience that is somewhat easier to articulate.

The co-creation of hope. Whilst discussing experiences of hope in their work the majority of participants shared the view of their own hope as something that was created and maintained, and which existed in the interaction between the client and therapist. Although recognising that they could commence therapy feeling hopeful, they acknowledged that for their own hope to flourish it had to develop relationally between themselves and their client. Without some form of engagement from their clients, their own hope in the work would be difficult to maintain.

Sandra captures the essence of hope having to be relational, a theme articulated by the majority of the participants.

> hope must be a relationship, it must be a relational thing. Because you can't just have hope and the other person not have any at all. (Sandra: 218 – 220)

The urgency in Sandra's voice, emphasised through the repeated use of 'must' and 'you can't just', suggests that it is an unbroken rule that hope has to exist between the therapist and client and that it is unsustainable, perhaps almost an impossibility, for hope to exist solely in one individual. She continues:

> I mean you can do that for a little while, but then they have to invest something back, they have to try and do something. I mean even tiny things, like even just turning up for a session means they have a little bit of hope. So maybe it has to be, has to be an interaction, hope. (Sandra: 220 – 224)

Acknowledging that the therapist can remain individually hopeful for a limited time, she again asserts that hope has to come from the client as well. The repeated use of 'they have to' evokes the sense that this is something that she expects of clients, but through her use of language (2nd person plural 'you' and 3rd person plural 'they') this could also be understood as being expected of any therapist and client.

David, a counselling psychologist who had worked as a clinician for over thirty years, offered the following explanation in response to a clarifying question asking him where he thought his hope in his work originated from:

> I am saying it is impossible to say, "This is my hope." Or, "It's my client's hope." But maybe there is such a thing as in a given moment, of hope being present in the intersubjective encounter. (David: 97 – 100)

The strength of conviction is apparent in the ownership of his response 'I am saying', which suggests that he feels sure that hope in therapy is not an individual experience. For David there appears to be a sureness that hope exists in a shared space between the therapist and client. His use of the term 'intersubjective' could be understood as therapy lingo or as a heuristic to explain a seemingly complex process involving the interaction of two people. Later on in the interview he explains:

> It's in the intersubjective, it's in the encounter, it's in the dialogue, and above all, you know I'm sure I haven't used the word, but you know, your relationship. (David: 943 – 946)

There is a strong sense that for David hope exists in the collaboration of two or more subjects, reinforced by his use of the word 'relationship'. His certainty at not having previously used the word 'relationship' which he remarks is 'above all' is noteworthy, and one is left to wonder if he means that all of what he has previously discussed about hope can be summed up as existing within the therapeutic relationship.

For Jessica, who was working in a primary care psychology service, hope was understood as something that developed between her and her clients through working together collaboratively. The following extract came from an example that Jessica shared of her work with a client experiencing severe OCD and included a prompt where I asked her a clarifying question:

> R: And it's that hope that you could really beat this, you know. Working on it together, and I find that really motivating and I think she did too. Then it's that relational thing isn't it when you're both sort of like, "This is working, this is great."

I: You said that relational thing, can you tell me a bit more about what you mean by that?

R: Err, the co-construction, when you sort of feed off each other, for want of a better way of putting it. That you're sort of bouncing off each other or together creating this sense that there's something hopeful happening. (Jessica: 463 – 475)

For Jessica hope appears to be jointly created with her client. Her use of metaphorical imagery such as 'feed off each other' to describe the working relationship evokes a sense of the jointly nourishing quality of hope whilst 'bouncing off' suggests that the hope develops in a seemingly energetic way between the therapist and client. Although this was presented as a positive I couldn't help but shake the sense of a darker undercurrent, a possible flipside to her imagery. If for instance only one person was to feed off the other the sense of nourishment is replaced by an almost vampiric quality of one person draining the life force out of the other, for me perhaps support for Sandra's universal claim that both parties had to have some hope. Additionally the image of two people bouncing off each other can quickly lose its energetic quality if one becomes immobile and the other is doing all the bouncing.

For Alison hope was considered as something that developed as part of a communication between two people:

I'm talking really in process now and not with any theoretical input. But I think in the, in the interactive dance between two people they… You're giving a dual[5] communication and hope may be one of those. (Alison: 711 -714)

Referring to the communication of hope as part of an interactive dance evokes a sense of a dynamic partnership, a moving back and forth between the client and therapist, influencing each other's hope and perhaps distinct from the leading and following associated with some forms of dance. Alison's highlighting of process over theory could suggest that she believes the exchange of hope to be something that transcends a given theory or therapeutic modality.

[5] Her use of the word 'dual' was because she also included trust as being part of the communication.

Complementing the sense of hope emerging in a dance was Helen who understood hope as an interpersonal process that could be considered akin to a give and take:

> I think I always see it as interpersonal. I think, I think you get something from your clients that motivates[6] you to carry on working, and I think, hopefully you're giving something, and as we said earlier, it could be very subtle, the visceral or there's hope in your eyes, the way that you convey it to them, it's not necessarily words. (Helen: 224 – 229)

Helen's belief that she always sees hope as interpersonal seems almost like an ongoing exchange where the therapist receives a hope inducing gift from their client and gives something in return. Her use of 'something' was noteworthy as it opens the door to myriad possibilities of what could bolster a person's hope, reinforced by her providing a range of examples of how she could convey hope to a client. It could be understood from the examples she provided that she doesn't consider the communication of hope to be a necessarily overt strategy and one which may occur implicitly.

Emerging awareness. Amongst the participants there was a realisation that the concept of hope was not something that they had considered in much depth, in spite of their acknowledgement that as practicing psychologists it was something that was central to their therapeutic work. During the interviews all the participants became increasingly conscious of what hope meant to them and their client work, suggesting that a broadening of their awareness had occurred.

Sandra captures the seeming paradox of having an awareness of the importance of hope whilst at the same acknowledging that it is something that is not usually considered.

> Yeah, it's fundamental isn't it, hope? It's something that you don't think about, so it's interesting to talk about it. (Sandra: 76 – 78)

In describing hope in a questioning way as something that is fundamental in therapy yet not thought about she seems to be going to the heart of the discrepancy in this position. Her rationale that it is therefore interesting to talk about could suggest that her emerging

[6] The influence of hope on the therapist will be explored in superordinate theme two: Hope is intrinsic

awareness has led her to take the opportunity presented by the interview to explore the phenomenon in greater detail.

A little later on in the interview a change in her position appears to have occurred and she seems to have moved from a place of initial awareness to one where she is making sense of how hope manifests in her work:

> R: So maybe it has to be, has to be an interaction, hope.
>
> I: Can you tell me more about that, it has to be…?
>
> R: I don't know, I think I'm forming a theory. Yeah, I think I'm writing your research project. I don't know I hadn't thought about it, but I think it is, it is yeah, I think it has to be a relationship. (Sandra: 223 – 229)

Though delivered in a humorous tone her response suggests that her understanding of hope was evolving during the course of the interview and was less well formed than at the beginning. The riposte that she is writing my research project, whilst conveyed as a joke, could be indicative of her becoming more confident in her understanding of what hope means to her, and of her taking the lead in the interview, perhaps moving from a position of uncertainty to one where she feels that she could educate me with her insights about the phenomenon. Her revealing that she does not know and has not thought about hope as existing in a relationship strengthens the sense that her awareness is developing in real time.

I was struck by Sandra's shift from being somewhat unsure about describing hope to her more swaggering 'I'm writing your research project' which was delivered in a tone and manner which seemed to convey a newfound confidence. I found myself smiling at her remark as I wondered if her transformative experience might well emerge as a theme, even though I was well aware of the hermeneutic bracketing to come.

This emerging awareness during the interview can also been seen in the following extract from Monica, a counselling psychologist working in primary care and private practice. It occurred whilst she was attempting to share her understanding of hope:

> So if I hope for something it means I want it to happen, it means I'm projecting my, sort of, in to the future and, and really, sort of, looking for something to happen, aren't I? It's a, it's a desire for an event or a thing, or a feeling, or a state of mind, I guess. So it's actually, usually it's got a, there's an end, there's an end to it. There is a fixed point to what you're hoping for and what I'm hoping for, I think. But I really am now just talking as I think, because I haven't actually considered what hope generally means. (Monica: 24 – 32)

Although Monica has managed to articulate an understanding of hope that would be recognised by academics as containing the core features of the phenomenon, what is particularly noteworthy is that she verbalises that she has not previously considered 'what hope generally means' in praxis. 'Talking as I think' evokes a sense that her understanding is implicit, perhaps preverbal, and that it is the process of having to explain hope that is crystalizing her understanding.

Towards the end of each interview I asked a closing question to see if there was anything the participants would like to add before we concluded. Monica's response to the question was telling, suggesting a more explicit understanding which will be considered in the two following extracts. The first concerns a realisation of how frequently she uses the word 'hope' and the second concerns her clarification of the role of hope in her work[7] :

> I am really struck with how much the word comes into my speech that I talk about as I, as I've been, you know, I don't think I've ever noticed before, quite how much I use the word 'hope'. And that's really interesting to me. That idea that it's such a prevalent notion in the way I speak about the work, and yet I've never actually considered it as a, as a thing, as an entity before. (Monica: 859 – 864)

It seems that for Monica the process of the interview has led to the realisation that she had not previously considered hope as an 'entity', in spite of the frequency with which she uses the word in discussions of her clinical work. Her use of 'entity' conjures up a sense of something corporal and may signify a shift in understanding from something abstract to something more solid. The above extract was delivered in an engaged manner, suggesting

[7]The focus of participants' hopes will be expanded on in superordinate theme three: Responsibility towards hope

that she had indeed found this realisation thought provoking and perhaps worthy of further reflection.

It seems clear that, from the following extract towards the end of the interview, there has been an awakening in Monica's understanding of the role of hope in her clinical practice:

> So the feeling of being hopeful hasn't changed, my understanding of what that means. But the feeling of being hopeful in the work that we do, I think I've clarified what I mean by that, and this idea that I think we can be hopeful about the relationship and being able to be available and with our clients in order to be useful to them. (Monica: 875 – 880)

It is clear for Monica that, whilst the experience of being hopeful has remained the same, there has been a clarification regarding how hope is expressed in her work, which for her has been the realisation that she can place her hope in the therapeutic relationship.

Her repeated use of 'I' suggests that she has assumed ownership over her discovery of knowledge as opposed to feeling that it is being imposed on her from outside.

For Helen there appeared to be a growing realisation of the complexity of hope and its relationship with other phenomena:

> we've been speaking about it for an hour and it's just made me think how complicated actually it is, and it's not, you know, as always, it's not linked to one thing. It's linked to faith and as I said, I think the more we spoke, the more I realised I was linking it …wider way, to the words, the non-body, the non-verbal body communications, and then I went to the room. So I think it's, it's a wide issue. (Helen: 1249 – 1255)

Her mentioning of the length of the interview could be seen as a way to quantify the growth in her understanding of hope and the accompanying sense of the complexity of the topic. Her summarising of the process of her developing understanding to the interviewer could also be understood as a way of reminding herself of what she has learned during the course of the interview. Her 'linking' of hope to faith, to language, to non-verbal communication

and then into the therapy room suggests a recognition of hope as an interconnector between important processes in her work.

David shared his sense that the process of the interview had resulted in him conceptualising hope in a novel way. Although not mentioned in the extract below, his conceptualising refers to his understanding of hope as being something that is jointly discovered by the client and therapist:

> I mean, I've found, you know, what we've been talking about immensely interesting. Because, as you can see, I can speak about it, but I've never actually before decided to conceptualise it, through this particular funnel, that you're putting these experiences through. (David: 487 – 492)

For David it would seem that the semi-structured nature of the interview has led to him conceptualising hope in a new way. His flagging up that he is able to speak about hope but has not previously decided to do so makes me wonder about the extent to which hope is an implicit concept for David, a sort of edge of awareness phenomenon and that it was the more focused style of exploratory questioning or funnelling that brought his implicit understanding to the fore. An alternative reading of the account could be that he was explicitly aware of his understanding of hope but had not had prior cause to articulate it. As with the other participants, David's account could suggest that, in spite of his many years' experience, he has not had many lengthy or in-depth discussions about hope prior to the interview.

Master Theme 2: Hope is intrinsic

This second superordinate theme looks at the innate and essential role that hope plays for therapists' in their work. Four themes will be presented, with the first theme exploring the fundamental importance of the therapists' own hope to their work. The second theme looks at the inherently hopeful orientation of the participants and their understanding of its origins. Theme three considers influences on the therapists' hope, with the fourth theme exploring how hope is seen to impact on the therapists' work.

Fundamental to therapists. The majority of the participants discussed the important role played by their hope in their motivation to engage in clinical work. A variety of hopes were mentioned[8], as well as a recognition that there has been a focus on the client's hope with less emphasis being given to the importance of the therapist's hope, an idea that Sandra articulated succinctly:

> I suppose there is a lot about clients' hope, but therapists' hope is, yeah it's intrinsic to what we do. (Sandra: 1367 – 1368)

I find myself struck by Sandra's use of the word 'intrinsic' to articulate the role of the therapist's hope in clinical work. The Oxford English Dictionary (2012) definition of intrinsic is illuminating: 'belonging to the basic nature of someone or something'. For Sandra it seems as if the therapist's hope is something organic and at the very core of clinical work. One senses that it would almost be inconceivable to her that a clinician could engage in therapy without hope. For me her use of 'we do' suggests that she considers this to be not only applicable to herself but to all other psychologists. It is noteworthy that this was Sandra's final comment before concluding the interview and her use of the word 'intrinsic' could also be understood as a way of leaving me in no doubt as to the importance she placed on her own hope in her clinical work.

More specifically Sandra had previously suggested that it was her hope in people's capacity to change that allowed her to continue working as a therapist.

> I suppose and the only reason I do carry on is because I do have hope that things can change in people. So it's fundamental. You couldn't be a therapist without hope really (Sandra: 1356 – 1358)

The importance that Sandra places on hope in people changing is telling, through her emphasising that it is 'the only reason' she carries on. While it may or may not be the only reason, it conveys the importance that she places on hope in encouraging her to continue working. Her use of 'carry on' evokes in me the sense of therapy as an ongoing and challenging journey, and that it is hope in people's capacity to change that sustains her on this journey. If there were any question as to the importance that she places on hope, it is

[8] These will be expanded on in superordinate theme three: Responsibility towards hope

surely answered with her statement on the fundamental importance of hope. In the case of Sandra it seems that the facility to remain hopeful lies at the heart of her ability to be a therapist, although she points out that this is a prerequisite for all therapists.

Amongst other participants, some openly questioned whether it was even possible to work as a therapist if one didn't have hope in the possibility of therapy:

> Yeah, I mean, could you do this work if, if you didn't have some degree of hope in it? I don't know if you could. (Monica: 764 – 766)

Although Monica concludes with the statement that she doesn't know, her brief response suggests that she is quite sure about her view on the importance of therapists having at least some hope in order to be able to do their work.

Other participants were even more certain of the importance of their own hope to their work. For Jamie it appears that having hope, as well as being a pre-requisite for a therapist may also be a contributing factor in the desire to become one:

> I think that if you didn't have hope when doing clinical work then, you know I don't think you'd be able to do the work itself really, I think that's why we're sort of all there. (Jamie: 76 – 79)

Jamie's statement that hope is 'why we're sort of all there' could be taken to mean that he and the collective 'we' of other psychologist's likely end up as therapists because of their hope for therapy or their hope in the capacity of people to change.

In any case it seems that for Jamie his hope is part of the reason that he became a therapist. Later in the interview he provides an example of the importance of his hope in allowing him to work with a complex client with a diagnosis of schizophrenia:

> Well, it the hope I had towards her was again like I said before is that it is what kept me working with her really, if I didn't have hope in her then I wouldn't, like I said I wouldn't do this kind of work. There had to be a sense of hope that she could change because otherwise I wouldn't persist, you know doing the same things over, why would you do that? (Jamie: 377 – 382)

Jamie's matter of fact statement that he wouldn't even work with his client or work as a therapist unless he had hope for her personalises his earlier more general statement, and confirms that his hope in his clients' ability to change underpins his decision to work as a therapist. His concluding question seems to convey his incredulity at the prospect of working with a client if one didn't believe in the possibility of change. For Jamie it seems that this would be pointless and his defiant question appears to be challenging someone to contradict him as opposed to offering him a rationale.

Sean, like Jamie, emphasised the importance of hope in helping him to do his work:

> So for me it, it makes having hope in clients, hope in the good in humans, helps me to feel this is all worthwhile and it's doing some good. (Sean: 503 – 505)

Sean's articulating of the role of hope in providing his work with meaning is an explicit confirmation of the personal importance of hope, and seems to go further than the other participants who were more likely to couch the importance of having hope for their work or their clients in terms of it enabling them to do their jobs. For Sean it seems that hope in clients gives his work meaning and reassures him that his work is making a difference.

