

Relational ethics and hope: Examining responsible caring when hope is challenged

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Working with hope ...?

Before beginning the presentation ...

What are you wondering about hope?

Outline

- Definitions/descriptions of Hope
- Background research on hope
- Hope as folk-term: Additional understandings of hope
- Common clinical dilemmas when working with hope
 - Implicit and explicit use of hope
 - Unshared hope/Unrealistic hope

What is Hope?

- A process of **anticipation** that involves the interaction of **thinking, acting, feeling and relating**, and is directed toward a future fulfillment that is **personally meaningful** (Stephenson, 1991)
- *Hope is the ability to envision a future in which we wish to participate (Jevne & Edey)*
- The ability to envision a tolerable future (Hanna)

Hope Research

Hope-Lit Database

www.hope-lit.ualberta.ca/

Approximately 3500-4000 research and theory articles on hope, a large number of which are located in the health sciences.

Most of my focus today will center on emerging findings of research on hope during therapeutic conversations.

Importance of Hope Scale and Survey Studies

- Positive relationship between hope and mental health indicators.
 - E.g., significant relationship between hope and increased serotonin levels in the brain - which may decrease the likelihood and extent of depression (Udelman & Udelman, 1991)
- Lower hope is predictive of depressive symptoms (Kwon, 2000)
- Hope/expectancy accounts for 10-15 % of change in psychotherapy
- In a large scale survey, hope was the character strength most consistently and robustly associated with life satisfaction (Park, Peterson, & Seligman, 2004)
- Levels of hope predict which people are likely to improve most with counselling (Gottschalk, 1995)
 - Belief that it is worth engaging in change process
- **Hope is beneficial in virtually every circumstance which has been measured (Cheavens, Michael, & Snyder, 2005) - educationally, psychologically, physically**

Considering the Role of Language: Additional Understandings of Hope

- Is a comprehensive definition of hope is possible? (Eliott & Oliver, 2002)
- Meaning of hope is situated in culture, history, and social contexts.
- Language is fluid - hope functions as a noun, verb, adjective, and adverb
- Do-not-resuscitate conversations
 - 12/23 *spontaneously* spoke **explicitly** about hope
- Looked at how participants used the word hope.
 - How did the word "hope" function in the conversations?

Discursive Functions of hope

- Hope as a Noun (HN)
 - Hope as thing/possession
 - **Objective perspective** on hope – determined by doctor
Here patients believe that the physician decides whether there is reason for hope

*E.g., There is no hope.
There is no cure.*

- Important recognition for the practitioner

- **Subjective perspective** on hope – held by the individual patient
 - Hope as a possession of the patient
 - May be independent of “objective” hope offered by doctors

*E.g., There's a glimmer of hope.
Miracles do happen.
Where there's life there's hope.*

Hope as verb (HV)

- Here hope is subjective –
 - “I hope that ...”
 - Individual decides what is hoped for ...
 - Influenced but not decided by the physician
 - HV lends itself to **several possible** positive outcomes
 - “To Hope” is to undertake a more active process
 - Person becomes active in the present but focused on the future
 - That future may be shorter or longer
 - The hopes may range from serious to light-hearted

Considerations for Practice Based on Discourse Research

- Patients can switch between different versions of hope
 - Listen carefully and respond accordingly
- The presence of hope can make a difference in engagement, well-being and possibly outcome (Snyder et al.)
- Use various types of language to access hope
 - E.g., Not “Is there any hope?” (HN)
 - “For what are you hoping?” (HV) “And, what else?”
 - What would a hopeful person do? (HAj)
- Hope and no hope can coexist
E.g., “There is no hope” (Objective) - “One can always hope” (Subjective)


Addressing Hope: Recent Research Examining Common Dilemmas in Professional Interactions

Implicit and Explicit Approaches to Working with Hope

Unshared Hope Between Client and Health Care Provider

The Hope of the Care Provider


Background to the Study: The Participants



- Therapists
 - 5 Psychologists – 2-16 years exp
 - 3 R. Psych., 2 Prov. R. Psych
 - Female, aged 28-53 years
 - Eclectic – narrative, CBT, humanist, feminist, emotion-focused
- Clients
 - 11 recruited thru advertising at a community service and research facility
 - 5 men, 6 women, aged 31-60 years
 - Issues – depression, grief, cancer, marital, physical disability, substance use, & employment concerns

Data Collection

- Videorecord – early therapy session
- Interpersonal Process Recall Interviews (IPR)
 - Interview participants individually while viewing videorecorded psychotherapy session
 - Participants comment on any salient in-session experiences with a specific focus on hope
- Interviewers
 - 2 M.Ed. Counselling Psychology graduates trained in IPR
 - 1 interviewed clients only
 - 1 interviewed therapists only



Is it possible to respectfully and explicitly address hope?

Implicit and Explicit Approaches to Hope - Approx 13 Hours of Therapy

- 76 Hope-focused interventions
- 50 implicit, 26 explicit
- Implicit:
 - IPR permitted psychotherapists to identify interventions which they intended to target client hope but which did not employ the word “hope” directly
 - Previously this has been a matter of interpretation by the researcher
- Explicit:
 - Interventions employed the word “hope”

Instances of low client hope were associated with discussions of the problem

Clients reported only positive or no impact when being invited to discuss hope explicitly during therapy

Implicit Use Of Hope: Caregiving Relationship

“making a place for hope to nest” (Dolan)

Caregiving Relationship - most common means of fostering hope. Relationship was seen as both hope fostering itself and as the foundation for fostering hope.

