HOPE AT WORK:

THE STORIED EXPERIENCE OF HOPE FOR FRONTLINE WORKERS WHO

COUNSEL IN FORENSIC SETTINGS

by

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ABSTRACT

This qualitative research study explored the lived experience of hope and the role it plays in the lives of ten frontline workers (psychologists, social workers, counsellors, probation officers, and correctional officers) who counsel in forensic settings. The research followed a narrative inquiry approach within a paradigm of positive psychology. Participants (N=10) were nominated by peers as exemplars of hope. The results suggest that incorporating hope into interactions influences both the work and the well being of the frontline worker and has inferences for developing therapeutic rapport with clients. Results revealed that exemplars of hope are involved in the being and doing of hope in specific ways. In hopeful being, frontline workers incorporate empathy, live compassionate awareness, advance humbleness, invite metaphor, sense humor, and acknowledge spirituality and religiousness in their everyday lives and in their work. The research suggests that frontline workers possess a wealth of professional experience and a clear understanding of their role both within the forensic setting and within that of society. The research also suggests that the doing of hope involves engaging in working sideways, hope bonds, hope scaffolding, hope incubation, hope hooks, and attending to rhythms. Implications from the study apply to the training of frontline workers, professional development and future research considerations in the field of hope research.

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DEDICATION

To Edward and Paul

Imagine

Imagine a world without hope.
With no present to uphold
No future to behold.
And a past you might well neglect
Forget
Where no one really knew
You
And none
seemed to care
A mere existence
In a prison
Of the mind
For how long?
Imagine
A world
without hope
What then
Do
I turn to?
And who will I
Be

(Jacquard, 2009)

As a child I would sit across from my grandmother, each of us in a rocking chair. We didn't say much, we just rocked. And once in a while if I was lucky, she told me a good story. Like the time when she explained to me why her tap water was purple.

(Jacquard, 2009)

Chapter 1

A STORY BEGINS

The purpose of this research is to explore the experience of hope and the role it plays in the lives of ten frontline workers (psychologists, social workers, psychotherapists, counsellors, probation officers, and correctional officers) who counsel in forensic settings. The research addresses the following question: What is the experience of hope for frontline workers who counsel in forensic settings? The research places particular importance on the quality of hope, how hope is engendered and sustained, and how hope is used within the helping relationship. What can we learn from their experience of hope? We know that hope can make a positive impact on a person's life, but what does the frontline worker contribute to the process of hopefulness within the helping relationship in the forensic setting? The focus of the research is to fill in the gap between our working knowledge of hope and how hope works.

Journey to the research. I have long been fascinated by the development of self and how change takes place in the individual as a function of the helping relationship. During research for my masters degree, I had a hunch that it was through the development of self, through the examination of family stories, personal myths and secrets, that I would come to accept the world of another - that of the client's world. This perhaps being the most important goal in the training of any counsellor, who, for clinical purposes has to understand other's - not simply study them, but understand them (Shainberg, 1983; Sarason, 1988; Shaw & Westwood, 2002; Cunningham, 2004).

Facing a client in conflict, who is seeking and expecting help constitutes a great

challenge. Did I have the knowledge, the resources, the psychological strength, the

skill? Did I have whatever it took to be of help to such an individual? I knew that the

counsellor's attitudes, knowledge, skills, and beliefs would affect the process and the

outcome of counselling (Egan, 2008; Menninger, 1959; Jevne, 2005)

The more that I could be genuine in my relationship with the client, the more

helpful I would be to the client. This meant that I needed to be aware of my own

feelings, in so far as possible (Rogers, 1961). I noted in studies by Hyson and Izard

(1985), Izard, Hembree and Huebner (1987), and Safran and Greenberg (1989), that

the counsellor's experience was integral to the change process. Who the counsellor

was, what he/she believed, and what he/she did as a result of these beliefs played a

major role in the success of counselling. Of the nature of the counsellor's role in the

helping relationship, Rogers (1961) in his book entitled <u>On Becoming a Person</u> related:

> One of the counselors, who had himself been much helped by psychotherapy, recently came to me to discuss his relationship with a very difficult and disturbed client. It interested me that he did not wish to discuss the client, except in the briefest terms. Mostly he wanted to be sure that he was clearly aware of the complexity of his own feelings in the relationship- his warm feelings towards the client, his occasional frustration and annoyance, his sympathetic regard for the client's welfare, a degree of fear that the client might be psychotic, his concern as to what others would think if the case did not turn out well. I realized that his overall attitude was that ***if he could be***, quite openly and transparently, all of his complex and changing and sometimes contradictory feelings in the relationship, all would go well. If, however, he was only part of his feelings, and partly façade or defense, he was sure the relationship would not be good. I find that the desire to be all of oneself in each moment- all the richness and complexity, with nothing hidden from oneself, and nothing feared in oneself- this is a common desire in those who have seemed to show much movement in therapy [bold added]
> (p. 172).

It is this feeling of being 'all of oneself in each moment - all the richness and

complexity' with nothing hidden or feared from oneself that I continue to research

(Rogers & Stevens, 1972). I continue to be curious about what 'being all of oneself' means for me, which has now led me to research the process of hoping within that of the helping relationship (see Frankl, 1959/1984). This is very much the concept that I am asking the participants to explore. The frontline workers in this study are involved in a dynamic exchange between two parties both of whom have unique qualities, thoughts and feelings on life (Peterson, 2007). Both the frontline worker and the client will have an influence on the other based on their interaction. It is commonly accepted that all counselling occurs within the context of the helper's own personal being and experience (Egan, 2008; Bourgon & Armstrong, 2005; Cunningham, 2004). This includes their sociocultural framework, values and norms, their educational and philosophical background and beliefs, their conceptual system, their innate traits and life learning, all forming what is called a 'horizon understanding' (Deetz, 1973). What role does the concept of hope play in this horizon understanding?