Furthermore it seemed that having hope in his clients, including his most challenging and complex clients, is akin to a need:

> I want to still have hope for them. Hope that something, whatever it is relative to them, will be hopeful for them, because I can't meet people and think, "Oh, what's the point?" I just can't. (Sean: 95 – 98)

Sean's insistent 'I want' to have hope and his imploring 'I can't' appear to go to the heart of what hope means to him, namely that hope is a prerequisite to enable him to do his work. For Sean, as with other participants, it seems an impossibility to work with clients without having hope for them.

Given that the majority of the participants highlighted an absence of hope as a barrier to being able to work as a therapist, it may come as little surprise that a few suggested that any therapist who lacked hope should make an effort to understand why:

> I mean I can't see us working as psychologists or psychotherapists without the hope, and I think I, you know, I always think, if you haven't explored why you don't have hope, I don't think you can help anybody else. (Helen: 847 – 850)

Helen, understanding that a therapist lacking hope should seek to explore why this is so, conveys the importance she places on her personal hope. When she says 'I don't think you can help anybody else' she goes to the heart of her belief that a therapist lacking hope is an ineffectual therapist. It could also be understood that Helen is intimating that if a therapist is lacking hope then something is very wrong indeed and that the reasons for this need to be explored.

Inherently hopeful. As discussed in the previous theme, the majority of participants understood that it was crucial for them to experience hope in order to be able to engage with their work. Whilst appreciating that their experience of hope was not fixed and could fluctuate, they recognised themselves as having a largely hopeful orientation, irrespective of the challenges they faced in their work. The origin of their generally hopeful outlook varied amongst the participants.

For Sean being able to remain hopeful was understood as part of his nature:

> So I've always been kind of like that. It doesn't mean I've… Far from a life of ease – far from that I would say. But, it's just my nature. Always been my nature I think. (Sean: 595 - 598)

Sean's emphasising that his life has been far from easy seems to be a way of communicating that his hopefulness is indeed genuine, has experienced adversity and is not to be confused with a shallow hope or positive view held by someone who has had it easy and is yet to be tested by life. His repetition of 'my nature' evokes a sense that experiencing hope is an inherent and immutable part of his being. His use of 'just' and 'always' communicates that no further explanation is necessary as if he had said 'that's all there is to it'. A further reading of his use of the word 'nature' could suggest that this is something that he values deeply in himself.

Monica appears to suggest that her hopeful outlook is due to the way that she is calibrated:

> I think from me, from my, sort of, general, my general kind of, the way I'm calibrated, I am fortunate to be, generally, sort of, positive, optimistic. I tend to see things constructively. I'm lucky. I've had, you know, whatever developmentally. (Monica: 743 – 748)

Her use of 'calibrated' is telling as it is typically associated with something that is adjusted, in contrast to something that is fixed or innate. Her use of the word 'lucky' seems to indicate that for Monica her hopeful orientation is a result of good fortune and was not set in stone. It could also indicate that had her earlier experiences been different then she could very well have had a more pessimistic outlook and a less hopeful orientation.

Jamie considered hope to be something that existed in his life and which was channelled into his clients:

> I think it was just sort of already there, but maybe it just wasn't, it was, it wasn't sort of directed towards that kind of work, do you see what I mean? It's sort of maybe I had a sense of hope that existed in my life in some way and then it was sort of channelled into these people that I work with (Jamie: 529 – 532)

Jamie's understanding of hope as having been something that 'existed in my life' gives me a sense that a hopeful outlook has been a near constant experience for him. Based on this extract and what he said in the previous theme it could be understood that it was his hope looking for an outlet that drew him to therapeutic work. The way he describes directing or channelling his hope 'into these people' appears determined, and suggests that his hope was going to be usefully directed at something, with therapy being a constructive outlet for it. It reminds me of the way an artist could say, 'I channelled my creativity into my sculpture' and it seems that for Jamie his hope could be looking for a challenge, and perhaps what better challenge than a profession that involves working with individuals where hope may seem lost.

Sandra, who described herself as a 'hopeful person' and as someone who always has 'a bit of hope', understood her hope as stemming from her philosophical outlook:

> I have a sort of philosophy that if, something goes wrong or something doesn't come out right, that it doesn't matter so much because you're on a journey somewhere, so you can still turn another corner and something else will happen. (Sandra: 18 – 22)

Sandra appears to be suggesting that her hope stems from a view she has of life as being a journey. This possible allusion to the life as a journey metaphor evokes in me a sense of her being able to move from one place to another, so that irrespective of things going according to plan she is still left with other routes and destinations. Her change in tense from 1st person 'I have' to the 2nd person 'you're' could indicate that this is a philosophy that she considers applicable to this interviewer and by extension everyone else.

Alison explained that her hope is something that she is able to hold onto due to certain personality traits:

> I suppose I'm quite tenacious. I'll stick in there. And, and also realistic. (Alison: 396 – 397)

Her use of the word tenacious suggests that she grips on and doesn't let go of the hope she holds for something changing. Her sticking in there conveys the sense that she simply won't give up. Contrasting with this she adds that she is also 'realistic', suggesting that the hopes that she embraces so firmly are realistic and perhaps achievable. There may seem to be an initial juxtaposition between someone not giving up hope and being realistic but I wonder, especially given the pragmatic way that Alison had discussed her way of working, if it may be the realism underpinning her hopes that allows her to maintain her tenacity and 'stick in there'.

As discussed in the previous superordinate, theme David understood hope as something that existed outside of the individual and as such was something that one could connect into.

> we're saying, "Look you're still breathing. While you are, there's still hope. (David: 553 – 554)

David appears to be suggesting that hope is inextricably connected with life. As such it could be understood that it is inherent in everyone, can be accessed and is not the preserve of supposedly hopeful people, though perhaps some are better able to access it.

Influences on hope. A theme which emerged amongst participants during the course of the interview was their awareness of the different influences on their levels of hope. It is noteworthy that participants were more readily able to provide examples of experiences that reduced their hope or left them feeling hopeless. This may, as has been discussed previously be due to the more visceral experience of hopelessness, but could additionally be due to the participants largely hopeful orientation. As they have a generally hopeful outlook, it could be that they are better able to recollect instances that have had a negative impact on their hope, something which was explicitly noted by Jessica:

> I think I can generally feel quite hopeful for my clients, I generally feel that we can, you know, hopefully (Laughing), hopefully do something. So I think maybe it's more noticeable when it's not there, when there's a problem with it (Jessica: 202 – 205)

The experiences which influenced the therapists' levels of hope varied amongst participants.

Jamie, who worked in an overstretched psychology service in an economically disadvantaged inner city neighbourhood, considered his service context and clients' circumstances to exert an influence on his ability to remain hopeful:

> I think maintaining the hope is a lot easier when you don't have to take into consideration all the material stuff like that, that goes on outside, the context stuff like the service and their finances, their housing and all that kind of stuff, when that kind of thing, when those kind of things come to the picture I feel a lot more hopeless, I think it's easier to maintain a sense of hope when it's something that's occurring between just you and the person because it becomes a bit like your little world, you know what I mean? (Jamie: 893 – 901)

Jamie appears to be communicating that his hope can be undermined by external events intruding into the therapeutic space that is created between him and his clients. It seems that in an ideal situation he would be able to work with his clients without having unwanted intrusions. His use of 'little world' suggests that his hope could be comparable to a climate

existing within an ecosystem and that anything hazardous entering into this space has the potential to threaten the finely balanced ecosystem. It could be understood that Jamie's hope is being impacted by a sense of powerlessness that occurs when issues that he considers to be outside of his remit or control enter into the therapeutic space. I am left wondering if his hope may in part be influenced by his perception of control over the presenting difficulty.

A number of participants discussed the impact that service pressures had on their ability to maintain hope. Sean who had been working with looming budget cuts and the threat of redundancies in his team articulated the impact that this had on his hope:

> I think I'm a hopeful person but especially with certain service redesigns that we're having here, it can make you feel quite hopeless. (Sean: 7 – 9)

It is telling that Sean emphasised that he sees himself as a hopeful person, explaining that service redesigns can leave you feeling hopeless. It could be that he is emphasising his hopefulness in order to communicate the severity of the service redesign and that he isn't the sort of person who would easily lose hope. It could be understood that the redesign has been having a big impact on Sean's hope and that his switch from first person 'I'm a hopeful person' to third person 'you feel quite hopeless' could be a way to distance himself from the difficult emotions associated with this. Later in the interview he returned to the theme:

> how can you feel hope when you don't even know if you've got a job or..? That's really difficult and that's why a lot of staff have struggled with the current consultation and the one last year. (Sean: 724 – 727)

It seems that Sean's difficulty in feeling hope is primarily related to the uncertainty about his job, suggesting the important role that security holds in him being able to feel hope. He again uses 'you' perhaps to help me to relate to his experience or to continue to distance himself from uncomfortable feelings. His mentioning of other staff is also telling and could be his way of again communicating his resilience and highlighting that he is by no means alone in his struggles.

Jessica, who works in a psychology service offering brief therapy, discussed the pressures of not being able to offer her clients as many sessions as she would like:

> I know that clients that I've not been able to work with within that framework, just working within the service framework, you can't offer them even half of what you want to, and that makes me feel less hopeful (Jessica: 603 – 606)……Then I do lose hope, I sort of think, "Oh maybe you will just end up coming back, because I can't give you what you need". (Jessica: 610 – 611)

It appears that Jessica's hope is moderated by the disparity between what she believes certain clients require in the way of clinical input and what she is able to offer them due to service limitations. Her comment that she 'cannot offer them even half' hints at the likely frustration she feels at being unable to meet her clients' anticipated needs. Her repeated use of the first person suggests that she is close to her experience of losing hope. Her sharing of her unspoken words to her client through seemingly communicating directly with the client almost feels like an apology for her and her service's shortcomings.

Jamie, who earlier discussed the impact of his clients' circumstances on his hope, also articulated his experience of feeling hopeless when he believed that his clients had not met his services expectations of recovery:

> when I feel hopeless sometimes I don't know if that's me or if that's me feeling hopeless in relation to not being able to reach the standard set down by something external like a service, do you know what I mean? So you think well none of these people are recovering, none of them are going below 9, you know it makes me hopeless because nothing happens, and then you think well hold on things actually have changed for them even though it's not as measureable as it could be. (Jamie: 991 – 998)

Jamie's hopelessness at being unable to meet expectations, something shared by a few other participants working in target driven organisations, speaks to the pressure that he feels to deliver, even if this may be unrealistic and a narrow view of recovery. His recognition that not everything is measureable may be a way to manage his feelings of unease or of reminding himself that he is doing good work in a pressurised and target driven environment.

A number of the participants openly shared the impact of their client's hopelessness on their own levels of hope. The following extract also from Jamie highlighted the experience of working with a number of clients who deemed their own situations as hopeless:

> when you have you know a number of people who are quite hopeless in their situations, it's easy for you to be I guess infected with that sense of, not infected but you know sort of affected maybe, by that sense of hopelessness because you sort of get a, the sort of feeling that you get is that what you can offer them isn't really good enough (Jamie: 48 – 54)

Jamie's metaphor of being infected by his clients' hopelessness evokes the sense in me of an almost virulent pathogen spreading from one person to another and laying formerly healthy people low. His quick reframing of 'infected' to 'affected' suggests that perhaps this idea is too uncomfortable for him to contend with and that being affected or changed is more palatable. I nonetheless struggle to remove the image of a virus which is seemingly able to undermine his confidence and leave him feeling as if he is unable to offer his client any form of meaningful assistance. Given the seeming pressure to remain hopeful, I am left questioning whether hopelessness is something that Jamie and the other participants fear.

When discussing the experiences that had a positive impact on their hope the overwhelming reason given was the relationships that they formed with their clients. Helen whilst providing a clinical vignette explained that it was primarily her regard for her client that helped her to maintain her hope despite it fluctuating over the course of her work.

> I think also even though my sense of hope oscillated I think from time to time, I think I've always held on because I think she's a very likeable person. (Helen: 585 – 588)

Helen's use of the word 'oscillate' suggests that her hope went up and down in an almost rhythmic fashion during the course of her work, yet she considers her fondness for her client to be what allowed her to carry on, presumably during the occasions when her hope decreased. Her use of the phrase 'held on' evokes in me the sense of the difficulty that she must have experienced at times and how easy it might have been to have simply let go, underscoring the importance that liking her client plays when her hope falters.

Jessica's hope appeared to be moderated by the degree to which she believed that she could establish a connection with her clients:

> there's also a real emotional side to it, about whether I feel that we could work together. That's sort of more intangible relation stuff, whether we're able to connect in some way. (Jessica: 233 – 235)

Her explanation that it is 'the more intangible relation stuff' that contributes to her ability to form a connection is revealing, as like hope she finds it difficult to characterise. One is left to wonder if this required connection is something that Jessica feels early on in her interactions and which influences her hopes from the earliest stages of therapy or if it is something that develops over the course of therapy.

Within accounts discussing the importance of the relationship, a subtheme emerged about the extent to which therapists drew hope from their clients' willingness to engage. The following extract comes from Sandra whilst discussing her work with a client who had been expressing suicidal intent:

> we had a kind of good rapport, which made me confident enough to have a little bit of hope, yeah. (Sandra: 192 – 193)……..If he didn't have any, if he wasn't going to invest any time or effort in what I was telling him, he wouldn't have tried to form a relationship with me, he wouldn't have tried to – he wouldn't have bothered. So often I will see somebody and they don't want to talk to me at all. But he did. So that gave me a bit of hope, that he could, he could improve. (Sandra: 205 – 211)

It appears that Sandra is communicating her sense that her hope for a client is in part based on the client's own hope for change. We could assume that this is because she recognises that therapy is not a one way process and requires the engagement of the client. Noteworthy is that it was the client's attempt to form a relationship with her that she took as a sign of his engagement and which gave her some hope.

A number of other participants noted the impact of the client's hope or lack thereof on their own. Monica who had been feeling less than hopeful with a client experienced a glimmer of hope when she observed a change in her:

> And that, that change, that move from wanting to die and wanting to fight, stand up for herself, that was the point at which you start, I started to think, "Well there might be some hope for her". (Monica: 608 – 611)

Monica's succinct explanation powerfully conveys her experience of bearing witness to the transformation of her client from someone who seemed ready 'to die' to someone who is 'wanting to fight'. Her narrating of her internal monologue suggests that after having witnessed this change she can now entertain the possibility of hope for her client. Tellingly there is a shift in tense from the 2nd person 'you' to 1st person 'I', hinting that Monica has taken ownership of her hope for her client after observing her client starting to own theirs. Monica's experience tallies with that of other participants who seemed very receptive to shifts in their clients' hope, noting that they would often experience an upsurge in their own hope that paralleled an increase in their clients' hope. For many the perceived increase in hope was implicit and was discerned from more explicit client behaviours such as increased motivation to take action.

Several of the more seasoned participants made reference to how the clinical experience they had gained over a number of years of working influenced their hope. For Helen her twenty plus years of clinical experience had taught her that people change is hard:

> I think the more you work, I have to say, the more experienced you are, the more you realise that people change is hard, that six sessions are not going to do it, or five sessions are not going to do it. So I think you, it's interesting actually thinking about hope that, I think I have, I have, I can probably maintain the hope more 20 years later than I've been working, that when you start out, I think when I started out, I think I thought change would be easier. (Helen: 662 – 669)

One way of understanding Helen's account is that when she was less experienced she may have held the view that people change was more straightforward which would have resulted in an exaggerated hope that ultimately proved unrealistic and fragile when put to the test. She seems to intimate that with experience came a more realistic hope, grounded in her expertise that is easier to maintain in the face of clinical challenges.

Participants also made reference to drawing hope from previous experiences of clinical work:

> And what sustains my hope is that I've seen it, I've seen it work, I've seen therapy work. (Sandra: 466 – 467)

The thrice repeated 'I've seen' matched the conviction in Sandra's voice that her past experience of delivering successful therapy was something that she could draw on when working with complex and challenging clients. For Jessica who had about one year post qualification experience, hope was in part impacted by her perceived competence in responding to her clients difficulties:

> partly I feel hopeful that I can help somebody based on my awareness of my competence. Like how much knowledge I think I have about what I'm dealing with. Or, you know, whether I've worked with this difficult, type of difficulty before. (Jessica: 228 – 232)

The sense from Jessica is that she is continuing to build her confidence as a clinician and as such her hope is partially located in areas where she has experienced success. It should be noted that Jessica was undertaking further training in CBT and was being assessed on her proficiency against explicit criteria. As such she may have been particularly aware of her competence.

