Hope, Illness, and Counselling Practice: Making Hope Visible

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ABSTRACT

Normally hope operates as a silent factor in counselling, playing a subordinate role to discussion of the problem. However, hope can be consciously tracked and given attention as a central feature. Through the use of hope-focused questions, and language which conveys hope, counsellors can capitalize on opportunities to make hope visible to themselves and their clients. This article draws on some of the literature from the fields of nursing and psychology which links counselling practice, hope, and illness. The authors address the issue of false hope and the challenge of being a hopeful counsellor. Two working examples are used to suggest and briefly demonstrate interventions counsellors might make if they choose to reflect on hope as they do their work.

RÉSUMÉ

En général, l'espoir constitue un élément tacite du counseling et joue un rôle secondaire par rapport à la discussion du problème. Toutefois, il est possible de déceler l'espoir de façon consciente et de le considérer comme un facteur central. En posant des questions centrées sur l'espoir et en utilisant un langage qui transmet ce sentiment, les conseillers peuvent profiter des occasions qui se présentent de le mettre en évidence pour eux-mêmes et pour leurs clients. Cet article s'appuie sur des écrits dans les domaines des soins infirmiers et de la psychologie qui établissent un lien entre la pratique du counseling, l'espoir et la maladie. Les auteures abordent le problème du faux espoir et le défi de démontrer de l'espoir en tant que conseiller. Deux exemples pratiques sont présentés en tant que suggestions et démonstrations brèves d'interventions auxquelles peuvent recourir les conseillers qui choisissent d'accomplir leur travail tout en réfléchissant sur l'espoir.

Hope in the context of counselling is relevant to both clients and counsellors. There are things clients don't want to hear because it brings out the hopelessness in them. They don't want to hear, "You will have to accept your chronic pain and learn to deal with it." They don't want to hear, "You need to adjust to this illness." They don't want to hear, "You have to ignore the symptoms and have a good life." They don't want to hear, "I won't be able to help you because you are not helping yourself." They want to hear messages which give them a reason to hope. "I believe there is hope for you. I have some ideas we might try. Listening to you makes me hopeful because . . ."

There are also things we counsellors don't want to hear because it brings out the hopelessness in us. We do not want to hear, "I've already tried that." "That won't work." "That doesn't help." It makes us feel hopeless. We want to hear, "You are different from all other counsellors." "You seem to understand me." "You have given me some new ideas." "You have given me hope."

Illness brings with it a need for hope. Hope helps us live with a difficult present and an uncertain future. What is the role of hope in counselling those with illness? Since the myth of Pandora, scholars have argued whether hope is a blessing or a curse. The views have ranged from Nietzsche (1878) who declared it, "The worst of evils for it prolongs the torment of man" to Menninger (1959) who was adamant it is, "An indispensable factor in . . . treatment." Norman Cousins (1989) offered the position we simply know too little not to hope.

Indeed, science is just beginning to understand this thing called hope. We can point to many authors who have associated hope and successful coping with illness (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Buehler, 1975; Carson, Soeken, & Grimm, 1988; Elliott, Witty, Herrick, & Hoffman, 1991; Irving, Snyder, & Crowson, 1998; Mickley, Soeken, & Belcher, 1992; Miller & Powers, 1988). In the field of counselling, we accept hope is important, and that it is core to the well-being of both clients and counsellors. Talley (1992) reports in *The Predictors of Successful Very Brief Psychotherapy* that the most unexpected finding was that the single item that best predicted satisfaction with treatment was, "The counsellor encouraged me to believe that I could improve my situation." This item accounted for 68% of the variance. One might interpret this as the client reclaiming hope about the situation.

Hope makes things happen when counsellors work with people whose lives are influenced by illness and physical pain. It can be the spark that brings the client for help, the fuel that keeps the counsellor going, the thrust that helps the client try, the outcome of a successful effort. It can also be the seed that blossoms into interesting and inspiring counselling interventions.

This article draws on some of the literature from the fields of nursing and psychology which links counselling practice, hope, and illness. It addresses the issue of false hope and the challenge of being a hopeful counsellor. It suggests and briefly demonstrates interventions counsellors might make if they choose to reflect on hope as they do their work.