Reasons for the study. Over time, I became curious as to how change might take place within the context of hope (Frank, 1968). Not simply how people change over time but how individuals persevere, overcome and transcend adversity as a function of hope. Using the positive psychology movement (Seligman & Csikszentmihalyi, 1990/2000) as a point of departure and catalyst, I chose to research how frontline workers develop and maintain hope within the context of a forensic setting. It was at this point in a person's life (inmate, offender, parolee) within this environmental context where there existed the greatest potential for hopelessness (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991; Sutherland, 1994; Senter

2006). This begged the question: How does one foster hope where there potentially is none?

I had three reasons for conducting this research. First and foremost, I was particularly fascinated with the immediate here and now exchange of feelings between client and helper and wanted to examine how a frontline worker's hopeful disposition could facilitate that exchange process. Secondly, I wanted to increase my understanding of how lives are storied and how hope is interwoven within those stories. And, from my own personal point of view as a budding psychologist, I was intrigued with the mechanisms by which a person fosters and maintains hope.

Rationale for the choice of setting. Intrigued by the opportunity to study a population that I would not normally encounter, the forensic setting represented a pathology both intellectually and emotionally diverse (Bonta, 2006; Parker, 2004; Cunningham, 2004). The setting proved a unique and powerful culture where frontline workers expressed variation in their outlook on what counselling psychologists refer to as the normal population. To date, no research is available on how frontline workers experience hope, make meaning of hope, and maintain a hopeful disposition while working in a forensic setting. The forensic system is a specific setting that lends itself well to the study of hope (Kaslow, 1980). Much of the research literature examines hope from a medical perspective in the context of the sick, the elderly, and the dying. This brought into question: Is hope different for the incarcerated the majority of which still have full lives to live? Yet their lives are placed on hold until such time as they are released, if release is even an option. How does one hope when one's life is on hold?

The literature describes hope as attending to future possibilities. How does one hope when one's future is on hold, in stasis.

Many clients who go in and out of the forensic system are often short on hope, or have nothing but hope to hold onto, and sometimes must hope alone (Metzner, Fryer, & Usery, 1987). It is an establishment where frontline workers have the opportunity to wield a positive influence on the lives of individuals. For some inmates, the forensic setting provides a window of opportunity. It may be the first time they are away from potentially negative lures (Parker, 2004; Senter, 2006). Frontline workers can work for extended periods with any given individual. Weekly psychotherapy sessions are possible with termination not required after an eight to sixteen week period as is the case with managed care. There exists for the inmate an opportunity to address behaviour disturbance, academic and vocational limitations, and issues of addiction as well as an opportunity to develop positive interests.

Research shows that attachment to significant and positive others (i.e., social support system) has an inhibitory and restraining effect on criminal offenses (Pipher, 2003). It is thus imperative that frontline workers who work in forensic settings investigate the influence of hope on their practice because after an inmate establishes hope and trust with the therapist, they often want to re-establish relationships with people who can potentially support them (financially, and more importantly emotionally) once released from prison. As well, Hillbrand (2001) describes social support throughout life as the single strongest protective factor against suicide.

A further challenge for frontline workers is teaching clients that they can hope for something better, though this remains difficult when a client holds the core belief that

positive behaviour will be followed by negative occurrences (Cooper, 1991/2000). Trusting that appropriate behaviour can result in any lasting good can be an uncomfortable feeling, when getting angry and aggressive often provides more immediate results (Bonta, 2006; Parker, 2004).

Significance of the research to the field of education. Both the field of education and the field of forensics can benefit from research into the field of hope. Frontline workers as well as school systems experience many of the same challenges in working with young offenders and juveniles, working with bullies and their victims, working with disruptive behaviours and suicidal clients, and in working with families. The level of educational functioning of a client is considered integral to the work that frontline workers do. It has been documented that between 40-45% of all inmates are mentally challenged (Keinan, & Malach-Pines, 2007; Bourgon & Armstrong, 2005; Towl, 2004). Education needs to be a consideration in the treatment and rehabilitation of offenders at all levels. If a frontline worker can become familiarized with an offender's educational strengths and challenges, it will very likely influence the level of hope in working with a client. There is also evidence that if treatment can take on a psycho-educational format it proves less threatening to the client, than say, the client is having to go to a 'shrink to deal with their psychological problems' (Beck, 2006 - personal communication).

This research may also serve to assist the public in developing a greater awareness and understanding of what goes on behind bars from both the perspective of the frontline worker and the client. It is no longer enough to simply lock people up and

throw away the key. Such research may serve to promote understanding, assist in clarifying views, and provide support for the work of frontline workers.

Significance of the research for counselling psychology. Counselling psychology has much to offer the positive psychology paradigm, as it draws on holistic understandings of individuals and on perspectives such as strengths, resilience and empowerment in order to better inform the helping relationship (Amundson, 2007, personal communication). The research suggests that by incorporating hopefulness into interactions between mental health consumers and clinicians, there is potential to enhance both the wellbeing of the consumer, the quality of life of the clinician and the quality of the helping relationship (Jevne, 2005; Janzen, 2003; Edey, Jevne, & Westra, 1998; Parse, 1999; Allchin-Petardi, 1999).