A number of participants spoke about the challenge of working with difficult and confrontational clients and the impact that this could have on their hope for a favourable outcome. Sandra who often worked with clients diagnosed with personality disorder (PD) used language synonymous with conflict:

> I suppose, particularly when, or in fact with any clients actually, you are almost in a battle all the time…..And that really knocks your hope. Because you just think, "Well oh God, I won't bother then." Let's not bother, but you have to have some hope that, you know you can get through somehow, I suppose, yeah. (Sandra: 475 – 483)

Being in a battle with clients evokes in me a sense that Sandra's hope is under assault during therapy and can almost be knocked out of her until she feels like surrendering. Nonetheless

she appears able to draw on reserves of hope from somewhere else, perhaps her life philosophy, personality and belief in therapy which has been previously discussed. Tellingly Sandra moves back and forth between the 1st and 3rd person and I wonder if this may also be representative of the conflict and its impact on her, generalising the battle and fighting in the 3rd person 'you' before sharing the impact on her of wanting to give up in the 1st person. Her assertion that 'you have to have some hope' to succeed appears to suggest the impossibility of succeeding in her clinical work without hope.

Impact on Work. Having explored the various influences on therapists' experiences of hope, this theme addresses the impact that fluctuations in hope have on their work.

It is worth noting that the emergence of this theme could in part be attributed to it being one of the interview questions, although it was not asked in a number of interviews as participants had introduced the subject spontaneously, often when discussing examples of client work.

The majority of participants whether, responding to the question or raising it themselves, tended to provide examples of the detrimental impact that feeling hopeless had on their work even though the question was open ended.

Helen, one of the more experienced therapists, provided a number of examples over the course of our interview about how feelings of hopelessness could have a detrimental impact on her work. In the extract below she makes reference to feeling deskilled.

> it can make you feel quite deskilled I think, when you keep losing the hope (Helen: 660 – 661)

The repetition associated with 'keep losing' suggests that the hope is being mislaid like a set of keys and that it is the inability to hold on to them that is resulting in her feeling deskilled. One wonders if the apparent pressure to hold onto hope is due to an expectation that she should be skilled enough to hold onto the hope no matter how tricky the circumstances. It could also perhaps be due to a global responsibility, that as a therapist it is her duty to hold on to hope. This will be explored in detail in the next superordinate theme. For Helen losing hope does not simply leave her feeling deskilled, but also increases the likelihood of therapeutic mistakes being made such as not adhering to session times:

> And the times when hope goes I think are the times when you get the time wrong, when you get, you know, you slip up as a therapist, something happens. (Helen: 1203 – 1205)

Helen is putting forward her understanding that a loss of hope can contribute to therapeutic mistakes. Her use of 'I think' and then use of 'you' suggest that she may be confident that this is the case and that it may also be generalizable to other therapists. Alternatively her use of 'you' could suggest a distancing from uncomfortable feelings associated with making mistakes. Her 'something happens' has an all-encompassing quality, as if any mistake could possibly be underpinned by a loss of hope.

A number of participants explained that their response to feeling hopeless was often to increase their effort even though they might be sceptical about it making a difference. For Sandra she explained that at times when she has felt hopeless she has tried offering something tangible to clients in order to try and influence change:

> But sometimes you get to that point and you think, "Oh Lord, I don't think anything is going to change here." Then I suppose your hope goes down. But you can sort of cover it up by doing loads more, "Oh I'll just do tons of reading in the week and I will prepare loads more hand outs and say, look I've printed out this for you. So you can kind of try and get change, when you're trying to mask the feeling that actually I feel pretty hopeless in this situation. (Sandra: 1115 – 1121)

Sandra's sharing of how she conceals her lack of hope has an almost confessional feel to it and suggests that she is reluctant for her clients to see that she is not feeling hopeful. Her use of phrases such as 'cover up' and 'mask the feeling' evokes the sense of a conspiracy to ensure that the client remains unaware of how she is really feeling. I am left to wonder about how important she must think it is for her clients to believe that she is resolutely hopeful.

Her responding by increasing her effort and overtly demonstrating this to the client through providing them with hand-outs could be understood as a way to reassure her clients that change remains possible. It could also be understood as a way to increase the clients' hope

so that they engage more or take action to make changes, irrespective of how the client feels.

Sean, who had shared examples of working with a number of challenging clients, seemed aware of the possible consequences of him feeling hopeless and adopted a strategy of self-reflecting in order to minimise the possibility of him making a mistake:

> if I'm feeling very hopeless I often will talk more in my head, just to check what's going on and keep steering myself, so I don't get lost in it. And I name what I'm feeling so I don't just project it back without realising it. (Sean: 308 – 311)

From Sean's extract above it seems as if he is very aware of the possibility of being drawn into his hopelessness. His use of 'steering' suggests that when he is feeling hopeless he makes an effort to stay on course and to avoid running aground.

Whilst Sean discussed his attempts to avoid projecting feelings associated with his hopelessness back onto his clients, a number of other participants discussed the impact of their clients' hopelessness on themselves and their work.

Monica shared an evocative example from her clinical work of a time when she felt overpowered by her client's hopelessness, leaving her unable to give the client what she thought he needed from therapy:

> I allowed, maybe it was his hopelessness, I allowed it just to, sort of, kind of, yeah, sort of knock me down as well, like a wave.

The first image that comes to mind is Monica being almost crushed and submerged by a wave of hopelessness. The aggressiveness inherent in being knocked down is seemingly at odds with her twice taking ownership, 'I allowed', as if she could somehow have avoided or resisted the onslaught.

During the interview I was taken aback by the visual power in the metaphor and asked her to verify what I had heard in the hope that she would elaborate further. My surprise can be seen in the hesitancy at the beginning of my question.

> I: So his, so his hopelessness actually knocked you down like a wave?

> R: Yeah, yeah, yeah. I suppose that's what it really sort of felt like. 'Cause I remember clearly sitting where you're sitting now feeling just like, (making wave crash sound)". I remember him asking me, "So what shall I do? What shall I do? What shall I do?" And I, and I remember answering him, you know, basically saying, "I don't know what you should do. There is nothing to do." It's just sort of, effectively, what I was trying to say. It was nothing to do. We, we just have to, kind of, sit here and feel it, in a way. But that wasn't what he was able to hear or feel, and he didn't want it. (Monica: 322 – 337)

Monica's sound effects to accompany her analogy appear to convey the visceral impact that her client's hopelessness had on her. Taking the analogy further it could be understood that her responding to her clients' pleas, by saying that there was nothing to be done and that they had to 'sit here and feel it', appears similar to advice that is given to surfers when they are submerged by a wave, namely to hold their breath and not to panic. In this case however it could be understood that her response was a capitulation, likely due to her loss of hope:

> I wasn't able, somehow I lost the ability when I, when we were working, to let him know that, actually, I did think that he would, eventually, get better, and I let him feel that I thought it was hopeless, as hopeless as he did. (Monica: 98 – 101)

Monica's experience of losing her ability to communicate to her client that he could improve conveys the detrimental impact for her of feeling hopeless. Her use of 'somehow' suggests an uncertainty as to exactly how this happened, as if it took her completely by surprise. The fact that she acknowledges that she let her client feel hopeless, while recognising that she did think he could recover, suggests that her client's hopelessness really knocked her down like a wave, leaving her powerless to respond. That she takes ownership, 'I let him feel', suggests that she feels responsible for what has happened, as if she has made a mistake and should have been able to maintain her hope and resist his onslaught of hopelessness.

Whilst the majority of the participants provided examples of the impact of hopelessness on their work, there were some examples of the constructive impact of hope.

Jamie shared an example of the positive impact on him of a challenging client making an effort to engage with him after he had earlier informed the client that therapy would cease due to the client's reluctance to commit to the process:

> I didn't know that, that reaction that I got from him would instil me with this kind of hope, but almost was done with a sense of, I felt quite sad for the guy really, but it also gave me a bit of inspiration to think let's keep going so you didn't give up on him essentially. (Jamie: 722 – 726)

Jamie appears surprised by the impact that his client's effort to engage has had on him, reasoning that it was his sadness for him that inspired him to keep working. It could be that witnessing his client as vulnerable as opposed to belligerent may have allowed him to see a more human side, resulting in hope at the possibility of forming a working relationship and progressing therapy. His honesty about the fact that his newfound hope inspired him to continue working and not give up is informative, and suggests the important role of hope in motivating Jamie to keep working with challenging clients.

A number of therapists made reference to the impact of hope in motivating them to continue working. Jessica shared an example of the virtuous interaction of increasing hope within her client and herself as a result of witnessing her client progress:

> I'm thinking of a client recently who had quite severe OCD and she, you know, I was hopeful she could make a change. She started to make changes and we both sort of were excited about it. It's like, "This is great." And it's that hope that you could really beat this, you know. Working on it together, and I find that really motivating and I think she did too. (Jessica: 460 – 467)

For Jessica it seems that having hope that change is possible is instrumental in motivating her to continue working. She appears to experience hope as self-perpetuating, becoming ever more hopeful as she observes her client making progress. Her excitement at working together with her client was palpable and suggests that it is the hope for change, stemming from experiencing collaborative success that is so motivating for her and her client.

Master Theme 3: Responsibility Towards Hope

The third superordinate theme reflects the responsibility that the participants felt towards hope in their clinical work. It comprises three themes: the therapists' role, the focus of therapists' hopes and the therapists' pragmatism towards hope. As previously mentioned, the participants had a range of clinical and life experiences as well as training in different modalities. Nonetheless they all seemed to share a duty, or consider it part of their role, to ensure that hope was present in the therapeutic encounter. The responsibility theme, though not explicitly vocalised by participants, came to the fore during the analysis in spite of there being no direct question about it during the course of the interviews.

The therapists' role. This theme addressed the participants understanding that the facilitation of hope in the therapeutic encounter was part of their role. The majority of participants contributed to the theme, with a few providing evocative analogies to illustrate their beliefs.

A number of participants explained that part of their role as a therapist was to hold hope for their clients.

> And I suppose at the beginning particularly, you need that. And if they're going through a crisis, you need to hold their hope for them, when they can't, when they see everything is hopeless. (Sandra: 1259 – 1261)

Sandra, who was discussing her work with complex clients with a diagnosis of personality disorder, appears to be communicating how important it is for therapists to hold their clients' hope when they are unable to. Her repeated use of 'you need' suggests that this is not merely nice to have, but that the onus is on her and other therapists to do so. Sandra had earlier mentioned that during therapy she could have a lot more hope for clients than they did. As such it could be understood that when she is holding the clients' hope this is in addition to her own hope for them. That hope is discussed as if it has physical properties and can be held may suggest that hope is understood as something that could be burdensome for a therapist if they held on to it for too long. It could also hint at the fragility of hope and the possibility that it could be lost, damaged or destroyed. Interestingly Sandra had earlier made reference to the therapist as being a bastion of hope:

> You know the therapist is somebody who is a kind of bastion of hope in a really crappy situation. (Sandra: 257 – 258)

The therapist as a bastion of hope is a more nuanced analogy than it may at first seem, as whilst it implies a fortified structure a bastion was also designed to effectively employ defensive fire. Taking this analogy further it could be understood that Sandra understands part of the therapists' role to be to resist forcefully any form of assaults on their or their clients' hope.

Jessica, like Sandra, articulated that part of her role was to hold hope during times of difficulty, noting that her holding of hope was not something that she would necessarily articulate to her client:

> I think it's my job to also hold the hope at times, when they have a setback, or you know things aren't going so well. And then, I think hope is quite an important concept for saying, well they might not feel that now, I might not even say this at all, but just to feel that, I trust that this isn't it, you know? This isn't the way it has to be or has to be seen, and things can change if they want, things can be different. (Jessica: 535 – 541)

For Jessica it seems that holding hope on behalf of her client is seen as an implicit part of her role, as it is not something that she would necessarily share with her client but seems to be something that she would be aware of and experience. Although she uses the term 'hold the hope', one can wonder if she understands this as the holding of a shared hope, her clients' hope, her own or a combination of the above. Her use of 'feel' suggests that Jessica may be literally taking on the hope for change in an embodied sense, perhaps physically, emotionally and cognitively.

In addition to seeing the holding of hope as part of her role, Jessica had mentioned earlier in the interview that she considered the offering of hope to be part of her role as a therapist:

> I think it's part of my job, when I first meet someone to be able to offer them some hope, and hopefully get them feeling hopeful that they might, be able to make some changes. (Jessica: 9 – 11)

From the start of therapy it seems that Jessica considers it her responsibility to 'offer them some hope', again as if hope had a physical aspect that she could hand over to the client. The word offer has connotations of presenting something to someone which they can choose to accept or decline, suggesting that it is not something that she would impose on her clients but something that they could choose to accept of their own volition.

Her use of hope, hopefully and hopeful in the above extract produced a wry smile from Jessica, which I interpreted as her realising the extent to which she used words around hope. My interpretation was in part due to an insight shared with me by Monica in the previous interview where she had realised how frequently she was using variations of the word hope.

Alison appeared to understand her responsibility to hope in more proactive terms:

> I truly try to get hold of someone else's core as well and try and get that core to be working for them, whatever the core is. (Alison: 564 – 566)

It could be understood that Alison considers it her responsibility to reach out and grasp onto the client's 'core', which could be understood as their being, akin to life force or embodied hope. The emphasis and ownership inherent in her language 'I truly try' suggests that this is something that she considers to be an important part of her role. It could be postulated that the above extract is a summary of what she attempts to do in her work, namely getting a hold of a client's core as if it is a misfiring engine and then helping them to fine tune it and get them on the road again.

Although the majority of therapists discussed the responsibility they felt towards hope the most experienced therapist David provided a particularly eloquent understanding of his role as a therapist:

> And I do see my job as a therapist, now quite an experienced one, over, you know over 30 years, a job I love. I do see it as like being a midwife to hope. The baby isn't your baby, it's somebody else's baby. And the hope isn't your hope, but if you are a good midwife you can help people find and give birth to their own hope. (David: 55 – 59)

David's underscoring of his length of experience gives credence to his resonant analogy of a therapist as 'being a midwife to hope'. His analogy captures what he considers to be key, namely helping his clients to 'find and give birth to their own hope'. His role as akin to a midwife evokes the sense of someone who guides hope from development, through delivery and then supports and encourages it following the birth. Hope being analogous to a baby suggests possibility but also vulnerability and the need for the therapist to be highly attuned to changes in their client. For David the hope is not his hope and his role appears to be to help his clients locate and connect with their own hopes.

Focus of therapists' hopes. This theme emerged during the analysis when it became apparent that almost all the participants articulated that they focused their hopes on something during their clinical work. There was variety amongst the participants' accounts, with some emphasising general hopes for change whilst others focused their hope on the therapeutic relationship or strived to align their hopes with their clients' goals. Irrespective of the focus of their hopes the intensity came across strongly, as can be seen in the following extract from Sean:

> I did think, "I have such hope." I hope this woman can get better, can feel better. (Sean: 200 – 201)

Sean's hope for his client jumps off the page and corresponds with the sentiment conveyed by his voice when he said it. It seems as if the hope is almost overwhelming and one gets the sense that he would be willing to go the extra mile to help her, something which he subsequently confirmed when he proceeded to discuss the progress his client had made.

Whilst Sean concentrated his hope on his client being able to get and feel better, a number of participants discussed how they concentrated their hopes on the client's capacity to change:

> I think there is a hope, a hope in the client that they can change, you have to have a...you have to have a belief or something like that, that they can make a change, a hope that they're willing to change but also hope that their situation can change. (Jamie: 251 – 255)

His use of 'you' again suggests that his belief should be applied to all other therapists. It could also be understood that his generalising out to others may be a rallying call to others that they must have hope for change. His repeated use of 'you have to have' suggests that he sees it as obligatory for the therapist to have hope in their clients' capacity to change and one is left wondering if this may lead to a forced hope.

For Sandra there appeared to be an emphasis on the therapist aligning their hopes with those of the client:

> You hope, you've got to have hopes that are, in with the client. That's the nature of therapy, true collaborative therapy. That their hopes and your hopes for them are the same. (Sandra: 1233 -1235)

Sandra, like Jamie, seems almost insistent, 'you've got to', about therapists having hopes that are in line with their clients. However this insistence may be unsurprising given her belief that shared hopes are the 'nature of therapy'. The use of 'nature' is striking as it suggests to me that she sees shared hopes as an inherent feature of therapy and as such it should be a crucial focus of the therapist to ensure that their hopes are aligned with their client.

For Jessica there was more of an emphasis on her hopes being guided by her clients' goals:

> I think it's very much guided by what the client has said they want to achieve really. You know you do an assessment of someone and you're very much talking about their goals and what they want to get out it, and then my hopes are very much guided by that. (Jessica: 725 – 729)

Jessica appears to be suggesting that her hopes are guided by a more formal assessment or explicit understanding of what the client says they would like to gain from therapy. I was left wondering if Jessica's understanding was markedly different to Sandra's. For myself at least it seemed that Jessica understood being guided by and aligning with her clients goals as a necessary component of therapy but perhaps not as the essence of therapy itself.