The suggested interventions are currently in use in an on-going program of counselling studies at The Hope Foundation of Alberta, a centre for hope research. The process, known as hope-focused counselling (Edey, Jevne, & Westra, 1998) has been refined in an on-going program of counselling and counsellor training which began in 1992. The clients, in their efforts to cope with illness, had experienced the hopelessness of filling out forms, talking to receptionists when they wanted doctors, waiting months for appointments with specialists, receiving diagnoses, and being told to accept their illness. They had personal collections of self-help books. They had taken medication, been helped by medication, been overwhelmed by side effects, changed medication and developed allergies. They had fought for disability benefits, declared themselves unemployable in order to qualify for government programs. Theirs were complicated lives, lives with many features which challenge and diminish hope. Both experienced counsellors and trainees found that the hope-focused approach pleased the clients. They also found that their ability to work with these clients was enhanced when they consciously drew attention to hope.

Perspectives on hope in the counselling setting

Both client and therapist must possess hope in order for the therapeutic process to be successful (Edey et al., 1998; Snyder, 1995). This very idea can be threatening, discouraging. We all want to be effective in our work, and it is difficult to be hopeful in the presence of those clients who don't change, don't try, and won't take advice. Nonetheless, Snyder (1995) maintains that therapists who evaluate their level of hope are evaluating their ability to be effective helpers.

Hope is an individual thing, as personal to each of us as the clothes we choose. Different perspectives are reflected in the literature. Snyder (1995) emphasizes the relevance of hope in the context of doing, pointing to success, and the capacity to achieve goals. Drawing on a broader approach born of their work in illness and palliative care, Herth (1990), Perakyla (1991) and Jevne (1993) conceptualize hope in the realm of being, rather than of doing. They emphasize the value of acknowledging hope, and de-emphasize its relationship to realistic goals. Benzein (1999) reports both a being and a doing component to hope.

Dufault and Martocchio (1985) identify two kinds of hope, generalized and particularized. Particularized hope is directed toward a goal or a wish. Generalized hope is not specific to any given situation. It is the expectation that the future will be good. The two operate together, feeding each other.

Our particular hopes are embodied in our history of success. Hope has been associated with success at many levels including: successful problem solving (McGee, 1984; Snyder, 1995) superior performance in sports (Curry, Snyder, Cook, Ruby, & Rehm, 1997), and academic achievement (Curry et al., 1997; Irving et al., 1998). It has been shown to be related to psychological well being (Carson et al., 1988; Dufrane & Leclair, 1984; Elliott et al., 1991; Miller & Powers, 1988; Rabkin, Williams, Neugebauer, Remien, & Goetz, 1990; Snyder, 1995; Yarcheski, Scoloveno, & Mahon, 1994), physical health (Benzein & Saveman, 1998; Carson et al., 1988; Herth, 1990), and the successful resolution of grief (Herth, 1990).

But hope also has the capacity to act in mysterious ways. Dufault and Martocchio (1985) observe that it does not necessarily vanish in the face of challenges such as untreatable illness. It most certainly endures despite poverty and war and famine. Those of us who have experienced the fulfillment of wishes and the successful attainment of goals may find it easier to be hopeful, to expect a good future. Those who have experienced defeat, failure, and suffering may need someone to help them look to the future with hope. Our challenge, as counsellors, is to find the hope, to coax it out of hiding.

Can we reach into the experiences of our clients and find it there? Can we nurture it in ourselves even as we face those situations which are most apt to take it away? Can we say more of the things clients want to hear, and hear from them more of what we want to hear? Can hope come to our aid if we strive to make it visible?

OPPORTUNITIES TO MAKE HOPE VISIBLE

Normally hope operates as a silent factor in counselling, playing a subordinate role to discussion of the problem. But hope can be consciously tracked and given attention as a central feature. Here is one counsellor's account of a session which settled on a problem for discussion, and also centred on hope:

> Sitting opposite me is a middle-aged man with a case of multiple sclerosis and a warehouse full of anger. My hope is somewhat threatened by my inability to cure multiple sclerosis and a few failed attempts to address the anger. Would a question about hope shed some new light? "What is it that most threatens your hope when you look to the future?" I ask.
>
> He snaps to attention. "I'll have to think about it," he says. "Nobody has ever asked me that before." Both of us have just heard something we want to hear. It is likely that many things are threatening his hope, but he chooses to tell me about his current experimental medication, how it arrests further development of the disease more effectively than any others, how it makes him suicidal, a side-effect, the doctor says. The doctor has said he is free to decide whether to continue with the experimental medication. Facing this decision threatens his hope. He observes the hopelessness of giving up an effective medication, the hopelessness of choosing to continue with an effective medication which makes him suicidal. He observes that his future may not be a living future if he continues to take this stuff. "I'm going off it," he says. "There's more hope that way." He is smiling! He has made a hopeful decision. Hope is visible to both of us.

This conversation began with a hope-focused question: What is it that threatens your hope when you look to the future. There are other strategies a counsellor might have used to draw attention to hope (Edey et al., 1998). She might have asked him how hopeful he was on a scale of zero to ten, then asked why he wasn't at zero, wasn't at ten. She might have asked what he would do if he were a hopeful person, or what would be the smallest change that could increase his hope. Any of these questions would likely have drawn the same initial response: "I'll have to think about it. Nobody ever asked me that." Any of these questions would likely have led him into previously unexplored territory, opening new paths for him and the counsellor.

There are so many places we can look if we want to make hope visible. If we ask, "Who taught you about hope?" or "Who comes to mind when you think about hope?" we will get some useful information. We will hear a story about a hero, a leader, a brave soul. We will hear about someone who, by example, can be a leader to the person we want to help. If we say, "Choose a picture that would remind you of hope when you wake in the morning," we will begin a process. The client will envision a picture, get that picture, and put it in a prominent place. The picture will be a permanent invitation to think about hope. It is not difficult to persuade clients to think and talk about hope. Why, then, do we not make better use of hope?

THE PROBLEM OF FALSE HOPE

"We don't make more use of hope," some counsellors say, "because we don't want to raise false hope. So many people have unrealistic hope." They fear that

clients will act unwisely if they pay attention to hope. They wonder if it is unethical to raise hope without having a specific goal or outcome within easy reach.

Those of us who understand these doubts and fears might also notice that many people have unrealistic hopelessness, false despair. This prevents them from seeking solutions and listening to advice. We might also notice that clients frequently find workable solutions, which were not first suggested by us. Previously unseen opportunities sometimes appear when we open the door to hope.

McGee (1984) asserts that unrealistically high levels of hopefulness or unjustifiable hopelessness can be detrimental to the healing process, but does not suggest that we should intervene by trying to crush unrealistic hope. On the other hand, we do not have to give unlimited support to unsupportable hopes. McGee maintains that the first step in instilling realistic hope in patients is to validate and empathize with their experiences of either complete hopelessness or unjustified high levels of hopefulness. The least we can do is to stand in the shoes of a client for a moment, experience the hope or the hopelessness. If we discover that our hope is not necessarily the same as their hope, we can ask ourselves why we are more or less hopeful than our clients. We then have the opportunity for honest communication. We can say, "I am more hopeful than you because . . ." or "I am less hopeful than you because . . ." Our clients have a right to know. If we say we are less hopeful, it gives them the opportunity to decide whether we can be helpful. If we are more hopeful, then perhaps we can share some of that hope with them.

CONVEYING HOPE

"The counselling relationship offers a partnership that has the potential to inspire hope and to develop courage to deal with life transitions" (Dufrane & Leclair, 1984, p. 34). It is natural that clients should look to us for hope, and challenging for us to be hopeful for them. Challenging as it may be, it is important that we position ourselves to be as hopeful as we can. The sense of hope experienced by counsellors can be transferred to clients (Beavers and Kaslow, 1981; Edey et al., 1998; Snyder, 1995). For those who wish to foster hope, the first step is the development of supportive relationships, (Carson et al., 1988; Dufault & Martocchio, 1985; Gaskin & Forte, 1995; Haase, Britt, Coward, Leidy, & Penn, 1992; Hall, 1994; Miller & Powers, 1988; Morse & Doberneck, 1995; Raleigh, 1992; Yarcheski et al., 1994) because supportive relationships provide a place where hope can be both borrowed from and instilled in others (Dufault & Martocchio, 1985; Morse & Doberneck, 1995). When the counselling relationship is truly a partnership, then the transfer of hope is not a one-way process. Clients also transfer their hope to us. They convey it in their gratitude for our understanding, our respectful behaviour, and our ideas. They convey it when they identify their stories of hope, their descriptions of things and people that make them hopeful.