Psychologists are challenged regularly to help clients overcome adversity. It is a profession that should reflect a hopeful disposition. The question of how individuals survive adversity is integral to psychology; and hope as it relates to change is an essential part of the struggle. It is therefore, in the best interest of frontline workers to have a clear understanding of how hope in the context of change is developed and maintained (Keen, 2000). In the forensic system the process of personal discovery and change so significant to self development is in danger of being lost, and with that the responsibility for oneself (Bloch, 1995). As a result, the process of therapy within the forensic setting becomes less hopeful, and sometimes hopeless.

Experiencing tension as the writing begins. Throughout the research process I focused on Clandinin and Connelly's (2000) approach of 'moving forward and backward, inward and outward, within a specific time and context'. This process

permitted me to acknowledge/attend to specific tensions which arise in narrative research. Narrative researchers balance the tensions of temporality, people, action, certainty, and context. 1) Temporality: There is a tension between seeing things as they are versus seeing things in time. Narrative researchers take for granted that locating things in time is a way of thinking about them. When we see an event, we think of it not as a thing that is happening at that moment but as an expression of something happening over time. Anything past or present has an implied future (Connelly & Clandinin, 1987). 2) People: Closely linked to temporality is the person. We often consider or remember people as being locked in time. Within narrative research it is important to see people in the process of personal change and it is important to narrate these people from this point of view. 3) Action: In narrative thinking, it is important to consider how action is understood. Within a narrative inquiry, action is interpreted in a circular manner. The tension rests in how meaning is made from action. Narrative research considers a narrative pathway between action and meaning, and examines the space between action and meaning. 4) Certainty: In narrative research, consideration must be given for alternative interpretations. The research is approached with a sense of tentativeness and uncertainty, the thinking has movement. 5) Context: Consideration must also be given to context circumstances, as the context can influence the experience and the process of the individual. Ruvelson (1990), a clinical social worker exemplifies these tensions in her research. Her account of her therapeutic work with a client by the name of Ann - a profoundly depressed 51 year old separated woman highlights the importance of acknowledging the tension between hopefulness and hopelessness (Gendlin, 1962; Farran, Herth, & Popovich, 1995).

Summary. In this introduction the reader is invited to consider what gave rise to the current study, the rationale for the problem being studied and the rationale for situating the research within the forensic setting. The focus of the research is intended to assist in filling the gap between our working knowledge of hope and how hope works. No research into the use of hope in forensic settings presently exists. The research invites the reader to be openly curious about what an exemplar of hope has to say about how they make use of hope within their lives and more specifically within the great challenge of the helping relationship. The research urges the reader to ask, 'If I were an exemplar of hope, how would I need to be, and what would I need to do...and how does that matter?' It searches to uncover, to further stretch our horizon understanding of hope and further delves into the implicit and explicit presentation of hope. The research also invites the reader into the world of the forensic setting. To those who are familiar with the setting, it provides an opportunity to examine their own experience in light of those who have graciously given of their time to participate in the study. To those who are unfamiliar with the setting it provides the opportunity to peer into a world certainly unknown if not hidden from the majority of society. As researcher, therapist, and educator, I am curious as to; 'What we can learn from their experience of hope?' The research is written for clients, therapists and other interested readers with the primary perspective being that of the therapist. The research expresses what the participants have found to be helpful in their own experiences of hope.

Overview of chapters. In Chapter One I have introduced the rationale for the study. In Chapter Two is a thematic review of selected research which provides information on the study of hope across disciplinary perspectives. This chapter also

explores the literature on positive psychology and the prison environment. In Chapter

Three, the research method and the research activities are described. Chapter Four

offers the personal stories of hope from ten participants and a presentation of themes

that reflect the experience of exemplars of hope who work in and in association with

forensic settings. In Chapter 5, I attempt to expand on the scientific communities

understanding of hope by integrating this research with the hope literature and explore

how this research expands and contributes to our understanding of how hope works.

Implications of the research are discussed, and recommendations for future research

are presented, as well as the limitations of the research.

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Chapter 2

APPROACH TO THE LITERATURE

In the literature review, I will work to expose the landscape of the research from the greater scientific community so as to develop a mutual understanding between the readers and myself as to the nature of this study. A literature review is a mystery which unfolds as an interactive process. At one end of the continuum is reviewing the literature to find a problem, while at the other end is reviewing the literature to see if the researcher's problem has ever been studied (Merriam, 1988). This literature review is more the latter, because the research question is derived from my continued curiosity regarding the findings of my previous research into the development of self as therapist through an exploration of family stories, myths and secrets as a means by which to better present oneself upon establishing a therapeutic relationship (Jacquard, 2003).

In beginning the literature review, three bodies of work informed the theoretical framework of this research: the literature on hope, positive psychology, and the prison environment. I drew on each perspective in order to plan, conduct and conceptualize the study. Each body of work influenced my choice of methodology and my epistemological (How do we know what we know?) and ontological positions (What is the nature of reality?). This section discusses the literature that informed the research study, the gaps that exist in the literature, and how the research will search to address these observed gaps.

Literature review format. The literature review process first began with an examination of internet resources: Psychological Information (PsychINFO), Educational Resources Information Center (ERIC), Dissertation Abstracts International (DAI),

Masters Abstracts International (MAI). A review of the literature revealed a gap in the research on how frontline workers experience hope within the helping relationship in forensic settings. In keeping with the philosophy of narrative inquiry, the literature review process continued throughout the duration of the research in a backward and forward, inward and outward motion through time and context focusing on emerging theoretical and clinical perspectives.