A number of participants had discussed in the first superordinate theme their understanding of hope as being something that was created in the relationship. Perhaps unsurprisingly a

number of participants maintained that they directed their hope towards the therapeutic relationship:

> So if we can hope in the therapeutic process, again, the relationship, the thing that we get, sort of, talk, that we talk about all the time. That we can have hope that the relationship works and that whatever the client then needs, or wants, they can get in that relationship. Then, perhaps, that's what the hope can be directed at. (Monica: 649 – 654)

The value that Monica places on the therapeutic relationship comes through loud and clear, emphasised by her comment that it's what everyone talks about and quite possibly what she thinks about. It appears that she understands the therapeutic relationship as the conduit through which the clients' needs are met, and as such it would seem that placing her hope in the relationship would be the most pragmatic thing to do. I am left to wonder though if her directing her hope at the broader relationship could be meeting another need, perhaps as a means for her to have realisable hopes. This occurred to me as Monica had previously underscored that a personal hope for a client to get better was irrelevant:

> it doesn't matter how badly we want them to get better, we can't make them better. Monica: 639 – 640)

Her understanding that desires for a specific change in no way enables the change to take place could suggest that she has adopted a broader strategy towards hope in her work one that would allow her to better realise hope and perhaps avoid feeling let down when personal hopes for clients were not realised.

For Alison, having personal hopes for a client seemed to be a no:

> I work with my client's hope. I hope for an outcome that is suitable and acceptable to them. I don't sit there and think, "Oh, I hope that this is what happens to this person". (Alison: 297 – 298)

The inner monologue shared by Alison conveys a strong sense that having personal hopes for her clients is best avoided, explaining that:

> the agency is theirs not mine. (Alison: 301)

It appears that Alison is sharing her view that, should a therapist become too caught up in their own hopes for the client, they could be taking the client's agency away from them. This is something that may well have underpinned other therapists' hesitancy for having or admitting to personal hopes for their clients, but was not something they explicitly verbalised. For Alison it seemed that the focus of her hope was to assist her clients in getting in touch with their own resolve:

> I guess there's a sense of my hope, would be that they'll get in touch with their own resolve, with my aid, but that they will be able to be open to their own resources and own resolve. (Alison: 305 – 307)

'Resolve' is a word that Alison used in her interview seemingly interchangeably with 'core' and it could be understood that she is referring to something akin to the clients' hope and that her hope is simply for her clients to connect with their own hope.

Helen, who had considerable experience of working with clients from different cultural backgrounds, had shared a cautionary example where she had a personal hope for a client to end an abusive relationship. The client did not see this as their key difficulty and their own hope had been for change in another area of their life. The following extract summarises her reasons for caution:

> what is hope for one person and what is hope for another? And I think as professionals it can appear as being, you know, the expert psychologist, who are we to say, you know, "Get rid of your nightmares" (Helen: 459 – 462)

Helen is cautioning against the tendency for therapists to adopt the expert position and assume that they know what is best for their clients. The example she provides of not necessarily getting rid of nightmares is powerful as one could easily assume that it would be a given for someone to want to get rid of them. The conviction of her belief suggests that she knows otherwise. Although not expressed verbally, it could be understood that she is implying that therapists should respect and honour their clients' hopes and be very tentative about imposing their own hopes onto their clients.

Pragmatism towards hope. The final theme addresses the presence amongst the participants of pragmatism towards hope. Whilst all the participants understood the importance of hope for themselves and their clients, they also shared a caution in not being overly hopeful as well as times when hope itself could be problematic. Participants were not asked overtly about any pros or cons of hope and this theme could therefore be understood as having emerged organically during the interviews and may signify its relevance to participants' lived experience of hope in their work.

Jamie, who had insisted that the therapist should have hope in their client being able to change, also provided a caution about placing too much hope in the client's ability to change:

> I guess if you come in with too much hope about change, yeah?, particularly in the individual the person you're working with you might push it a bit too hard I think and it can become maybe unhelpful, unproductive, do you see what I mean? (Jamie: 88 – 92)

His assertion that if you 'come in with too much hope' for the client that 'you might push it a bit too hard' evokes in me the image of an overly enthusiastic sales person pushing a product they believe is great without first checking what the customer is in the market for. This perhaps well intentioned though ill-informed strategy would be 'unhelpful, unproductive' and likely alienate the customer, resulting in them walking away. It could be understood that Jamie is advising that therapists, despite their best intentions, rein in their hopes at the beginning of therapy so as not to overburden the client with their expectations for change, be they explicit or implicit, thus allowing the clients to make changes at their own pace.

Sandra, in a similar vein to Jamie, cautions about the risks of being overly hopeful before suggesting the benefits of a more realistic hope:

> Yeah, you have to tread carefully though, you can't come across like a sort of evangelical preacher, because that isn't going to work. If you have a realistic amount of hope, then that's going to make people take risks, positive risks to change. (Sandra: 576 – 579)

The idea that a therapist has to tread carefully with hope suggests that difficulties lie in store if they are too hasty. Her reference to an overly hopeful therapist as being like an 'evangelical preacher' evokes a powerful image of a charismatic individual promising salvation to someone if they embrace the faith. Negative connotations seem inherent in her simile, perhaps due to the reported scandals involving evangelical preachers in the media. I interpreted the parallel being a therapist promising their client that they will achieve their goals no matter how fanciful so long as they engage in the process, something which will ultimately lead to disappointment when the fanciful future fails to materialise.

Sandra understands this to be counterproductive and suggests that having a more 'realistic amount of hope' will lead the client to taking positive risks. Her combined use of the words realistic and hope could seem like an oxymoron juxtaposing seemingly contradictory views and yet it was a phrase that was used by many of the participants. I wondered if their use of the phrase highlighted the tension within themselves between feeling a need to be hopeful but at the same time not promising too much, something which seemed alive in the following extract from Jessica:

> even though I think it's important for a therapist to offer hope, you don't want to, that doesn't mean that you're going in promising something unrealistic or that you've got some kind of magic wand that you can make it all better (Jessica: 934 – 938)

The importance of offering hope but ensuring that it remains realistic is vividly emphasised by the image created of a therapist wielding a magic wand with the capacity to grant wishes. It seems that for Jessica and other therapists there is a genuine caution in raising clients' hopes to the point that they become fanciful and are more akin to expectations than hopes.

For Alison reality seems to be understood as something which can ground both expectation and hope:

> There's got to be a, there's got to be an element of reality in it…….My expectation and hope would need to match what the reality of my capability would be. (Alison: 221 – 227)

The idea that expectation and hope need to match reality suggests that Alison also sees hope as something that has to have some grounding in reality and that she does not support seemingly impossible hopes or flights of fancy.

David shared his understanding of how a therapist having boundaries around the amount of hope that they convey could actually aid in the discovery of hope and mitigate against unrealistic hopes:

> And boundaries can also be very important in the discovery of hope. Because instead of you saying, "I will be everything that you need me to be to you." You're saying, "This is what I'm offering and see what you can find here." And then it's possible. Whereas, without the boundaries you're kind of presenting a nirvana or a kind of unrealistic hope aren't you? So you're modelling in your very being, what this life offers. (David: 1005 – 1012)

David's hypothetical dialogue to his client summarising alternate positions of unrealistic versus realistic scenarios conveys the importance he places on boundaries. His use of 'nirvana' to describe unrealistic hope evokes a sense of something transcendental, not of this world and so likely to be unachievable. His more limited offering, which he understands as modelling what life offers, conveys the deeply held responsibility that he feels towards hope and the onus on him to ensure that what is offered to his clients is a truly genuine hope.

Helen also cautions against the dangers of false hope:

> I think when there's hope it's energising. I think you have to watch out, of course, that the hope, that it's not false hope, and that it's also doesn't mask other things. And I think sometimes it does (Helen: 306 – 309)

Helen's recognition of the vitalising aspect of hope, whilst cautioning that it may in fact be a false hope masking other problems is suggestive of her having experienced this in her own client work. Her use of 'you have to watch out' could be a way of distancing herself from the difficult emotions that she experienced when a hope of hers was found to be masking a problem. One wonders if Helen is providing a 'caveat emptor' to herself and other

therapists, whereby the therapist in the market for hope recognises their responsibility in ensuring that it is in fact a genuine hope.

Discussion

The research study aimed to investigate how practitioner psychologists understand and make sense of their hope within their clinical work. The analysis, in line with the ethos of IPA, sought to provide an interpretative account of the data which was grounded in the participants' descriptive experience. During the write-up of the analysis it was decided to 'bracket' any engagement with the extant literature to ensure that the interpretations arose from the data. It was also felt that this approach would emphasise the participants' individual accounts and better honour their contribution.

The findings of the analysis will now be discussed in the context of the wider literature. Following this I will provide a critique of the study, considering the strengths and limitations of the methodology. I will discuss personal reflexivity and provide suggestions for how the study could be improved.

I will conclude with a discussion of the implications of this study for the practice of counselling psychology and offer suggestions for future research.

Discussion of Master Themes

Three master themes emerged from the analysis and were presented in the findings, they were: making sense of hope, hope is intrinsic, and responsibility towards hope.

'Making sense of hope' described the participants' attempts at trying to understand their experience of hope as well as their growing awareness over the course of the interview of what hope meant to them and their client work. This theme also described the participants' experiences of hope as embodied and their understanding of hope as something co-created between the therapist and their client.

'Hope is intrinsic' explored the innate and essential role that the participants' hope played in their work. It described the importance of therapists' hope to their work, their generally hopeful orientation and their understanding of its origins, the influences on their hope and how their hope or lack of hope impacted their work.

'Responsibility towards hope' explored the obligation that participants felt to both maintain and foster hope. It described how they viewed their role, the focus of their hopes and their pragmatism towards hope.

Making Sense of Hope

From ambiguity to insight. An inchoate understanding of hope was a common feature amongst participants at the start of the interview. Their struggles to explain their understanding of hope appearing similar to the challenge faced by therapists in the study by O'Hara and O'Hara (2012) where the researchers noted that hope was a mercurial concept to explicate.

The participants' difficulties in articulating hope also paralleled the challenges faced by researchers in conceptualising the phenomenon (Eliott & Olver, 2002). Whilst there was some variation amongst participants' explanations of hope, they largely overlapped with the elements identified by researchers such as Stephenson (1991) and Dufault and Martocchio (1985). Noteworthy was that despite its frequent usage in their speech the participants did not appear to be drawing from preformed schema, suggesting that hope had been understood implicitly, similarly to the therapists in the study by O'Hara and O'Hara (2012), or as a folk concept (Larsen & Stege, 2010b). Indeed for many of the participants their initial descriptions of hope were not particularly sophisticated, an observation which supports Smith's (2007) belief that the pervasiveness of hope in our existence renders it amorphous and ambiguous.

Furthermore a number of participants expressed the view that given their profession and its importance in their work they should know more about hope, rationalising their lack of clarity about hope as being due it not being a general topic of discussion. The incongruity of recognising the importance of hope yet not previously considering it was articulated by O'Hara (2010) when he questioned why hope, given its importance to therapy, is not an essential topic in our counsellor training programmes. Whilst the suggestion by O'Hara (2010) that hope should be a topic deliberated over in training is to be applauded, what is noteworthy is that a number of experienced therapists had seemingly never considered the

role of hope in their work, suggesting that it is not something that is routinely explored post-training. That the role of hope, including personal hope is rarely deliberated over may seem particularly significant if one considers the growing research on the importance of therapists' (Coppock et al., 2010) and clients' (Hanna, 2002) hope in positive therapeutic outcomes and the emerging recognition of the importance of personal hope for therapists' wellbeing (Snyder, 1994).

Whilst participants' initial attempts at articulating hope were tentative, over the course of the interview participants developed a broader understanding of hope and became increasingly aware of the multifaceted role that hope played in their work. For some it was a realisation of its existence in the therapeutic relationship, for others a newfound awareness of its complexity and the influence it had on themselves and their work. This meaning making in the moment was exemplified by Monica when she said 'I really am now just talking as I think'.

Irrespective of the insights that they gained, what was apparent was that reflecting on past experience and clinical material in the interview facilitated a transition from an implicit understanding of hope to one that was more explicit. In a sense the interview could be understood as facilitating a form of reflective practice (Lane & Corrie, 2006), suggesting that adopting a reflective stance towards one's hope could be a pragmatic way for therapists to increase their understanding of its role in their work.

An embodied experience. Understanding hope as an embodied experience was a shared view of participants in this study. Whilst there was an initial focus by the majority of participants on outlining hope in cognitive terms this shifted to a broader view of hope as embodied, suggesting that they did not view hope as a dualistic separation between mind and body. The view of hope as embodied came through strongly in the participants' language. It was described variously as being 'in your middle', as something 'core' and being 'tied in with the heart'.

When considering the research on how hope has been conceptualised it is clear that the pre-eminent model of hope considers it to be primarily cognitive (Snyder, 2002) although Bruiniks and Malle (2005) recognise it as being a cognition as well as an emotion and Dufault

and Martocchio (1985) describe an 'affective dimension'. Notwithstanding this the majority of models which recognise the emotional aspects of hope do not seem to go as far as participants such as Sandra in describing the embodied sense of hope when she says 'all of you has got to be hoping'. Benzein and Saveman (1998) appear closest to identifying a subtheme of hope, which they refer to as Inner strength and energy.

For the participants hope was corporeal and was sensed by some as a feeling of lightness, in contrast to hopelessness which felt heavy. In a similar vein some participants associated hope and hopelessness with light and dark and with flow and being stuck, descriptors that require bodily senses to perceive them.

Whilst the embodied aspect of hope is not explicitly mentioned in existing conceptualisations of hope it was one of the four themes identified by Crain and Koehn (2012) in their study of domestic violence support workers' lived experience of hope. In their study hope was found to be experienced viscerally with 'physical reactions and felt emotions' (p.176). Within this theme support workers illustrated their experience of hope using physical descriptors such as warmth and made reference to hope as like a weight being lifted. Within psychotherapy research Gendlin (1992) in his discussions on the primacy of the body over perception has also observed that hope is experienced bodily as a felt sense.

The understanding of hope as embodied has been considered by David Smith (2007) who drew on Straus (1966) to propose that the very act of standing upright is an expression of hope. Smith also draws attention to the fact that hope and hopelessness have been depicted for centuries in the physical disposition of characters in paintings and sculptures. The idea of hope as holistic, existing and felt within the body may be unsurprising if one considers Erikson (1968) who understood hope as originating and developing within the infant from the earliest conflict between primal trust and mistrust, something borne out by research which correlated it with secure attachments (Shorey, Snyder, Yang, & Lewin, 2003). From this perspective hope could be seen as something that develops pre-verbally and is fostered through successful interactions with caregivers (Rand & Cheavens, 2009).

Based on the findings of this study and that of other psychotherapy researchers there appears to be a discrepancy between existing models of hope and the experience of therapists. Moving forward it may be that a reconceptualization of hope models is required which gives more emphasis to the embodied aspect of the phenomenon.

The co-creation of hope. Participants understood their hope as something that was relational, being created and fostered in the interaction between themselves and their client. Whilst it was recognised that they could begin therapy feeling hopeful they maintained that for it to flourish it required input from the client. They used a range of different words and phrases to articulate their experience of how their hope existed, describing it as occurring: within the relationship, as an interaction, an intersubjective encounter, a co-creation and as an interactive dance.

What these various conceptualisations suggest is that the therapists' hope in their work does not exist in isolation within themselves but rather as an intersubjective experience between themselves and their client, a finding which supports the view of Edey and Jevne (2003).

When considering the existing models of hope it becomes apparent that they have a very individual focus with few identifying a relational aspect of hope. Bernardo (2010) criticised Snyder's pre-eminent hope theory, maintaining that the theory understood the agency and pathways components as existing within the individual, giving little attention to outside influence. He offered a broader theory that included incorporating a locus of control dimension. For Bernardo a person's hope (conceptualised as pursuit of goals within Snyder's theory) could be influenced both internally (the individual) and externally (other people) and as such should be considered as having a relational dimension.

Amongst hope scholars it has been understood that both the client and therapist should have hope for their work to be successful (Edey et al., 1998). Furthermore in nursing research the therapeutic relationship has been considered to be a place where hope can be received from and instilled in others (Dufault & Martochio, 1985). Edey and Jevne (2003) suggest that when the therapeutic relationship is a true partnership the transfer of hope is a two way process.

Within this study some of the participants' experiences tallied with this idea of hope being a two way process, exemplified by Helen whose experience of hope appeared akin to an exchange, where 'you get something from your clients that motivates you to carry on working, and I think, hopefully you're giving something'. The idea of hope moving back and forth like an 'interactive dance' between therapist and client was similarly identified by psychologists in the study by Larsen et al. (2013).