We, in turn, can foster hope by intentionally using language which conveys hope. We can help them experience a glimmer of hope based on the theory that it just might be reasonable to expect a good future. Language, honed and carefully directed, is a powerful hope-giver.

Three linguistic tools are particularly effective when we want to convey hope. They are: the language of "yet," the language of "when," and the language of "I believe." Clients tend to respond with surprise and pleasure to counsellors who use them. Here is a brief example illustrating how this language might be used:

> A woman is boiling with anger and chronic pain, the leftovers of a failed surgery. Her raging is driving me to hopelessness. She talks of suing everyone and is showing no sign of actually suing anyone. I listen to her for what seems like an eternity. Finally, we reach a point of agreement. We agree that things would seem more hopeful if only people would pay attention to her complaints. I tell her I lose hope when I listen to her because her speech radiates so much anger. Soon we are able to agree that it would be important for her to get control of her anger. Using the language of "when" to suggest that she will get control of her anger, I say: "People will likely be more willing to take your complaints seriously 'when' you get control of your anger." She says the possibility of controlling the anger seems hopeless to her. Using the language of 'yet' to encourage her, I say: "When we first met I saw you as an angry person, but now I see you as a person who hasn't learned to control her anger 'yet'." "Do you really think I can do it?" she asks. A shift is occurring. Some of my hope is being conveyed to her. Wishing to build on this hopeful momentum, I turn to the language of 'I believe'. I say: "'I believe' you can control your anger. 'I believe' this because I have seen others do it." As I say these words, and observe how they soften her, I find myself becoming more hopeful.

BEING A HOPEFUL COUNSELLOR

What then can we say about the challenge of being a hopeful counsellor? What steps can we take if we want to be more hopeful in our work?

Perhaps it is not possible for counsellors to always be hopeful in their work, but we believe that paying attention to hope can help counsellors as much as it helps clients. If we see value in attending to hope, we simply have to start the journey and see where it leads us.

Each of us has the option of remembering to notice whether we are expecting a good future, and acting as if we expect one. Each of us can begin turning our thoughts towards the people who make us hopeful, the pictures that remind us of hope. Then, when we struggle, and things aren't turning out as well as we would wish, each of us can pause to think the kind of thoughts that steer us toward hoping, away from blaming, the kind of thoughts which suggest to us that there is hope.

We need not declare a situation forever hopeless just because we cannot address it now. A seemingly unsolvable problem can sometimes be solved when more knowledge is available. A problem which cannot be solved now can sometimes be solved later. A problem which cannot be solved by one person can sometimes be solved by another. A problem which cannot be solved one way can sometimes be solved another way. At a different time, in a different place, with different help, or more knowledge, something hopeful can still be expected.

CONCLUSION

In conclusion, we should say that a hope focus does not stand alone in counselling. It runs in the background, periodically moving to the foreground, giving direction and power to a counsellor's basic skills. Attending to hope is a learning process which develops with practice and reflection. It requires us to accurately discern the difference between our hope and the hope of our clients. It is not advisable to begin the learning process by practicing on the toughest clients, or to give up entirely if early attempts falter.

Still, the challenge of learning to pay attention to hope is an endeavour worth embracing, for hope is capable of changing lives, enabling people to envision a future in which they are willing to participate. Its potential applications in the context of counselling remain largely undiscovered because hope has, at this point, been under-researched and under-utilized.

Although there is recognition that hope is an essential thread which runs through many situations of adversity, hope has not been a conscious focus of psychological interventions. Most of the scholarly work in the field of hope has focused on either developing a conceptual understanding of hope and/or translating such understandings into assessment measures of hope. Miller (1989) points towards a neglected area of research when she states, "The importance of hope is universally accepted. However, despite its wide acceptance, the domains of hope and how persons maintain hope while confronting adversity are not well-known" (p.23).

Counsellors have the opportunity to learn about hope by studying themselves and their clients. Their learnings have the potential to enhance the quality of their practice.

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