The historical background of hope

As I worked to explore the traditions of hope in the literature, my approach began to change from the sometimes onerous task of sifting through information to that of paying attention to the people behind the research, and wanting to listen to their voices and honor their rich contribution to the field of study. The following constitutes an early historical perspective on hope. Such an overview sensitizes one to the depth and divergent views on hope. Early research into the concept of hope followed metaphorical, theoretical, and philosophical traditions.

The study of hope dates back to ancient Greek legend. Zeus was angry with Prometheus for having stolen the secret of making fire from the gods with the intention of sharing the knowledge with humanity. In vengeance, Zeus ordered Pandora to return to Earth with a box full of the ills of human suffering and misery to be unleashed on humanity. Pandora, as curious as she was, opened Pandora's Box, at which time 'ills escaped, all but one saved, that being 'hope' (Averill, Catlin, & Chon, 1990). Hope was the last spirit to be released: Whether as a force promoting and prolonging evil or as a cure to world suffering was yet to be determined. In Greek tragedy, Prometheus

became the symbol of humanity's struggle against nature and death, giving blind hope and fire as a way of warding off doom and sickness (Browning, 2008).

In the Judeo Christian tradition, hope was considered a virtue; a gift from God, then later an action of love towards others in God's name, and regarded as a valued emotion classified among the fundamental emotions (Ben'Ze'ev, 2000). During the Dark Ages science became more acceptable, while hope was relegated to the evil doers. Much of what is written about hope from a Judeo Christian perspective was debated between St. Augustine and Thomas Aquinas in the middle of the fifteenth century. St. Augustine argued that perfection was the required virtue as exemplified by God. Hope was not a virtue as it was subjected to means and extremes. Rather, St. Augustine saw hope as a movement of the soul achieved through love. For Thomas Aquinas hope was a force stemming from emotion and reason as aspired to God. It was suggested that faith, hope and charity were interwoven; that faith provided the capacity to hope with charity being an expression of hope. The Christian religion focused on the experience of the present in the presence of God with the hope of personal salvation in life after death. Later Christian thinking described hope as love in action towards others.

Hope from a philosophical perspective gave consideration to the value of knowledge. Kant (1724-1804) described hope in terms of a 'knowing', a principle to live, a universal truth. In contrast, Nietzsche (1844-1900) maintained that hope was the worst of all evils, and an example of human weakness. He suggested that universal truths were more so false assumptions, as claims of power used to exploit and dominate the masses. Nietzsche believed that hope was responsible for much of the

suffering in the world as it fed the desire for what was not often possible. Bloch (1885-1977), a Marxist philosopher, described hope as an activating force in the present peering into the future with the ultimate goal of hope being individual satisfaction within a classless society.

Emerging perspectives of hope

The literature on emerging perspectives of hope outlines the shift from the external influences of hope through the early traditions to that of the psychological process of hope for the individual (Bovens, 1999).

Menninger (1959), a psychiatrist, indicated that hope was entrenched in personal values. To be hopeful implied an adventurous going forth into the unknown. He described hope as the catalyst, the action that allowed people to move beyond the present into the limitless future. Faith was the foundation of hope, and love provided the inspiration from which hope could work to accomplish the future. Menninger referred to hope as an essential, shared component of healing in mental health and believed that 'hope fires hope' (Menninger, 1959, p. 486). Menninger introduced hope as a clinical concept. Menninger's proclamation at that time followed Freudian tradition. He indicated that diagnosis was a 'hopeful search' for a way out, while treatment was a hopeful strategy for self directed and self administered change. The spirit of psychiatry was to replace unsound expectations first with hope and then with sound expectations (p. 460-461).

Pruyer (1963), a psychologist, analyzed the phenomena of hope from multiple disciplines concluding that the experience of hope was determined by the forces of doubting, fear and despair. He wrote that 'one little ray of hope in a world of darkness is

enough to invigorate some people…making the world appear in a different image' (p. 94). He linked hope more to such states as deliverance, joy and freedom as opposed to the attainment of specific objects; more altruistic and less narcissistic. He described hope in terms of a giving relationship, a shared experience with the essential qualities of hope being modesty, humility and chastity.

Buckley (1977), a psychiatrist, described hope as a cycle; process of accepting the paradoxes of life. Hope came from the larger view of reality and was inseparable linked to change, and a belief that change was possible. He expressed the importance of imagery in being able to explicitly make use of hope, and that an intense sharing through relationship served to reinforce hope.

Models of hope

The early mythological, philosophical and clinical conceptualizations of hope influenced the emergence of scholarly thought on the phenomenon of hope. A review of the literature found an eclectic set of concepts among the theorists who discussed hope 'yet the preservation of even a tiny fragment of hope would seem to be essential to an individual's ability to survive pressures and meaningful experiences, for without it, one could hardly go forward in therapy or in life' (Ruvelson, 1990). Research yielded a series of hope models ranging from unidimensional, two dimensional, multidimensional and integrative approaches.

The beginning investigation into hope set the direction for future research efforts. Early theorists focused on hope from the expectancy of goal attainment and positive expectation about the future but gave little consideration to the means by which a goal

was perceived or achieved. Reducing hope to one dimension was influenced by the rise of empirical scientific investigation.

Stotland (1969), a therapist, described hopefulness as the level of expectation or probability of achieving a goal as determined by motivation. His theory provided the conceptual framework for a number of studies and scales of hope. He indicated that the higher the probability of achieving the goal, the greater the importance of the goal, and as a consequence the greater the positive impact of the hopeful experience. The lower the probability of attaining a goal despite the greater importance of that goal would often produce anxiety. With greater anxiety came greater motivation to remove oneself from that anxiety, hence anxiety was tied to hope. Thus hoping could often be anxiety provoking if it was linked to experiences of anxiety from the past.