This notion of hope as an interaction was taken further by some participants in the present study who understood their hope as being more than a reinforcing back and forth with their client but rather a 'co-construction' or an 'intersubjective encounter'. From this perspective it seems that their hope is inseparable from that of their client, something echoed by Crain and Koehn (2012) who identified a contextual theme, with a subtheme which understood hope as a shared experience between the therapist and client.

This understanding of hope as an intersubjective experience seems to parallel the writings on the concept of relational depth, which Mearns and Cooper (2005) define as "A state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other's experiences at a high level." (p. xii). Similarly to the participants' experiences of hope Mearns and Cooper (2005) write that an "encounter at relational depth is not something that a therapist can create or experience alone" understanding it as "mutual, interactive and bi-directional" (p.37). In particular their understanding of mutuality parallels the participants' experiences of hope where they understand an encounter at relational depth as "a complex gestalt of interweaving experiences and perceptions that make it impossible entirely to disentangle who feels what" (p. 46). This understanding of mutuality echoes David's experience of hope when he says 'I am saying it is impossible to say, 'This is my hope, or, it's my client's hope". But maybe there is such a thing as in a given moment, of hope being present in the intersubjective encounter'.

Mearns and Thorne (2005) cite Stern (2004) in suggesting that mutuality involves an 'interintentionality' where therapist and client are moving in the same direction, towards the same goals and possibilities. Given this it could be theorised that participants' understanding of hope as a co-creation parallels the process of forming a therapeutic

relationship or alliance (Bordin, 1979) and that this occurs in part through experiences of relational depth.

Until now it has been understood that therapists who are hopeful invest in a strong working alliance (Lopez et al., 2004), however the findings of this study suggest that therapists' also draw hope from this very relationship, something that was briefly and tentatively suggested by Mearns and Thorne (2005) when they noted that moments of relational depth may give therapists hope for their therapeutic work.

Taking this further it could be understood that the establishment of a therapeutic alliance with one's client is not only in the clients' interest but also in the therapists' as it is one of the areas from which they draw their hope, allowing them to both engage in their work and support their wellbeing.

Hope Is Intrinsic

Fundamental to therapists. There was a shared understanding amongst the participants that their personal hope, in conjunction with their clients', was 'fundamental' and at the very heart of the therapeutic enterprise, a belief endorsed by Edey et al. (1998) who noted that both the therapist and client required hope for therapy to be successful. In addition to participants' individual beliefs about the importance of their own hope in their work there was also a shared view that hope was an essential attribute of every therapist, exemplified by Sandra who maintained that 'You couldn't be a therapist without hope'. This view was echoed by Flesaker and Larsen (2010) who found that reintegration counsellors maintained a hope seeking orientation to help them through difficulties.

It therefore seems significant that the participants also viewed their own hope as what motivated them to keep working in the face of obstacles, paralleling the view of Edey and Jevne (2003, p.45) when they noted that hope "is the fuel that keeps the counsellor going". The finding that hope spurs therapists on is significant in light of the findings of Coppock et al. (2010) that it was the therapists' hope in their clients that was significantly related to outcome, in contrast to the clients' hope.

In an attempt to make sense of their finding Coppock et al. (2010) proposed that it was the therapists' hope reflected in their seeing clients' potential agency and pathways to solutions

that helped them to facilitate change. From this perspective an absence of hope would suggest that the therapist was unable to see any way for their clients to navigate through their difficulties, diminishing the effectiveness of therapy. This is a view that was largely echoed by the participants who maintained that their ability to engage in therapy was reliant on them having hope that things could change for people, noting that they would be unable to work without hope in the possibility of change. This view was expressed by Sean when he said 'I can't meet people and think, 'Oh, what's the point?' I just can't'. Whilst participants in the study endorsed the importance of their own hope there was no devaluing of the importance of clients' hope.

Given that the findings of Coppock et al. (2010) are at odds with those who have found clients' hope to be central to a good outcome (see Hanna, 2002) , it is worth considering the view of hope theorists (Snyder, 2002) who have proposed that therapists who are hopeful invest in establishing a strong working alliance (Lopez et al., 2004). In this study the participants prioritised the establishment of a strong working relationship, understanding it as a key source of hope for both client and therapist. In line with Lopez et al. (2004) it could be understood that it was their own hope that encouraged them to establish a working relationship which then became an ongoing source of hope for them and their client and which has been found to be responsible for successful outcomes (Messer & Wampold, 2002).

Irrespective of the potential means by which therapist hope may moderate outcome, it should be considered important as the therapists have been explicit in outlining its intrinsic value to their work. Given that therapists feel that they would be unable to work without hope it seems that it would be important for therapists to learn how to both nurture and safeguard their hopes.

Inherently hopeful. The majority of the participants in the study expressed the view that they were largely hopeful people. Whilst valuing the important role of hope in their lives they nonetheless maintained that their hope was not fixed and that it could fluctuate like everyone else's.

Within the literature their view of themselves as usually hopeful appears to fall within the 'generalised hope' sphere of Dufault and Martocchio (1985), which could be understood as

akin to a positive life orientation. Within the more cognitive and goal-oriented hope theory (Snyder, 2002) general hopefulness would be considered to be characteristic of a relatively stable or high trait hope.

Their understanding of themselves as largely hopeful individuals supports the view of O'Hara (2012) that therapists tend to be hopeful people as well as the studies which suggest that helping professionals have high levels of hope (e.g., Westberg & Guindon, 2004). As has been discussed previously the participants considered their own hope to be an essential requirement to be able to work as a therapist.

Given the finding that "to offer hope you must have hope" (Flesaker & Larsen, 2010, p.1) and the view that a key therapist quality is to convey realistic hopefulness (Frank, 1995) it could be understood that it is the therapists' generally hopeful orientation that equips them with a foundation to work as therapists.

For the participants, their hope was understood as originating from a range of sources. Whilst there was variety to the descriptive terms used there was a sense of ownership to their hope, as if it was a part of them. Related to this was a sense that their hope had been with them for a long time, being described as part of their nature or personality. It could be hypothesised that the participants who felt their hope was inherent may have had early experiences of trusting relationships, in line with the research that associated hope with secure attachments (Shorey, et al., 2003).

In contrast some of the participants described the source of their hope as more of a philosophical view or as something that everyone could tap into. As some of these participants had made reference to having been through various challenging life events when they were younger their experience presents a more encouraging view that people, therapists and clients alike, have the capacity to both develop their hope and learn how to access it.

Influences on hope. Participants were clear in articulating their understanding of experiences that had a bearing on their hope. Whilst they made reference to some experiences that raised their hope they tended to provide examples of experiences that reduced their hope. This could be due to the fact that they were routinely hopeful and may view this state as the norm, suggesting that experiences of hopelessness as well as being more unpleasant may have been more memorable and easier to recall.

A number of participants identified the context in which they were working as having an influence on their hope. The idea of hope as having a contextual dimension was identified by Dufault and Martocchio (1985) who include a contextual dimension within their hope framework, that recognises all life events that surround, influence and challenge an individual's hope.

For the participants their primary concerns regarding context were about aspects within the organisations they worked for, noting how issues such as increasingly challenging targets, briefer therapy, service redesigns and job security impacted on their experience of hope. Crain and Koehn (2012) in their research on domestic violence support workers identified the theme 'hope is contextual', which contained a subtheme 'agency attributes'. This theme accounted for the agency issues which impacted on hope and hopelessness such as funding levels, staffing and colleagues and could be understood as being analogous to the participants' experience. For a number of the participants feeling unappreciated by their organisation had a detrimental impact on their hope. This was understood as occurring indirectly through service redesigns, lack of staff consultations and poor communication.

For the more recently qualified therapists, a sense of competence in being able to help their client and meet organisational expectations had a bearing on their hope. Participants explained that they could lose hope for a client if they felt unable to deliver challenging interventions or meet their clients' needs within the number of sessions offered. It seemed that the more recently qualified therapists had high hopes for helping their clients and when these were threatened their hope seemed to fall, suggesting that their hopes were perhaps unrealistic and fragile. In contrast the more experienced therapists had a more secure hope which seemed to stem from their experience and more philosophical view, recognising change as hard and something which takes time. Larsen et al. (2013) similarly found that

therapists' sense of competence had a bearing on their experience of hope, observing that more experienced therapists focused their hope on the process of therapy as opposed to trainees who placed their hope in specific interventions.

Another contextual issue influencing the therapists' hope concerned the life-world of their clients, with participants explaining that external client issues such as their finances, housing situation or social environment could impact on the therapists' hope for a good outcome. Similarly O'Hara and O'Hara (2012) found that poor socio-economic circumstances among clients acted as a barrier to therapists maintaining hope.

That participants' hope was reported to be influenced by organisational and external client issues could be understood within hope theory (Snyder, 2002) as the therapist being unable to identify pathways to overcome material challenges. Given their expertise they may be better able to identify pathways to address psychological difficulties, in contrast to seeing ways to overcome more material difficulties such as housing. Similarly they may not be able to see how to address complex client difficulties within a framework that only allows them a limited number of sessions.

As the therapists' hope for their clients was influenced by tangible issues it could be assumed that their hopes are more likely to be genuine than false (O'Hara, 2011), being grounded in a shared reality that is open to influence.

Another moderating factor was the influence that the relationship between the therapist and client had on the therapists' hope. The relationship was understood by the majority of the therapists as something which could increase or reduce their hope based on its strength or weakness. There was variety in what they emphasised; for some their hope was based on their liking for their client, for others it was a sense of whether they could establish a rapport, whilst others drew hope from the client's agency. A number of participants described incidences when their hope increased after they experienced clients' attempts to invest in the relationship, something which appears consistent with the value that they had placed on the therapeutic relationship. O'Hara and O'Hara (2012) found that therapists struggled to maintain hope when their clients were disengaged, or lacked agency, or if the therapeutic alliance was underdeveloped. Larsen et al. (2013) also found that psychologists' hope was strongly related to the sense of connection that they felt with their clients.

Finally, participants shared their experiences of how their hope could be affected by their clients hope, with their hope sometimes rising and falling in line with their clients'. A number of researchers (Farran, Herth, & Popovich, 1995; Hanna, 2002) have described how both hope and hopelessness are 'contagious' although the emphasis has been on how the client can catch the therapists' hope. Crain and Koehn (2012) identified the mutuality of hope, a theme understanding hope as an interaction between therapist and client. Similarly to the participants in this study they considered hope to be contagious, with the client or therapist being able to catch it from each other. O'Hara and O'Hara (2012) understood the therapist catching the clients' hopelessness as a blockage to maintaining their own hope, understanding it through the psychodynamic concept of countertransference.

It would seem that there are a range of issues and experiences that can influence a therapists' hope, as such therapists would be well served to consider what may enhance or diminish their hope.

Impact on work. The majority of the participants shared their experience of how their hope or its absence impacted on their work. In a similar manner to the previous subtheme there was a tendency to share experiences of how, feeling hopeless had impacted on their work. Menninger (1959) understood therapists hope as a positive expectancy of goal attainment suggesting that a therapists' hope may have a bearing on how they implement treatment (Coppock et al., 2010).

A number of participants shared the view that when they experienced a loss of hope they felt deskilled and recognised that there was an increased likelihood of them making mistakes. Some participants provided emotive examples, such as Monica who described herself being knocked down like a wave by her client's hopelessness, rendering her unable to convey the hope she had for her client. For Monica it seemed that her experience tallied with hopelessness as countertransference, a theme identified by O'Hara and O'Hara (2012).

In response to losing hope a few participants reported that they would engage in a process of self-reflection when feeling hopeless in an attempt to understand what was happening. In line with hope theory it could be understood that a loss of therapist hope corresponds with an inability to see a way through for the client. Flesaker and Larsen (2010), in their study with reintegration counsellors, identified the overarching theme, 'maintaining a hope

seeking orientation', as the way in which they dealt with challenges in their work. In the present study the participants shared how they responded to a loss of hope by increasing their own agency. Magyar-Moe (2003) and Snyder et al. (2010) have found that higher therapist agency is correlated with higher client agency, suggesting that the therapists' motivation has an impact on the clients. It may be that the therapists responded to a loss of their own hope by increasing their agency in the expectation that it would bolster the clients' agency and facilitate the client in finding their own way through their difficulties.

In instances where the therapists experienced an increase in hope they also tended to respond by increasing their agency, investing more effort in their work and into the therapeutic relationship, in line with the view of Lopez et al. (2004) that hopeful therapists focus on establishing a strong working alliance. The participants' increases in hope tended to come as a consequence of increasing client engagement or following an observation of client successes, something identified by Crain and Koehn (2012) in their theme 'mutuality', where support workers gained hope from knowing they had made a difference. Given the influence of hope on the therapists' work it would seem pertinent for therapists to regularly reflect on their hope and if necessary to take mitigating action.

Responsibility Towards Hope.

The therapists' role. The majority of the participants articulated the view that tending to hope was a key part of their role as therapists. Participants variously described their roles as one which involved the offering of hope in the early stages of therapy, holding hope when clients were unable to and helping clients to nurture their own hope. The views of the participants appeared to have much in common with the view of therapists as 'purveyors of hope' (Newman, Leahy, Beck, Reilly-Harrington, & Gyulai, 2002, p.86) and Frank's (1973) view on the importance of mobilizing hope for healing. Following the view of prominent therapists who have suggested that therapist 'instil' (Yalom, 1998) and 'boost' (Newman, et al., 2002) hope researchers such as Larsen and Stege (2010a, 2010b) have begun to investigate ways in which therapists can facilitate hope in early therapeutic sessions.

Within bereavement counselling Cutcliffe (2004) determined that therapy worked through the therapist implicitly projecting hope into the client and the therapeutic environment. For

Cutcliffe (2004) the therapist was responsible for bringing hope into therapy, with the hope and hopefulness not limited to any specific phase of therapy but something that should remain implicit throughout. The notion of 'implicit hope projection' does not seem that far removed from the view of participants such as Jessica who explained that 'I think it's part of my job, when I first meet someone to be able to offer them some hope', or of Sandra who understood the therapist as a 'bastion of hope'. Inherent within these examples is a responsibility on the part of the therapist towards hope, something referred to by David as akin to 'being a midwife to hope'. Noteworthy within his analogy and in the explanations of other participants was that the hope that they offered and nurtured was not necessarily their own but rather that they acted as custodians of the clients' hopes until the clients were able to make use of their own. This could suggest that therapists can be responsible for a number of hopes at any one time. In addition to their own hopes, they appear to hold responsibility for not only fostering but also holding the clients' hopes as well as shared hopes in times of difficulty.

The view of the therapists' role regarding hope has been supported by research which focused on clients' experiences of therapy, with Tally (1992) finding that clients identified therapists encouraging them to believe that things could improve as the biggest predictor of therapeutic satisfaction. More recently Owen et al. (2010) found that male clients considered the therapists' hopefulness to be one of the most helpful therapeutic actions.

It would seem that the participants shared the view of hope researchers and clients that "Hope is the greatest gift we can offer our clients" (Berg & Dolan, 2001, p.85), suggesting that therapists should therefore strive to ensure that they convey hope at appropriate times.

Focus of therapists' hopes. In addition to having a generally hopeful orientation the majority of participants also discussed more particularised hopes (Dufault & Martocchio, 1985) towards their clinical work. The participants' experiences revealed a range of hopes; for Sean there was a hope for the client to get better, for Jamie there was a hope in the clients' capacity to change, whilst Monica hoped in the process or therapeutic relationship. The three identified foci appeared similar to the findings of O'Hara and O'Hara (2012) whose category 'Hope stance and orientation' identified therapist hope: 'for the client', 'in the

client', and 'in the counselling process'. It would appear that therapists' hopes irrespective of which professional group they belong to can be clustered into broadly similar categories.

Building on the work of O'Hara and O'Hara (2012) this study also identified differing points of view amongst the participants, with Alison opposed to therapists accommodating their own hopes for their client. For Alison there was a concern that this could interfere with the clients' agency. For Helen there was a caution about adopting the position of the 'expert psychologist' and the idea of the therapist being able to identify appropriate hopes for their client. As an alternative Alison advocated that the therapist align themselves with their clients' hope, something supported by Jessica and Sandra, who referred to aligned hopes as 'the nature of therapy, true collaborative therapy'. From their perspective it would seem that personal hopes for their client are best avoided. Additionally it could be understood that the idea of aligning one's hopes (or goals within Snyder's theory) with the clients has much in common with two of the three components that underpin the therapeutic alliance (Bordin, 1979), 'agreement on the goals of therapy' and stemming from that, 'consensus on the tasks of therapy'. In line with this view of the therapeutic alliance it could be hypothesised that the therapist aligning themselves with their clients' hopes strengthens the therapeutic relationship, increasing the likelihood of a desired outcome.