- Hope intentionally **addressed by therapists** by:
 - Witnessing Client Hopelessness
 - Highlighting Client Resources
- Hope **experienced by clients** in:
 - Relational Safety
 - Feeling Heard and Understood
 - Evidence of Therapist Investment
- May be employed when explicit use of the word “hope” would feel disrespectful or potentially leave the patient feeling unheard
 - E.g., Early in the therapeutic relationship
 - Addressing crises

Implicit Use of Hope in Therapy: Practical Futures

“To prepare the soil to plant seeds of hope”

It is about finding a way to carry on.

Here hope can be simple, serviceable, mundane.

It is not necessarily the flowery or winged thing that poets sometimes write of ...

- What do you need to do next? – airplane story
- Create a small behavioural plan for getting through (a life raft) – J story
- Important to talk of the future – even immediate future (Milton Erikson)
 - To not talk about the future is potentially damaging because it can imply that “your future is not worth talking about”.

Therapist Explicit Use of Hope

- Entails explicitly using the word hope in therapy and focusing on hope directly.
- Based on idea that putting hope experiences into language can help the client be more intentional about accessing hope in various ways. Explicit use of hope helps to make hope visible when it is hard to find.
- If introduced carefully, explicit use of hope can be respectful of the patient’s experience.
- This approach to working with hope has been less common and is the focus of current research.

Examples of Explicit Use of Hope in Therapy

Introducing Hope Explicitly:

Sometimes people find it helpful to talk about hope in therapy. Would it be alright with you if we explored some of your experiences and understandings of hope, today?

Sample Hope Focused Questions:

- Given [this situation] who do you hope to be?
- What do you hope for? What else might you be hoping for?
- Given this [problem issue], where is the hope for you?
- What is the smallest thing that gives you hope?

Do Patients Invite Hope Conversations?: Listening For and Responding to Hope

Client: I wrote back to him after he, you know, he turned me down, and I actually – **I’m pretty sure I used the word “hope”** in my response, ‘cause I said, “You know, out of all this,” I said, **“for the first time in a really long time, I actually feel hopeful that I can – that I can trust somebody again.”** ... And yet, the other side of me thinks, “Yeah, but I would really wish that it was him.” I really do. But, his heart is not with me. I completely understand that. He’s gotta do his thing

(* bolded text added)

- Therapist: To me it sounds like, um, it was a loss. It's a loss. Cause you found – you found that. And then, you lost it. I know it happened really quick, but it's still there..Yeah.

(2 second silence)

- Client: So, I was thinking, "Well, yeah, if I could find that with him, then – and he's not the only guy out there, you know, maybe there's some truth to being – you know, that there are other fish in the sea." *(laughs)*.
- Therapist: And then you mentioned that hope. 'Cause to me, I heard that too when you were saying, it just had been such a long time since you experienced that and it was like your body knew. ... it allowed you connect with that part of yourself that knows where the trust is and that there is hope.
- Client: Yeah, that there's hope in that. And I just never expected that. It was just so – like truly, just mind-blowing. -----

Working with "Unrealistic" Hope

- Hope scholarship contains numerous references to working with patient hope and concerns are often raised that unrealistic hope should not be fostered in patients (Hillyer, 1996).
- Alternate perspectives regarding unrealistic hope have emerged over the years. Many of these perspectives challenge the hierarchical position of the professional over the patient in making an assessment of what is considered "unrealistic" hope (e.g., Elliott & Oliver, 2002; Hafni, et al., 1996).
 - Story of JD
- Consider the use of language around this issue:
 - Contested Hope - Jevne (2005) or Unshared Hope
 - Alternate perspectives on unrealistic hope

Unshared Hope: Therapist Hope

"My hope is plunging here because I'm thinking, Oh, no!"

Therapist encountering a client's hope.

- This is some of the first research data recording therapeutic work with unshared hope
- IPR research permits us a window on the healthcare professional's thinking/rationale for their intervention choice

Right to Hope – For Both Therapist and Patient

- Considerations when therapist hope is threatened by the belief that the client's hope is unrealistic:
 - It is OK for the therapist and the client to hold divergent perspectives on what her client may hope for in life
 - May be useful to share differences in perspective on hoped-for outcomes
 - Undesirability of the therapist imposing his or her own perspective of reality onto the client
 - Holds the potential to break the therapeutic alliance, leaving little opportunity to continue helping the client
 - It is possible that gently inviting the examination of alternate perspectives may be helpful to the client
 - The client has the option of picking up on alternate perspectives or sustaining his current, though faint hope, (in this case, for a reunion with his estranged wife).
 - The therapist can benefit from the hope found in believing that the exploration of various patient hopes in session is a process rather than an event. Hence, a patient's current hopes may shift over time and with the benefit of therapeutic conversation.

Closing Considerations

- Relationship is a fundamental source of hope
- Listen for the patient's story – witnessing both struggle and hope
- Hope has various meanings and this gives us possibilities for working with hope
- Recognizing multiple hopes can help individuals see places where hope resides even in the face of struggle
- Working with unshared hope can be a process as the patients works to make sense of their situation