In the mid 1970's a desire developed to understand the cognitive and affective components of hope through the study of goal attainment and the strategies required for positive outcomes. Two dimensional models of hope focused on an agency component and a pathways component as a means by which to accomplish goals. Snyder (1991) indicated that hope needed a concrete goal as a catalyst with 'willpower' and waypower' to achieve this goal. Willpower was a source of mental energy that propelled the individual towards a goal over time, whereas the waypower was the attainable means by which to achieve a desired goal. Snyder's cognitive roots of hope prompted others to explore the affective capacity of hoping (see Korner, 1970, Lange, 1978). Thus began the study of hope related concepts such as optimism, self efficacy, agency and so on.

In an attempt to capture the dynamic capacity of hope, multidimensional studies centered on defining the concept attributes of hope and examined the process of hoping (McGreer, 2004). For instance, Dufault and Martocchio (1985), both nurses, pursued a qualitative study of hope in cancer patients and supported the pursuit of hope as worthy of study within the medical profession. They described hope not as a single act but as a complex and dynamic amalgamation of thoughts, feelings, and actions over time. Within their research, hope was expressed as a sense of trust, an orientation towards the future, a realistic assessment, as personally meaningful, and responsive to an intuitive life force. This study reflected the necessity of thoughts, feelings and behaviours to the experience of hope.

In a qualitative study of researching hope using concept analysis, Morse and Doberneck (1995) studied patients undergoing heart transplants, those with spinal cord injuries, breast cancer survivors, and mothers who breastfed while employed. Four thematic patterns of hope were derived from the data: 1) Hoping for a chance: knowing that no other goal or pathway was available. 2) Incremental hope: knowing that incremental gains led to goal attainment. 3) Hoping against hope: knowing that the fight against continuous negative thought was a continuous process. 4) Provisional hope: imagining alternative plans to reach a goal.

In an exploratory descriptive study, Nekolaichuk (1990) described the relationship between hope and medication compliance in the chronically ill as a hoping network. Hope was reported as an interactive process between the hoping self, hoping resources, hoping inhibitors, and hoping objects. While the origins of the hoping self were considered ambiguous, maintaining the hoping self was defined by three phases:

assessing hope and the hoping self, strengthening the hoping self, and maintaining the hoping self. Assessing hope was contingent on past reaction to similar situations, life experiences, and a strong internal belief system. Strengthening hope was directly related to one's ability to manage uncertainty and the degree of trust and confidence in previous relationships. Maintaining the hoping self required an expanse of one's belief system along with greater awareness and acceptance of one's illness and past, present and future business. In a later study Nekolaichuk (1995) used Osgood, Suci and Tannenbaum's (1957) semantic differential technique to explore the personal meaning of hope in the context of illness and health. Three factors of hope were identified using principal component analysis: personal spirit, risk, and authentic caring. The research revealed that hope was first experienced intrapersonally, then as a stabilizing force, and finally as a means of reaching out to others.

Integrative studies have helped to describe hope in the context of specific variables most notably in the field of nursing, social work, and most recently psychology. Ruvelson (1990), a clinical social worker, explored the therapist's autobiographical understanding of hope and hopelessness, and countertransference issues related to working with treatment resistant patients. The research suggested that the ways in which a clinician responds to the client's hopelessness can have a significant impact for better or worse on the client's motivation and ability to overcome it. Hopelessness could also arise out of the therapist's empathic failures with the patient. It was also suggested that the therapist's willingness to balance belief in the client's suffering and in their capacity to overcome it that could for the first time make hope and its maintenance an attainable goal.

Keen (1994), a psychologist, in her hermeneutic-phenomenological study described the experience of hope for people with HIV/AIDS as a 'change in self' typified by a focus beyond self onto others through transition, transcendence, and transformation. She outlined the 'dynamics of the hoping process' in three phases: 1) Transition was described as 'I am different' as a result of having received an HIV positive diagnosis. This phase was characterized by a disintegration of self. 2) Transcendence was described as 'We are the same', categorized by introspection as a result of sharing in an equal relationship leading to the emergence of a new identity, and 3) Transformation described as a change toward altruistic thinking, feeling, and behaviour

Amundson (2003), a professor and researcher, identified 'hope, heroes and opportunity' 'as attitude[s] that will enhance and encourage change' (p.152). He went on to describe a powerful metaphor; each of the elements when combined formed the symbol for water- 'H_2O'. Amundson specified that hope required an individual to overcome inertia and set oneself in motion. He went on to describe hope for the individual as requiring an openness; an outlook on life that was full of courage. For Amundson, hope at the individual level seemed to be built when people: 1) Were aware of and develop confidence in their own abilities and skills, 2) Had access to information that was helpful, 3) Saw purpose and meaning in their efforts, 4) Believed that goodness exists as an ultimate reality, 5) Felt that they have responsibility for their own actions, 6) Believed that they can make a difference, 7) Were supported and encouraged in their efforts. Whereas, on a societal level hope was built when people saw: 1) Leaders that care for the welfare of others, 2) People making decisions who

have the skills and attitude to do a good job, 3) Follow through and consistency from leaders; promises kept, and 4) Leaders who have a positive and possible vision for the future.