From the perspective of the participants it seems that a range of particularised hopes are possible and are occurring in parallel with the therapists' generalised hopes. Indeed Dufault and Martocchio (1985) have suggested that their two spheres of hope interact, with one influencing the other. For instance they note that generalised hope may provide a climate that allows for the nurturing of particularised hopes. From this perspective it could be understood that the participants' stable and generalised hopes provides them with a secure environment that allows them to test out and foster more particularised hopes such as ones that align with their clients' hopes. When identifying their own hopes it may be worth therapists' considering them in relation to the categories identified by O'Hara and O'Hara (2012), so as to determine if their hopes are 'for the client', 'in the client', 'in the counselling process' or for something else. Through identifying their own hopes they can better ascertain how these may or may not align with those of their clients.

Pragmatism towards hope. According to O'Hara (2011), "The act of hoping always risks the possibility of disappointment, of not attaining that which is hoped for" (p.324). It would seem that the participants were mindful of this and were wary of the possibility of the role that their hope could play in raising clients hopes and expectations, with the potential of setting them up for disappointment and failure.

Amongst the participants there was a particular emphasis on ensuring that the hope they offered was realistic. Sandra captured the experiences of a number of therapists by explaining that 'if you have a realistic amount of hope, then that's going to make people take risks, positive risks to change'. Sandra's understanding appears to echo that of other participants such as Jamie who explained how coming in with 'too much hope about change' could lead to the therapist pushing therapy a bit too hard, likely putting undue pressure on the client to change and resulting in the client disengaging. This sense of responsibility appears to have much in common with the previously discussed idea of fostering shared hopes with the client.

A mismatch between the therapists' and clients' hopes could also be understood as the therapist not offering the core therapeutic conditions (Rogers, 1957), such as empathy, as they may not be demonstrating an empathic attunement with the clients' life-world and their level of hope. Within conceptualisations of the therapeutic alliance (Bordin, 1979) unrealistic therapist hope could be understood as a mismatch between goals and tasks and within hope theory (Snyder, 2002) as a mismatch between agency and pathways.

O'Hara (2011) has maintained that "true hope is grounded in reality" whereas "false hope holds onto visions of the future that have no basis in reality", (p. 325). A number of participants cautioned against unexamined hopes, with Helen maintaining that they could be false hopes masking other things. Drawing on O'Hara (2011) the false hopes of therapists could be understood as the therapists' way of avoiding despair regarding their client. For David there was an understanding that having a boundaried hope for the client actually modelled realistic hope for the client, aiding in the fostering of genuine hopes. It would seem that the participants', despite being hopeful people and recognising the value of hope in therapy recognised its limitations and that it had the potential to be a double edged sword if applied indiscriminately. When a therapist reflects on their hopes it would

be worth considering what they are based on, to help determine if their hopes are genuine as opposed to unrealistic or false hopes.

Critical Reflections

Reflections on the use of IPA. A qualitative approach was selected as the aim of the study was to explore the lived experience of therapists' hope as it related to their clinical work. IPA was chosen as it was considered the most appropriate method to meet the aims of the research question given its focus on the subjective experience of individuals. Furthermore its interpretative ethos provided the opportunity for the researcher to expand on participants' meaning making, thus gaining insight into the phenomenon under investigation.

Despite its suitability for this study IPA has received a number of criticisms, which have been succinctly summarised by Willig (2008). The limitations concern the role of language, the suitability of accounts and explanation versus description which will now be considered.

As discussed in the methodology section the role of language concerns the assumption of the representational validity of language (Willig, 2008), whereby language is understood to be a means by which people can communicate their lived experience and a means by which researchers can comprehend that experience. However it has been argued that language constructs rather than describes reality (Potter & Wetherell, 1987), suggesting that the researcher could be interpreting a construction of the phenomenon as opposed to the experience of it. I argued in the methodology section that I did not see construction and experience as mutually exclusive as I see constructions occurring within an ongoing contextual experience.

Nonetheless it did become evident that there was a limit to the extent to which participants could articulate their experience of hope, often using words as heuristics to describe aspects of the phenomenon. It may be that, when having to convey a complex understanding of the phenomenon, participants were more likely to construct a version of the experience that could be understood by themselves and the researcher, for example describing hope as 'light' and hopelessness as 'heavy'. Related to this is the difficulty in ascertaining the extent

to which participants may have drawn on psychological terms based on prior knowledge as opposed to using language that was more reflective of their direct experience.

Although efforts were made to observe and note other forms of participant communication such as body language and gestures it is difficult to draw conclusions from them as they may have been conveying frustration at their struggle to articulate their experience rather than describing the experience itself. Notwithstanding these limitations the transcripts remain subjective accounts and still allow us to get 'experience close'.

Another criticism levelled at IPA by Willig (2008) concerns the suitability of participant accounts which are understood as having the potential to limit the utility of the method. The suitability of participants concerns their ability to communicate the rich texture of their experience and to employ language to describe subtleties and nuances of their physical and emotional experiences (Willig, 2008). Whilst it is understandable that participants who are not used to articulating their inner experiences (see Moustakas, 1994) may struggle to express themselves, this was not understood to be the case for these participants. Although the participants initially struggled to articulate their understanding of hope, it was felt that this had more to do with the complexity and ambiguity of the phenomenon rather than due to any lack of capability on their part. This was evidenced through the course of the interviews with participants' increasing insight leading to a greater articulation of experience of the phenomenon. It is likely that participants were well-equipped to give comprehensive accounts, as their role as therapists frequently involves reflecting on experiences in their work and articulating these to themselves, their client or a supervisor.

The final criticism of IPA concerns the distinction between explanation and description with IPA as a phenomenological approach focusing on how participants experience things as opposed to seeking to understand why participants experience things. Although Willig (2008) acknowledges that the descriptive focus of IPA allows for the emergence of rich and detailed, accounts she contends that the lack of an attempt to understand why participants experience things limits our understanding of the phenomenon.

Whilst acknowledging the view of Willig (2008) it is important to remember that IPA concerns itself with the detailed and nuanced analysis of lived experience and that other approaches such as grounded theory would be better placed at arriving at a conceptual

explanation of the phenomenon. Indeed Smith et al. (2009) have noted that grounded theory studies can be carried out as a follow-up to an initial IPA study to enhance understanding of the phenomenon, something which will be explored further in the section on suggestions for future research.

Reflections on the design. A critique will now be provided of a number of key elements of the research design. One of the elements concerned the sample size as this is a defining feature between qualitative and quantitative studies, with qualitative studies utilising smaller sample sizes in order to facilitate greater depth and breadth of understanding. A sample size of eight participants was chosen as this has been considered suitable for an IPA doctoral study (Smith et al., 2009). This seemed like an appropriate sample size as it was small enough to allow me to conduct both detailed interviews and in-depth analysis of the data in a way that was unavailable to quantitative studies employing questionnaires. Furthermore whilst allowing individual voices to be expressed it was also large enough to identify convergence and divergence of experience across the sample. Whilst a larger sample would have allowed for greater variation in experience, given time constraints there would have been a trade-off in the depth of analysis.

Whilst adopting an idiographic focus with a sample of eight does limit the representativeness of the sample to practitioner psychologists, it does not preclude the possibility of considering the findings in relation to the broader community of psychologists. Warnock (1987), as noted previously, has explained how examining the particular in detail can lead to the universal. Haug (1987) has further argued that if an experience has been identified as possible then we know that it is available to a homogenous group. Furthermore the relative convergence of experiences amongst the broadly homogenous group of participants lends credence to the idea that the findings could be transferred to a larger group.

The exclusion/inclusion criteria were another key element of the design requiring a balance between homogeneity and access to participants. It was understood that participants were busy therapists who were volunteering their own time and as such it was reasoned that overly specific criteria would have made it more difficult to recruit the necessary number of participants within the allocated time frame. As such it was determined that the inclusion

criteria would be for qualified practitioner psychologists who worked in a clinical capacity. As a secondary benefit it was felt that a more diverse sample would allow for the communication of findings to the broader psychological community. If one would have wanted more rigorous homogeneity then it would have been more beneficial to have had more uniformity either with regard to the participants' level of experience, their primary modality, the client groups they worked with or the areas they worked in. Conversely it could be understood that the diversity within the sample increased its representativeness, and the subsequent identification of convergences of meaning amongst participants could be used as an argument for the generalizability of the findings.

A criticism levelled at a number of the previously reviewed studies (e.g., Larsen et al., 2013) was that they had an exclusively female sample, meaning that there was no way of ascertaining if there were any gender differences in the experience of hope. In this study three of the eight participants were male, comprising two counselling psychologists and one clinical psychologist who provided a good spread in terms of experience, primary modality and place of employment. There did not seem to be any discernible differences between the male and female participants, other than that the individual female participants tended to feature in more of the subthemes (see Appendix 10).

Recruitment of the sample is another element that requires consideration. Participants listed on BPS registers were contacted, with their decision to participate being completely voluntary, with no material incentive offered. At the start of the interview participants were asked their reasons for taking part, with some reporting a curiosity about the phenomenon and seeing it as an opportunity to reflect on the phenomenon in relation to their practice. It could therefore be understood that participants' willingness to take part may have been driven by an interest or positive experience in the phenomenon, indicating that they were a self-selecting sample, with participants who were disinterested, ambivalent or with a negative experience declining to participate. Findings should therefore be considered with this in mind.

Personal reflexivity. As discussed previously reflexivity in phenomenological research is something that should occur throughout the research process and was something that I endeavoured to realise. I have included reflective commentary (in bold text) in the methodology section which highlighted the key issues I encountered. I will now provide an overview of how my reflexive stance progressed during the course of the research.

In an attempt to maintain a 'phenomenological attitude' I endeavoured to bracket theory and concepts as well as my own 'natural attitude', including undertaking a reflexive interview in order to become as aware as possible of my motivations, beliefs, assumptions and biases regarding the phenomenon under investigation. It was anticipated that adopting such a reflexive stance would minimise any undue influence on the research process.

Despite my best intentions this proved to be a challenging task as it was often difficult to bracket my own thoughts and ideas about hope which continued to evolve over the course of the research process. Given that I am a trainee counselling psychologist I, perhaps inevitably, considered the participants' experiences of hope in relation to my own therapeutic work and to research that I had read on the phenomenon. I recognised the start of this process from my pilot interviews with trainees, noting how my reflecting on their experiences influenced my understanding of hope in my work and how it compared and contrasted with existing theories. This also occurred throughout the data collection stage, analysis and write-up.

I consider my use of a reflexive diary throughout the research process as well as reflexive notes following each interview (Collins & Nicholson, 2002) to have been helpful in alerting me to times when my 'natural attitude' was coming to the fore. As mentioned earlier, Rennie (2004) defined reflexivity as "self-awareness and agency within self-awareness" (p. 183) and it was through adopting this approach that I was able to take action during the research process to re-bracket theory as well as my 'natural attitude'. This usually involved me checking in with myself, for example to establish if I was asking a follow up question to a participant based on their experience or if it was driven by my own view. Another strategy that I adopted was Smith's (2009) recommendation of focusing my attention on the participant like a 'naïve and curious listener'. Although advocated for the interview stage, I

also found this attitude beneficial during the analysis and write up of themes as it allowed me to stay close to the data and hold back evolving preconceptions.

Regarding the analysis it is important to acknowledge that there were many decisions taken during this process, such as which quotes to present for the various themes that were inevitably driven by my view of what was representative of the phenomenon. Although I followed a framework that involved repeatedly checking themes against the text, it is likely that many micro-decisions were instinctual and tacit and it could well be that another researcher using the same data set may have emphasised different aspects of the phenomenon under investigation.

Irrespective of my attempts to remain reflexive it is also important to acknowledge the role that I as the interviewer would have had on the participants and the interview itself, given that an interview is an interaction between two people. For instance participants likely gauged what I considered important and may have elaborated more on topics that I seemed particularly interested in over other valid topics which may have been outside of my awareness. Furthermore the way that I asked questions either from the interview schedule or as a follow-up to their responses likely influenced the data that emerged.

In addition to variables such as my appearance, personality and the rapport I established, the participants were aware that I was a trainee counselling psychologist and this likely had an influence on how they interacted with and approached the interview. For instance I became aware that there were likely assumptions on their part about my knowledge of psychological theory that I picked up on through their use of technical language or acronyms. In would appear that the participant's assumed an 'insider status' on my part and it is conceivable that they may have discussed the topic differently if interviewed by a lay researcher.

Finally I wondered about the role that my position as a trainee in comparison to their position as qualified and in the case of many quite experienced had on the interaction. Had I been more professionally established I wonder if the participants would have approached the interview in a noticeably different way. For example might they have been more or less forthcoming regarding what they were willing to share if interviewed by an experienced clinician.

Implications for Counselling Psychology

The findings drawn from the experience of practitioner psychologists reveal insights and implications for counselling psychology which will now be discussed. For clarity the implications will be discussed in relation to the identified themes.

Making sense of hope. First and foremost the study, as with Larsen et al. (2013), demonstrates that psychologists are able to meaningfully reflect on their experience of hope as it relates to their clinical work, suggesting that qualitative approaches offer a useful means for gaining insight into clinicians' understanding of hope.

However the study highlighted that the majority of participants initially struggled to articulate their understanding of hope, which may seem surprising given the prevalence with which the word is used both in therapy and in popular culture. For the participants hope was described in terms which suggested that it was viewed as a folk concept (Larsen & Stege, 2010b) rather than a psychological construct. This further suggested that their understanding was largely implicit and to paraphrase polymath Michael Polanyi they knew more than they could say (Polanyi, 1967).

Given the increasing recognition of the importance of psychologists' hope for both therapeutic outcome and personal wellbeing the lack of explicit understanding seems something of an oversight. Although O'Hara (2010) has already called for hope to be a topic on counsellor training programmes this researcher whilst in agreement would also encourage qualified counselling psychologists to reflect on their own experience of hope. According to Jevne (2005) "Failure to examine our personal working assumptions about hope and hopelessness places us at risk for imposing our template of hope on those who seek our help" (p. 271).

Fortunately counselling psychology advocates reflective practice (Strawbridge & Wolfe, 2010), with the study suggesting that it was the very act of reflecting on their clinical experiences during the interview that helped the participants better understand the role hope played in their work. A recommendation would be that counselling psychologists interested in exploring their own experience of hope could attempt this through a self-interview or through asking a colleague to interview them.

Another finding relevant to counselling psychology practice was that participants recognised hope as an embodied experience, something largely neglected or underemphasised in a number of prevalent conceptualisations of hope, though not by psychotherapists (see Gendlin, 1992). That hope was understood as embodied is important because it has been largely viewed in cognitive terms (Snyder, 2002). As such it is anticipated that practitioners who reflect on this embodied aspect may gain more information about their own experiencing of hope and hopelessness as well as that of their clients. It is anticipated that this would allow them to move beyond the cognitive understanding of hope and better identify experiences in themselves and their clients that may otherwise have been overlooked.

Although the therapeutic relationship has been considered the key emphasis of counselling psychology (Duffy, 1990) as well as the setting for co-created meaning (Horvath & Greenberg, 1994), the findings suggest that the relationship could also be thought of as the environment that facilitates the co-creation of hope. For the participants there was an understanding that whilst they did have individual hopes the intersubjective relationship and experience of connection with their clients was a key way in which they fostered and nurtured their hopes and those of their clients'. In light of these findings the therapeutic relationship would appear to take on further significance given the emerging research on the role of the therapists hope for successful therapeutic outcomes and for supporting their own wellbeing.

As such counselling psychologists should be aware that fostering relationships with their clients is not only in the clients' interest but also their own, as it is one of the means by which they cultivate their personal hope in their work and renew themselves in the face of sustained challenges. For therapists struggling to remain hopeful in their work or towards their clients, it may be worth reflecting on the strength of the relationships that they have with their clients and if necessary to consider what action they could take.

Hope is intrinsic. The psychologists in the study described themselves as largely hopeful individuals who understood their hope as being an innate requirement for them to be able to do their work. They underscored the importance of hope by maintaining that they could not work effectively without being hopeful. They further noted that a loss of hope could increase the likelihood of them making mistakes in their work.

It would therefore seem important for therapists to identify how they source their hope as well as ways to nurture and foster it. Importantly there was much variety in where the psychologists sourced their hope, with some considering it to be innate or developmental and others understanding it as being more to do with their philosophy or world view. That some psychologists understood their hope as stemming from an attitude or philosophy is important as the notion that a relatively stable sense of hope can be learnt suggests opportunities for training and development.

Participants were forthcoming in conveying a range of issues that had the potential to influence their hope. The key issues to emerge concerned their work environment and client context, their relationship with their client and their client's hope.