Houghton (2007), a social worker, explored the meaning of hope for adults living with depression from a constructivist epistemology and an interactionist perspective which conceptualize meaning as being individually constructed via interactions with others and society. Each of her participants told a consistent story of disconnection (the mask of depression), isolation and despair (loss of hope), meaning making (conceptualizations of hope), being versus doing (the helping relationship), and reconnection (finding hope). Being given a diagnosis of depression helped to make meaning and gave hope for the participants, by giving them permission to feel the way they felt. Participants described their interactions with clinicians where the focus was on the management of medication as detrimental. What gave hope to participants in the helping relationship was the nature of the relationship itself. Houghton suggested that was essential for social workers to reflect upon their own construction of hope since they have the capacity to influence meanings of hope within the helping relationship.

Comparing the concept of hope to other similar concepts.

A central task for research on the development of hope is to identify specific principles and mechanisms guiding this process of positive functioning. In as much as it is important to define what hope is, it is equally important to establish how hope differs from other similar concepts in literature. Specifically, how hope differs from faith, optimism, self efficacy, and agency (Baumann, 2004): Informal use of the word 'faith' can have broad usage. Formal use of the word is dependent on spirituality and

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religiousness where it refers to a trusting belief in a transcendent reality. Menninger (1959) cited faith and love as complementary values to hope. Faith solidified and created the foundation upon which to build hope. Love prepared the way and hope was the action (Keen, 2000). One who is the optimist has the will, while one who hopes not only has the will but has at least one pathway; an action initiated by the individual. The optimist has the expectation that others and outside forces will have an impact on the intended outcome. Hope is more emotional whereas optimism is more expectational (Peterson & Seligman, 2004). Hope is conceptualized as a process involving how people link themselves to positive goals. With optimism people distance themselves from negative outcomes (Peterson, 2000).

Bandura (1997), a psychologist, made a distinction between efficacy expectancies and outcome expectancies. Efficacy expectancies reflect a person's confidence in successfully completing a specific task. Outcome expectancies refer to specific behaviours that will produce a given outcome. According to Snyder (1995), Bandura highlights the efficacy expectancies whereas hope theory contends that both agency and pathways are essential equivalents. Bandura reported self efficacy to be bidirectional, but emphasized efficiency expectation (similar to will/agency) with outcome expectancy similar to pathways. Bandura indicated that self efficacy was a stronger predictor of behaviour than outcome expectancy whereas Snyder indicated that both agency and pathway carry equivalent weight. Hope is a distinctive feature of human agency. Yet hope is not intrinsically tied to agency, as hope can arise in situations where agency is considered limited, unnecessary, yet the feeling of agency seems to still be present. The belief that a projected state is possible still remains

imagined. Hope has within itself a particular energy, a quality of existence (Trungpa, 1983; Chodron, 2008). Hope is often considered in conjunction with spirituality and religiousness. Religiousness is used to describe the private and public degree of acceptance of the beliefs as acknowledged through worship of a divine being. In contrast, spirituality is described as both a private and intimate relationship between the individual and the divine and the range of virtues that result from the relationship. Research indicates that most individuals who categorize themselves as spiritual or religious share three common points of focus: a belief in powers that are transcendent and supra-human, an interest in and quest for a range of values including goodness, and a focus on behaviour, attitudes, and experiences that are consistent with these values.

Research on spirituality and religiousness in adult samples (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991; Mickley, Socken, & Belcher, 1990) indicates that it lessens antisocial and risky behaviour and has a significant positive consequence in relational life. Religiousness has been linked to a series of human virtues: forgiveness, kindness, and compassion. Early religious and spiritual involvement appears to play a pivotal role in promoting pro-social values. Research indicates a positive link between religiousness and well being through its association with meaning making (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991). Elements of religiousness such as church support and ministerial support play a vital role in efforts to cope with adversity, illness and psychosocial stress.

Researchers (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991) generally accept that spirituality and religiousness are culturally influenced phenomena. A limited

number of studies have focused on the role of religion and spirituality in constructing, transmitting and sustaining hope within a given culture/community across time (Senter, 2006). Research (Lambert, Hogan, & Barton, 2002) suggests the need to examine the ways in which national level, community level, and individual level factors intersect and inform religious attitudes, beliefs and behaviours. Indices used by Northern American and Western social sciences do not adequately capture the complexities of religious and spiritual life across the globe. A misconception outlined in the cross cultural analysis of religiousness is that a certain degree of stability arises in the religious profiles of communities across the world. One need only observe the religious and political turmoil in the Middle East, or the upheavals in Ireland over the last generation between the Catholics and the Protestants to acknowledge that religious and spirituality beliefs can lead to disorder.

Cross cultural dimensions of hope. Parse (1999) suggested that there is a core meaning of hope across cultures. In her study of the lived experience of hope in five countries: Japan (Takahashi, 1999), Taiwan (Wang, 1999), Sweden (Willman, 1999), Finland (Toikkanen & Muurinen, 1999), and the United States involved the concepts of 'inspiring possibilities' amid 'various levels of hardship and personal difficulties' giving greater reflection from the participants as to what hope means. An interesting find was that Taiwanese older men living with leprosy described hope as something that must be abandoned at times in order to find new hope. Parse (1999) suggested a second shared dimension of hope, where 'intimate engagements were important in fortifying the persistence of expecting' (p. 288). This proved more pronounced in the Asian and Scandinavian studies. Also seen primarily in Scandinavian participants was the notion

that hope is paradoxical. There were participants in each study who upliftingly described hope in religious terms and symbols, and dramatic analogies from natural phenomena, such as light and spring.

Hope and the helping relationship. Helping is a familiar word in today's society. What is meant by help is not always that obvious. For many the notion of helping is associated with counselling. Egan (2008) indicated that helping involves addressing the needs of the seeker. The first step being to help clients manage their presenting issue(s) and to develop unused or underused opportunities while assisting clients to better help themselves in everyday life. Rogers (1961) defined a helping relationship as 'a relationship in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, and more functional use of the latent inner resources of the individual. Describing the role exclusively in terms of counselling or teaching or educating is much too narrow an interpretation. The helping we explore here is characterized and driven by conversation; explores and enlarges experience, and takes place in the context of the forensics environment. Making sense of what frontline workers are actually doing and expressing in their work with clients entails drawing upon various traditions of thinking and acting as it relates to hoping.

The ability to identify hope is considered a precursor to effective intervention in assisting clients to maintain or modify hope (Farran, Herth, & Popovich, 1995, Yalom, 2005). Hope predicts many desirable outcomes: achievement in all sorts of domains, freedom from anxiety and depression, good social relationships and physical well being. Correlates of hope include active problem solving and attention to problem relevant

sources of information (Bloch,1995; Shade, 2001; Magaletta & Oliver, 1999). All psychoanalytic theories of development and therapeutic action address the question of how persons adapt to their environment and to some extent how 'hope' and 'wish' are maintained (Cooper, 2000). However much of the literature does not address hope as a subject, nor does the research address the role of the frontline worker in the process of maintaining hope within the forensic setting. The word hope is more embedded in the description of the human condition than addressed as a concept.

Larsen (2006) described hope as a relationally based phenomenon. A number of theorists in the literature believe that something hopeful arises from a person to person relationship (Bloch, 1995; Kast, 1991; Kohl, 1998; Menninger, 1959, Yalom, 2000). It is where, within the helping relationship, the therapist's actions in providing compassionate dialogue, silently lifts the client through their presenting issue, all the while encouraging the keeping of hope (Rogers, 1961). Rodman (1986) reported that a client comes to therapy to increase hope while the therapist comes to work to share hope. Cooper (2000) described hope as surrounding the practice of psychotherapy in the beginning, middle and end phases of therapy. Research suggests that the therapist provides a consistent stance, a 'filter of hope' (Cooper, 2000, p.25). Kast (1991) and Cooper (2000) suggested that hope is embedded in the core of the relationship and that affective experiences are constructed over time and space, while memory serves to hold cohesively the self construct. Kast (1991) reported that if clients can re-encounter hopeful moments and expectations in dialogue this will in turn serve to enable and increase future hope. Cooper (2000) referenced the work of Freud, Kohut and Winnicott suggesting that hope is a basic part of all therapeutic interaction,

engagement, trust, interpretation, repetition of themes and the reconstruction of experience and meaning. Menninger (1959) suggested it is the clinician's duty to instill hope in the client.

While research on the study of hope within the field of forensics reveals no results, indepth research from the field of nursing is available (Cutliffe, 1995; Darlington & Scott, 1999). The field of nursing has researched hope primarily through making use of grounded theory techniques as opposed to using a narrative inquiry approach. Within the nursing profession, hope has been described as related to one's sense of well being and perhaps results from the experience of having reliable alliances with others (Cunningham, 2004). Some of the nursing research goes so far as to suggest that hope is curative and that it is the duty of the caretaker (or frontline worker, in the case of this research) to foster it in clients (Menninger, 1959, Jevne, 1991, 2005; Larsen, Edey, & LeMay, 2007). Within the nursing literature, hope is described as resulting from having experienced attachment, intimacy, the helping actions of others, mutual support, encouragement, affirmation, nurturing and reassurance of self worth (Dufault & Martocchio, 1985). The research goes on to describe hope as a multidimensional process encompassing a variety of affective states; trust, optimism, assuredness, happiness, lightheartedness and uplifted spirits. A cognitive process in which one imagines wonders, perceives, thinks, remembers, learns, interprets, and judges life experience with both a behavioural and temporal dimension.

Positive psychology as a theoretical and conceptual framework

Positive psychology is an umbrella term for theories and research about what makes life most worth living (Seligman & Csikszentmihalyi, 2000; Peterson & Seligman,

2004; Nansook, Peterson, & Seligman, 2004; Peterson, 2007). Positive psychology, as a perspective, extends over multiple existing, emerging, and envisioned programs of research. It is aimed at explaining the processes guiding individual positive development which integrates mental, biological, and behavioural aspects of the individual and physical, social, and cultural aspects of their environment (Peterson & Seligman, 2004). Strength of character and positive traits (such as a satisfied life) are among the central concerns of positive psychology (Lambert & Cattani-Thompson, 1996; Lambert, Hogan, & Barton, 2002). Character strengths such as hope are defined as positive traits reflected in thoughts, feelings and behaviors, and speculated to be grounded in biology through the evolutionary process (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991). The current core of positive psychology consists in the study of particular strengths or dimensions of positive functioning: optimism, creativity, flow, resilience, wisdom, happiness- and, as in the case of this research, hope (Peterson & Seligman, 2004; Peterson, 2007; Nansook, Peterson, & Seligman, 2004).

The paradigm of positive psychology enriches the discipline of psychology by foregrounding a different perspective from the one most counsellors (frontline workers) are in the habit of using (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991; Cicone, 2003). The field of psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue (Peterson & Seligman, 2004). Treatment is more than fixing what is broken; it is about nurturing what is best as it applies to unique human behaviour in all its complexity.