That the work environment had a bearing on the therapists hope may seem unsurprising given the current economic climate and the resultant pressure on mental health services to meet targets. It may be that the profession of counselling psychology needs to explicitly understand that psychologists' hope is not limitless (Larsen et al., 2013) and become more vocal in challenging unrealistic work targets, with the view of supporting both clinicians and their clients. Furthermore it may also be helpful to question the narrow expectations of some service targets, as a number of therapists reported that they experienced a loss of hope when unable to meet a services definition of a successful therapeutic outcome. There is also a role for more experienced psychologists to share their experience and wisdom as they appeared to have a more robust hope that was grounded in a more realistic idea of what was possible. Related to this is the importance of therapist self-care, which could be undermined for example through working with an excessive number of challenging clients. Given the finding that the client's circumstance, ability to engage in the relationship and level of hope can impact on the therapist, it might be worth considering (where possible)

ways to ensure that therapists' therapeutic workload is distributed between clients with differing levels of severity.

Given the challenges faced by psychologists in sustaining their hope it may be worth considering ways to encourage hope fostering strategies for both trainees and qualified psychologists, perhaps modelled on the client-focused approaches identified by Larsen and Stege (2010a, 2010b).

Responsibility towards hope. The findings suggested that the psychologists not only felt responsible for safeguarding hope on behalf of themselves and their clients but also considered the offering of hope to be a key part of their role. Whilst the importance of offering hope to clients has been well documented (see Newman et al., 2002, Cutcliffe, 2004) it is important to recognise that with this could come an expectation or pressure on the part of the therapist to remain ever hopeful. This pressure could result in therapists who were lacking hope for the client for whatever reason presenting a false hope or forcing a shallow hope onto the client, thereby raising client expectations or pushing clients too hard, the result of which could lead to disappointment and disengagement.

Given the dangers of holding onto or of pushing false hope (O'Hara, 2011) it could be helpful for counselling psychologists to regularly reflect on whether the hope they are holding or offering is grounded in reality or if it is masking something else.

In addition to describing themselves as generally hopeful the participants also articulated a range of hopes regarding their clinical work, with many of their hopes relating to their clients. O'Hara (2012) identified three therapist hope orientations: hope 'for the client', 'in the client', and 'in the counselling process', which also appeared to accommodate the differing foci of psychologists' hopes. Importantly there was some variance amongst the participants regarding what constituted an appropriate focus on one's hope, with some suggesting that psychologists should avoid accommodating their personal hopes but rather seek to align their hopes with those of the client.

Whilst wishing to avoid being overly prescriptive about mandating what can and can't be hoped for, there may be merit in counselling psychologists seeking to align their hopes with those of their clients given the parallels with the process involved in establishing a strong therapeutic alliance (Bordin, 1979). Notwithstanding this it is probably difficult to avoid the emergence of personal hopes for a client, in which case the psychologist should be mindful that personal hopes do not unduly influence the direction of therapy.

Suggestions for Future Research

This study sought to understand how practitioner psychologists make sense of and experience hope during their clinical work. A key theme to emerge was the importance of the participants' hope towards their clinical work, with participants maintaining that a lack of hope would leave them unable to work. Participants described how they viewed themselves as largely hopeful whilst recognising that there were various elements that could influence their hope. Given the increasing recognition of the importance of therapists' hope, a future study could seek to explore how psychologists foster and maintain their hope in the face of occupational or client challenges.

Whilst Flesaker and Larsen (2010) have investigated how counsellors foster and maintain hope and Crain and Koehn (2012) examined how they experience and maintain hope, both studies utilised specialised groups of counsellors and approaches that do not emphasise individual accounts. It is felt that an approach using IPA could identify how psychologists seek to maintain and foster their hope. Considering the concept of universalisation (Haug, 1987) such a study could begin to provide a taxonomy of experience, identifying the range of ways in which psychologists maintain and foster their own hope. Stemming from such research it might be possible to identify a range of strategies that could be employed by psychologists, analogous to what Larsen and Stege (2010a, 2010b) have achieved in their work on how to foster hope in clients. The range of identified strategies could then be taught to psychologists, with the benefits assessed through both qualitative and quantitative approaches.

A strong theme to emerge from the research was the understanding that hope was not something that occurred solely within the therapist but was something relational and which could be fostered in the interaction between the therapist and their client. Smith et al.

(2009) have suggested that IPA provides the opportunity to look at different perspectives of the same experience (multiple perspectives), opening up the possibility to conduct a study from the perspective of the psychologist and their client. Taking this view one could carry out a study investigating how the psychologist and their client made sense of their hope in the same therapeutic relationship, thus gaining a multifaceted view of how hope is co-created. It would be possible to carry out a study on one pairing or multiple pairings to identify convergence and divergence between the psychologist and their client but also across psychologists and clients.

It was previously discussed that a critique of IPA research is that it does not provide an answer to 'why' participants experience things. Smith et al. (2009) have acknowledged this through suggesting that approaches such as grounded theory can be used as a follow up to an IPA study in order to explore 'why' and so provide a more comprehensive view of the phenomenon. The present study found that the psychologists were inherently hopeful with participants volunteering a number of reasons for why this was the case. A follow-up study could adopt a grounded theory approach to develop a theory as to why psychologists who self-identify as hopeful are so, with a view to identifying how this understanding could inform training or personal development.

It was previously noted that there was an element of sampling bias in the present study, given that the participants were self-selecting. It might therefore be the case that the research in this study was largely based on the views of hope advocates. Given this possibility it may be useful to carry out future research with a group of participants who may be more ambivalent about the importance of their personal hope in their work. One way of achieving this could be through the addition of questionnaires which offers anonymity to participants. Questionnaire data could then be incorporated with interviews, in a similar manner to the approach taken by O'Hara and O'Hara (2012).

Finally, if one takes the view that a psychologists' hope is important to their work and wellbeing, then any considered study that seeks to better understand the phenomenon of psychologist hope has the potential to develop insight and enhance the quality of both therapeutic practice and wellbeing.

Conclusion

This study aimed to investigate practitioner psychologists' understanding and experience of their own hope in their clinical work using an Interpretative Phenomenological Analysis (IPA) approach. Eight qualified practitioner psychologists participated in semi-structured interviews, which were subsequently analysed using the IPA method.

Whilst the psychologists' interpretations were idiosyncratic, the research nonetheless identified a shared understanding of the phenomenon with three master themes emerging from the analysis. The themes were: making sense of hope, hope is intrinsic and responsibility towards hope. The themes provide a descriptive account of the phenomenon as well as interpretations intended to convey deeper meaning.

The findings suggested that psychologists' understanding of hope was inchoate, becoming more fully formed through reflecting on clinical experiences. They described hope in line with existing conceptualisations, with the addition of an embodied aspect, largely absent from predominant models. Psychologists also experienced their hope as relational, developing and existing within the therapeutic relationship.

It would seem that the psychologists had a generally hopeful outlook, recognising the importance of their hope to their work. They were also mindful of issues that could influence their hope, recognising the impact that fluctuating hope could play in their work. In addition to recognising and maintaining their own hopes participants considered a key part of their role to involve the facilitation of realistic hope.

As one of the few studies to have focused on psychologists' personal experiences of hope it provides an insider's perspective into the phenomenon that while frequently remarked upon (e.g., 'I hope…'), is rarely considered in great depth. The findings offer insight and implications for counselling psychologists and allied health care professionals. They suggest that practitioners would benefit from reflecting on the role of hope in their work, recognising hope as an embodied experience and viewing the therapeutic relationship as the catalyst for their hope. Further implications include the benefits to therapeutic practice of maintaining one's hope as well as the value in reflecting on and addressing influences on

it. The study highlights the dangers of false hope and the benefits of cultivating a genuine hope that is aligned with the clients'. In addition to the findings, researcher reflexivity was explored, limitations to the study discussed and suggestions made for those wishing to further their understanding of the phenomenon.

In conclusion hope can be understood as a shared yet idiosyncratic and multifaceted experience with profound implications for counselling psychologists' work and wellbeing. It is therefore hoped that readers will consider the findings, gained from the views of fellow psychologists, and take the opportunity to reflect on the role that hope plays in their work so that they may use the insights as a means to enhance their professional practice and personal wellbeing.

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Appendices

Appendix 1 - Participant Information Sheet

CITY UNIVERSITY LONDON

Department of Psychology
School of Arts and Social Sciences
City University London
Northampton Square
EC1V 0HB London
Email: [redacted]

Mobile: [redacted]

Participant Information Sheet

Research Title: Exploring Practitioner Psychologists' personal experiences of hope in their clinical practice

What is the purpose of the research?
Within psychotherapy research client hope has been considered to play an important role in clinical outcomes with discussions focusing on ways in which therapists can foster client hope. However little is known about practitioner psychologists' personal experiences of hope in their clinical practice and the role it plays in their work. It is anticipated that this research will increase our understanding of this phenomenon and encourage reflection among clinicians as to the role of hope in their practice.

What are the practical steps involved?
If you agree to participate we will arrange to meet for approximately one hour at a time and location that is convenient to you. You will be asked to read and sign a consent form before you begin. Following this you will be asked to complete a brief demographic questionnaire before taking part in a semi-structured interview which will be audio recorded. To facilitate discussion I would ask that you reflect on one or more experiences in which you were aware of your hope during your clinical work. At the end of the interview the researcher will check to see that you are okay and you will be provided with an opportunity to discuss any issues or concerns that may have arisen.

What happens to my interview data?

Following the interview your audio recording will be transcribed into text in order for the researcher to reflect in detail on what you were saying. Your transcript will then be compared with transcripts of other participants to see if there are similarities or differences in your experiences. After analysis has taken place the findings will be submitted as part of the researcher's doctoral portfolio and will be submitted for publication in academic journals.

Anonymity

It is important to be aware that the researcher alone will have access to your data and know your identity. Your audio recording will be kept in a secure location separate from any identifying details and your transcript will be assigned a pseudonym. In order to ensure anonymity any identifying details will be altered in the transcription.

What if I change my mind?

It is important to know that participating is voluntary and that you are under no obligation to do so. Even if you sign the consent form you are under no obligation to continue and are able to withdraw consent at any time during the interview. If you complete the interview you have up to 4 weeks to contact the researcher to withdraw your consent whereupon any information relating to you will be destroyed.

Ethical assurance

This study has been granted ethical approval from the Senate Research Ethics Committee at City University London. The researcher and research supervisor are trainee and qualified psychologists respectively and are professionally bound to adhere to the; British Psychological Society's Code of Ethics and Conduct (BPS, 2009), British Psychological Society's Code of Human Research Ethics (BPS, 2010), The Health and Care Professions Guidance on Conduct and Ethics for Students (HCPC, 2012) and City University London Code of Ethics.

In accordance with BPS good practice guidelines research data will be stored for a period of 5 years before being destroyed.

A final word

Participants often find that taking part in interview based research results in them reflecting on previous experiences and whilst the majority find the process to be beneficial, on occasion some people do get upset. If you feel that participating could be a distressing experience for you it would be advised that you not do so.

If you have read through and understand the information and are interested in participating or have any questions please contact the researcher or research supervisor at the addresses below. Thank you for your consideration.

Researcher: [redacted] or by phone: [redacted]

Research Supervisor: [redacted]

Appendix 2 – Participant Consent Form

CITY UNIVERSITY LONDON

PARTICIPANT CONSENT FORM

You are invited to participate in the research project entitled: **Exploring Practitioner Psychologists' personal experiences of hope in their clinical practice.**

Brief Description of Research Project:

This research will aim to investigate Practitioner Psychologists' personal experiences of hope in their clinical practice and its role in their work. The research process will consist of completing a brief demographic questionnaire followed by an interview lasting approximately 50 minutes which will be recorded for later transcription and analysis by the researcher.

Right to Withdraw from the Research

Withdrawing your participation is possible at any time during the interview. If you would like to withdraw consent after participating in the interview please contact the researcher within four weeks of taking part at the email address or telephone number provided below.

If you contact the researcher to withdraw consent after the four week mark it cannot be guaranteed that the researcher will be able to remove the entirety of your contribution as analysis will be underway and your data may have been aggregated with that of other participants.

Researcher Contact Details:

Mr. Garret O'Moore

Department of Psychology
School of Arts & Social Sciences
City University London
Northampton Square
London EC1V OHB

Tel: [redacted]

E-mail: [redacted]

Supervisor Contact Details:

Dr. Susan Strauss

Department of Psychology
School of Arts & Social Sciences
City University London
Northampton Square
London EC1V 0HB

Tel: [redacted]

E-mail: [redacted]

Consent Statement:

I have been given to understand that this research study has been given approval by the Research Ethics Committee at City University London. I have read and understood the information provided in the '**Participant Information Sheet'**. I have also had an opportunity to ask questions and, if I have done so I have been satisfied by the answers. I agree to take part in this research, and am aware of my rights to withdraw consent. I understand that the information I provide will be treated in confidence by the researcher and that my anonymity will be protected in the publication of any findings.

Name …….

Signature ……

Date ……

Please note: If you have any concerns about any aspect of your participation in this research, or any other queries, please raise this with the researcher. If you feel that your concerns have not been adequately addressed by the researcher please raise them with the research supervisor.

CITY UNIVERSITY LONDON

Demographic Questionnaire

It would be appreciated if you could answer as many of the following questions as you feel comfortable.

Gender:

Age, please circle:

20 – 29 30 – 39 40 – 49 50 – 59 60 – 69 70 – 79 80 – 89 90+

Number of years' experience post qualification?

Branch of Psychology, please circle:

Clinical **Counselling** **Health** **Other** (please specify)

Primary place of employment, please circle:

Public Sector **Voluntary Sector** **Private Sector** **Private Practice** **University**

Other (please specify)

Therapeutic approach/es (please circle)

Person Centred, Psychodynamic, CBT, Existential, Systemic, Integrative, other (please specify)

Interview Preamble

Before we begin I just wanted to set the scene for the interview:

- Importantly I wanted to remind you that you can choose to end the interview at any point and ask to remove yourself from the analysis within four weeks.
- I also wanted to let you know that very little has been written about therapists' personal experiences of hope. So I'm very interested in your personal experiences. As such your responses to my questions are valid and there is no such thing as a right or wrong answer.
- There's a possibility that some questions may seem self-evident but because I am trying to understand how you see things and don't want to assume anything.
- After I've asked you a question feel free to take your time to think and talk – it might be helpful to think of this as a one-sided conversation where I ask you questions and you answer.
- You may also see me making short notes, this is to help remind me of points that could be helpful to return to.

Interview Schedule

Topic: Exploring Practitioner Psychologists' personal experiences of hope in their clinical work

What motivated you to take part?

How do you understand hope/ what does it mean to you?

How important is your sense of hope to your practice?

Could you give me an example in your work when you have been aware of your hope?

Where do you feel your hope came from?

(Prompt: Was it internal/external?, What was your hope for?)

How were you aware of your hope? (Prompt: what was it like? , How did you experience it? (thoughts, feelings etc)

What influence if any did it have on you/your work?

Were there times when you felt your hope had an effect on your client?

How was it communicated?

Could you describe any factors that had a bearing on your hope?

Is there anything else you would like to add?

Prompts:

What do you mean by….

Can you tell me a bit more about that?

How did that make you feel? What was it like?

CITY UNIVERSITY LONDON

DEBRIEFING INFORMATION

Title of research project*:* **Exploring Practitioner Psychologists' personal experiences of hope in their clinical practice.**

Researcher Contact Details:

Mr. Garret O'Moore

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School of Arts & Social Sciences
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Northampton Square
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Tel: [redacted]
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Supervisor Contact Details:

Dr. Susan Strauss

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School of Arts & Social Sciences
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Northampton Square
London EC1V 0HB

Tel: [redacted]
E-mail: [redacted]

Debriefing Statement:

Thank you for your contribution. I hope that the interview process allowed you to reflect on your practice in way that you will find beneficial. I would now like to offer you some time to discuss anything which may have arisen during the interview process.

Is there anything in particular that you would like to talk about that came up from this interview?

Do you have any further comments or questions before we end for today?

If you think of anything after we have finished, I will be available by e-mail or telephone to answer any questions that you may have.

If you felt that any difficult issues came up as a result of the discussion, you may wish to raise these at your next clinical supervision if appropriate or if particularly distressing to consider discussing them with a therapist. The organisations listed below provide contact details of therapists.
The British Psychological Society has a list of therapists that can be contacted at: http://www.bps.org.uk or 0116 254 9568

The British Association for Counselling and Psychotherapy has a list of therapists that can be contacted at: http://www.bacp.co.uk or 01455 883300

The United Kingdom Council for Psychotherapy has a list of therapists that can be contacted at: http://www.psychotherapy.org.uk/ or 0207 014 9955

Right to withdraw from the research

Withdrawal from the study is possible at any time within the next four weeks. Importantly due to the fact that data from different participants will be aggregated it may be difficult to remove the entirety of your contribution from the data if you ask to withdraw consent after four weeks. If you think that you would like to withdraw consent please contact me by e-mail at the address below.

Declaration:

I confirm that the interview was conducted in an ethical and professional manner and that I am happy for the research to proceed using my data.

Name of Participant: **Signature:**

Date:

Name of Researcher: **Signature:**

Date:

Please note: If you have any concerns about any aspect of your participation in this research, or any other queries, please raise this with the researcher. If you feel that your concerns have not been adequately addressed by the researcher please raise them with the research supervisor.

Post Interview Reflections – interview 2 – Sandra

Overall I thought the interview went well as Sandra seemed well able to discuss the topic without too much prompting. Again I was surprised at her initial difficulty in articulating hope but then I struggle as well and I've been doing a fair bit of research on the topic.

Things to note: I thought there was a slightly more noticeable insider/outsider dynamic in comparison with the interview with Jamie and I wondered if it had something to do with her status as a clinical psychologist. I picked up on a few occasions when she used 'you' to describe counselling psychologists. However I don't think this was of any detriment to the interview and may have even allowed me to bracket my assumptions.

*I thought our rhythm in the interview was a bit off and it may have been to do with time pressure as a result of the (**removed to preserve anonymity**). I thought that this may have resulted in a slightly hurried interview and I felt some pressure to keep track of time and ensure that we covered the key areas. I noticed that on more than one occasion that I had to bite my tongue to prevent myself interrupting her when she paused as I had assumed she had come to the end of her response.*

I was aware that Sandra used technical language on some occasions, for example she used acronyms for therapy modalities and I had a choice to make in asking her to explain it or allow her to continue. Although I intended to get close to her experience and avoid assumptions I also had to be pragmatic as if I asked her what she meant every time she used a technical term the flow would have been broken and we would not have gotten anywhere. I also reasoned that as I was trying to move beyond the jargon to her experience this would involve me acknowledging some understanding of psychological concepts.

I liked that I was more comfortable with the interview schedule than in the first interview and was able to hold it lightly (metaphorically), although there were one or two moments when I needed to glance at the questions to confirm that it had been covered.

For the next interview I would like to really familiarise myself with the schedule so that I can hold it in my mind without needing to look at it as the participants seem to have a knack at raising relevant topics without prompting.

Participant 3

Interviewer: And what was that, what was that like for you?
Sort of, there might be some hope for her?

Respondent: Um... Well it feels better (laughing), it felt better, of course. Um, but, I'm not sure actually, whether at that point, at that point it actually doesn't matter what I felt, it didn't matter what I felt by then. What matters was only then, at that point, was only then that I could keep, keep holding whatever it was she needed me to. So if she, again, what she, what I think she needed was an, an experience of being heard and understood again, of her own subjective experience just being, kind of, received. I think for her that was the work. And, it almost at that point didn't matter what I wanted for her, for, for it or not, it didn't make any difference. What mattered was that I was able to contain whatever it was she brought, which, in a way, just then gave her more, more options, gave her more, you know, gave her the possibility that, that there were other ways for her to feel, other than wanting to die.

Interviewer: So you said but also what you wanted, wanted for her didn't matter so much as your ability to actually contain...?

Participant 3

633

634 Respondent: Mmm, yeah. I think that's true. Um, yes, what I
635 wanted for her, of course, was for her to feel better. But, actually
636 that was irrelevant. It's irrelevant what, what –This is really an
637 interesting question isn't it, about your research question, because
638 on the one hand I want to say it's irrelevant what we want for our
639 clients, it doesn't matter how badly we want them to get better, we
640 can't make them better. You know, no, not even the most fervent
641 CBT therapist, I think, would ever argue that we can make the client
642 better. They have to have it within themselves to feel better. And we
643 hope that the therapeutic process is what will, at least, allow that to
644 happen. But we're only allowing a process to happen. We're not
645 making it happen, I think. We're facilitating rather than, creating a
646 process. So I actually don't think it makes any difference, now I'm
647 contradicting myself completely (laughing), what it is we, we want
648 for the client. But I suppose where the hope is about the process.
649 * The hope is that the process will be useful for that particular client.
650 So if we can hope in the therapeutic process, again, the relationship,
651 the thing that we get, sort of, talk, that we talk about all the time.
652 That we can have hope that the relationship works and that
653 whatever the client then needs, or wants, they can get in that
654 relationship. Then, perhaps, that's what the hope can be directed at.

34

What Therapist wants is unimportant

Hope in the process

importance of Hope in the relationship

not all powerful

hope/wishes in TP process

sounds natural

understood as facilitation not creation

seems to have understanding as she speaks

Wanted client to feel better, but not seen as relevant to work! (irrelevant x2 – strong word for unimportant.
'interesting question' –> could suggest tension between her hopes

TPs can't make the client better

Hope is in the therapeutic process

Facilitating a process not creating a process — 'allowing' – opposite of preventing, powerful position.

contradicting self – laughter –> could be stress reduction
Hope should be about the process not for an outcome!
('A hope that is set until the need')

Clarifying: hope in the relationship

client's needs met in the relationship

Important to direct hope at relationship

2) * suggests she is formulating her understanding during the interview!

Participant 3

655

656 **Interviewer: So the hope is directed at the relationship?**

657

658 Respondent: Yeah, that it, that it will be, it will be useful, that it
659 will do what we, what we hope it does. (Laughter) I mean, 'cause we
660 don't, you know, it's all just, it is all just hope isn't it? We hope that
661 the relationship will be therapeutic and we do everything we can to
662 enable that and we, we read and we study and we think and we talk,
663 or we, you know, we endlessly think about what we can do and how
664 we can be with this other person in order to reduce pain. And I
665 guess, but we still, I don't ever really know do we? We just hope.

666

667 **Interviewer: And so, so just what I'm hearing you say there, it**
668 **sounds as if there's ehhm, the focus on the relationship?**

669

670 Respondent: I think so now I've talked myself round to that, yeah,
671 yeah, that, and that it will work.

672

Therapy is hope in action

Hope as response to uncertainty

Concept of Hope in work is difficult to understand

Therapy/work as hope

with the certainty not possible

— laughter - suggests awkwardness of not having hope?

Therapy is all about hope, just hope? 'we hope' -> does she mean she? ->

— we put effort into realising our hopes? Active

reducing discomfort of uncertainty by externalising it?

importance of reflection, summarising work.

we just hope, seems like its all therapists do

'I don't ever really know do we?' — switch tenses 1st person singular to plural — are we all in this together? we just hope

Personal to group.

*Interesting switch from 'I don't' — to 'do we'? suggests the distancing or discomfort

Convincing self? — round — suggests a coming full circle or movement along a circle.

The discussion from hesitant to now suggests she may have moved from an earlier view.

'that it will work' — hope is the relationship understood to be facilitative.

Appendix 9 - Example of Emergent Themes and Subthemes - Helen

Theme	Subtheme
Understanding hope	
	Hope is associated with the positive pg1 L9
	Hope is about possibilities (movement) pg1 L14
	Hope is for a desired future pg16 L282
	Hope and faith are interlinked pg5 L79
	Hope is energising pg17, L306
	Hope is a complicated concept/ wide issue, pg58, L1052, pg68, 70, L1250
	Hope can be conveyed nonverbally pg13, L227, pg22 L392
	Hope can be transferred physically pg56, L1022
	Hope can be accessed pg8, L145, pg9 L152
	Hope can be lost pg30, L545
	Hopes can be both individual and cultural pg26, L466, pg27 L481
Hope is implicit	
	Hope is not explicitly discussed pg2 L20
Importance of hope to therapy	
	Hope is essential to therapy pg47, L847
	False hope can be problematic, pg17, L306
Hope is embodied	
	Faith and hope are embodied pg4, L57, pg21, L381 (Visceral)
Hope is relational	
	Hope is interpersonal pg13, L224
	Hope exists in the therapeutic relationship pg49, L881
	The therapeutic environment is about hope pg66, L1202
Therapists role	
	The therapist may offer hope in an alternative pg5 L85
	Hope and faith can be brought in by the personality of the therapist pg6 L107
	The therapist shouldn't collude with client's lack of hope pg21, L385
	Aim is to accompany client on their journey pg24, L438
	Spends time identifying clients hopes pg28, L501
	Important to hold hope pg39 L709
	Important to keep hopes alive Pg45, L815
	Important for therapist to explore their own hopes pg48, L861
	Therapist should ensure their hopes are congruent pg58, L 1052, pg59 1065
Focus of her hopes	
	She has hope in people pg46, L839
	Therapists' and clients' hope can differ pg25, L458 pg31, L560
Influences on her hope	
	Clients' life force inspires hope in therapist P11, 196
	Therapist requires faith and hope to work pg7, L124
	Therapists' hope can be received from the client pg13, L218, pg42, L753
	Therapists' ability to hold hope influenced by clients attributes pg33, L587
	Therapists' hope strengthened by experience pg37, L662
	Therapist can get pulled into clients' hopelessness pg25, L442
	Therapists' hope can be influenced by personal assumptions pg29, L523
	Having time to work with clients can be hopeful pg60, L1099
Impact of hope on her work	
	Losing hope can leave therapist deskilled pg 37, L 660
	Loss of hope can lead to mistakes pg66, L1204
	Therapist inability to connect could be due to a lack of hope pg47, L85
	Loss of therapist hope can lead to loss of boundaries pg62, L1138, Pg65, L1195
	Therapists' openness to client is influenced by their hope pg54, L978
Influence on client	
	Therapist holding hope suggests faith in client/process pg3 L38,
	Clients can sense therapists hope pg34, L 606
	Clients may expect therapist to hold hope pg40, L723)
	Therapists way of communication conveys hope pg53, L969

Summary table of recurrence of themes

Master theme	Theme	N	Jamie	Sandra	Monica	Jessica	David	Alison	Helen	Sean	4 +
Making sense of hope			y	y	y	y	y	y	y	y	y
	Grasping for understanding	1	y	y	y	y		y	y	y	y
	An embodied experience	2	Y	Y		Y		Y		Y	Y
	Co-creation of hope	3		Y		Y	Y	Y	Y		Y
	Emerging awareness	4		Y	Y		Y		Y	Y	Y
Hope is intrinsic			Y	Y	Y	Y	Y	Y	Y	Y	Y
	Fundamental to therapists	5	Y	Y	Y	Y		Y	Y	Y	Y
	Inherently hopeful	6	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Influences on hope	7	Y	Y	Y	Y			Y	Y	Y
	Impact on work	8	Y	Y	Y	Y			Y	Y	Y
Responsibility towards hope			Y	Y	Y	Y	Y	Y	Y	Y	Y
	The therapists' role	9		Y		y	Y	Y	Y		Y
	Focus of therapists' hope	10	Y	Y	Y	Y		Y	Y	Y	Y
	Therapists pragmatism towards hope	11	Y	Y		Y	Y	Y	Y		Y

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

D.Psych Counselling Psychology

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Exploring therapists experiences of hope for their clients attaining a positive outcome from therapy and its influence on their practice: A qualitative study using interpretative phenomenological analysis

2. Name of student researcher (please include contact address and telephone number)

Mr. Garret O'Moore
[redacted]
Email: [redacted] Mob: [redacted]

3. Name of research supervisor

Dr. Susan Strauss

4. Is a research proposal appended to this ethics release form?
Yes

5. Does the research involve the use of human subjects/participants?
Yes

If yes,

a. Approximately how many are planned to be involved?

8 participants

b. How will you recruit them?
Participants will be recruited through the British Psychological Society (BPS) Mailing list and/or through advertising with Psychological therapy services in the UK.

c. What are your recruitment criteria?
(*Please append your recruitment material/advertisement/flyer)*

Recruitment criteria are that the participants must be qualified and registered psychologists who specialise in one-to-one therapy and utilise one or more recognised therapeutic paradigms (e.g. CBT, Person Centred, Psychodynamic) in their client work.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent?
No

d1. If yes, will signed parental/carer consent be obtained?

d2. If yes, has a CRB check been obtained?

(*Please append a copy of your CRB check*)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Each participant will be required to fill out a demographic questionnaire and participate in a semi-structured interview that will last approximately 1 hour focusing on how their experiences of hope for their clients attaining a positive outcome from therapy may have influenced their practice with those clients. They will then take part in a debrief session the duration of which will be on an as needs basis. The participants may also be contacted at a future date to review transcribed parts of their interview that the researcher wishes to publish and to ask for their consent in doing so.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes

If yes,

a. Please detail the possible harm?

There is a possible risk that participants may experience psychological distress as a result of discussing their experiences of hope for their clients and the impact that this had on their work with said clients.

b. How can this be justified?

The possible risk is justified in the context of risk-reward. The reward for participants is likely to outweigh any potential risk. Through participating in the research the therapist may get a useful insight into an aspect of their practice that can benefit their professional development and client outcome. Furthermore their participation may benefit trainees and other therapists through the dissemination of research findings.

With regards to risk it is considered unlikely that any participants who were to become distressed would be impacted over the longer term. Given that the participants will be qualified psychologists who work with clients on a regular basis they should be reasonably adept at discussing their therapeutic work (e.g. during supervision). Furthermore if a participant was to become unduly upset such an experience may even be of benefit to them as it would flag up to them that there may be something that they need to address either in their own supervision or in personal therapy.

c. What precautions are you taking to address the risks posed?

Participants will be reminded that participation is voluntary, that they can withdraw consent at any time and that they can choose not to answer questions, remain silent or stop the interview if they wish.
They will also be informed that if they think that engaging in the research will cause them distress that they should not participate. Finally participants will be debriefed following the interview to check in with them that they were not distressed by the experience and to

provide them with an opportunity to address any concerns or to ask questions of the researcher. Finally they will be provided with a list of resources for support should they find that they become distressed at a later date.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes

If no, please justify

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

The following records will be kept; 1) Research notes, 2) Demographic information 3)Audio recordings of the interview, 4) Text transcriptions of the interview 5)Signed Consent forms

12. What provision will there be for the safe-keeping of these records?

In line with best practice guidelines the records numbered 1 -5 above will be stored separately from each other to minimise disclosure should records be inadvertently disclosed or obtained by a 3rd party. For example transcripts would not be stored together with consent forms, nor would consent forms be stored together with demographic information. Each would be stored in an appropriate location (e.g. a password encrypted electronic file). Furthermore audio recordings, transcripts of them and all data relating to participants would be coded with an ID number and a pseudonym to minimise disclosure. Again the details that matched the participant to their pseudonym and ID number would be stored at a separate location.

13. What will happen to the records at the end of the project?

The records will be stored for 5 years in accordance with the British Psychological Societies Good Practice Guidelines (BPS, 2005) after which they will be destroyed.

14. How will you protect the anonymity of the subjects/participants?

Participants will be assigned an ID number and a Pseudonym and are entitled to withdraw any or all parts of the transcript from the study. Furthermore any identifying details will be anonymised during transcription and participants consent would be obtained before any quotes were included in any material that was intended to be published.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

The participants will be provided with a debrief following the interview in which they will have the opportunity to discuss any issues or concerns that have arisen as a result of the interview. They will also be provided with an opportunity to ask any questions. Participants will again be asked to provide consent following the interview acknowledging that they were happy with the interview. Finally participants will be provided with a list of support options that they can contact should they experience distress at a later date.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:

Signature of student researcher - [redacted]----------

17/11/11 Date 2011

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal
Recruitment Material
Information Sheet
Consent Form
De-brief Information

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself?

Yes

If yes,

a. Please detail possible harm?

It is possible that the researcher may become concerned if he was to hear something that led him to believe that a participant or a participants client was at risk or if he heard something that may have constituted malpractice. However it is considered unlikely that there would be any long term distress caused as the researcher would act on any concerns by contacting his supervisor and other relevant parties e.g. HPC.

b. How can this be justified?
The risk can be justified as any psychological harm to the researcher would be minimal and the likelihood of risk would be no more and likely much less than the researcher would experience in his day to day practice with distressed clients. Furthermore given that the researcher will be in personal therapy as a course requirement he will have a safe space to discuss any possible concerns.

c. What precautions are to be taken to address the risks posed?

The researcher will remind participants not to take part if they consider that they may bring up distressing material which should also minimise the risk of psychological distress to the researcher. The researcher will also discuss any possible concerns with his supervisor and address any personally distressing experiences in personal therapy.

Section C: To be completed by the research supervisor

(*Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.*)

Please mark the appropriate box below:

✓ Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signature [redacted] ----------
---------- Date 24 Nov 11 --------

Section D: To be completed by the 2nd Departmental staff member

(Please read this ethics release form fully and pay particular attention to any answers on the form where ***underlined bold*** *items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

[redacted] 4/6/12