What highlights this theoretical approach is the issue of prevention. Over the past fifty years, it has been discovered that the disease model does not necessarily move

psychology closer to the prevention of serious problems (Peterson, 2007) and does not appear to assist in the rehabilitation of inmates (Peterson, 2007; Bonta, 2006 - personal communication). From a positive psychology standpoint, major strides in prevention have come from systematically building competencies as opposed to correcting weaknesses. It is very possible that human strengths such as hope (considered an integral aspect of positive human functioning) act as a buffer against mental illness (Jevne, 2005; Edey & Jevne, 2003; Seligman & Csikszentmihalyi, 2000; Edey, Jevne, & Westra, 1998; Dufrane & Leclair, 1984). No research to date on the forensic system offers insight into the therapeutic benefits of using a positive psychology approach in working with clients, nor does the research reflect the use of hope within the helping relationship within this setting. An exploration as to the potential benefits could provide new ways of approaching the helping relationship within the forensic system.

Despite empirical research on constructs such as hope in positive psychology, research into building hope capacities in the workplace is sparse yet it is starting to emerge (Bandura, 2000; Luthans & Jensen, 2002; Parker, 2004). Two studies (self report: N= 1032 and performance appraisal: N=232) completed by Youssef and Luthans (2007) drew from the foundation of positive psychology and emerging positive organizational behaviour. The research studied the impact of three positive psychological resource capacities: Hope, optimism, and resilience have on desired work-related employee outcomes: performance, job satisfaction, work happiness, and organizational commitment. The findings supported that hope, and to a lesser extent, optimism and resilience contributed unique variance to the outcomes. As shown in Figure 1, Study 1 supports significant positive relationship between hope, optimism, and

resilience to job satisfaction and work happiness. There was also a positive correlation

among the psychological capacities in relation to performance and organizational

commitment, and a positive correlation for hope in relation to performance and for hope

and resilience in relation to organizational commitment. In Study 2, hope was linked to

job satisfaction, work happiness, and organizational commitment. Taken collectively,

the findings highlight the potential positive impact that hope, and to a lesser extent

optimism and resilience may have on work related outcomes (Youssef & Luthans,

2007).

**Figure 1. Positive psychological capacities and work related outcomes:
hypothesized relationships and summary of results**
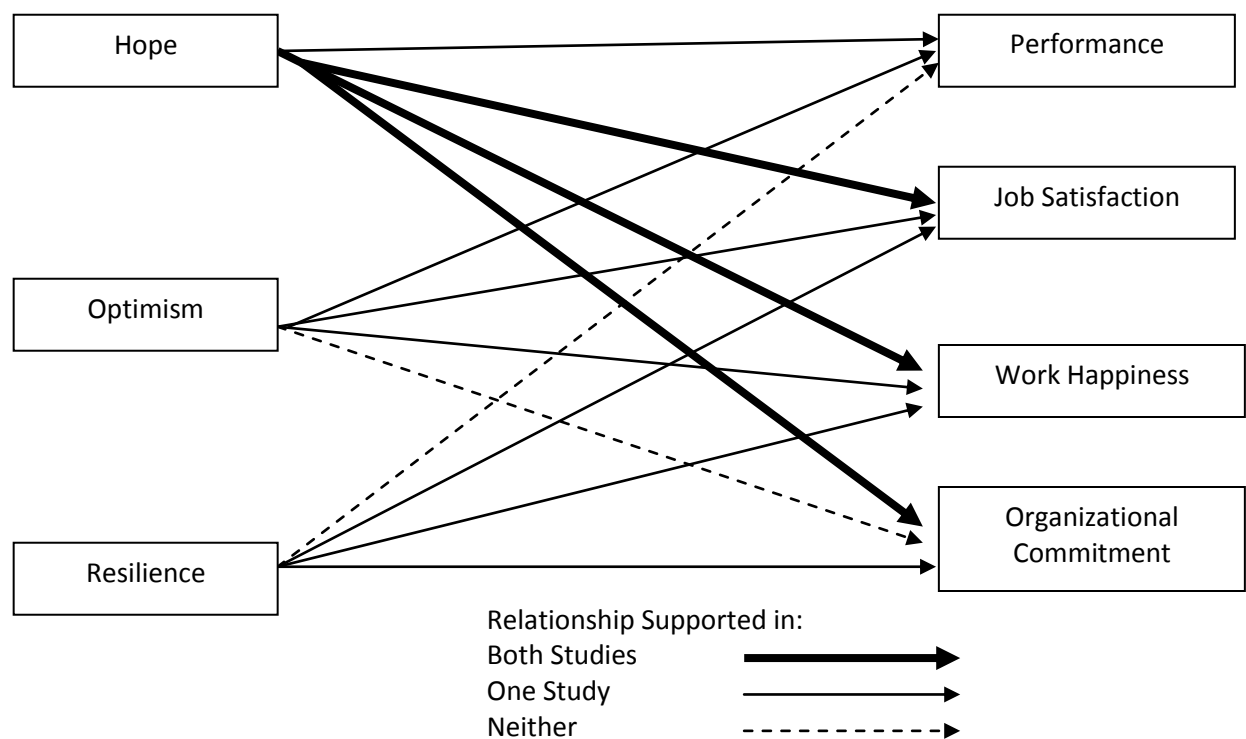
Entering the forensic environment

In preparation for this research, I examined the literature on forensics within the

Correctional Services of Canada in an attempt to explore the experience of the frontline

worker in this setting. It was discovered that the Correctional Services of Canada

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(CSC) is one of 5 portfolios and 3 reviewing bodies under the responsibility of the Minister of Public Safety. As part of the criminal justice system, the CSC actively encourages and assists offenders to become law abiding citizens, while exercising reasonable, safe, and secure human control. The current priorities of the CSC include: the safe transition of offenders to the community, increased safety for staff and offenders in institutions, increased ability to intervene efficiently with First Nations offenders, Metis, and Inuit, increased ability to meet the mental health needs of offenders, and reinforce management practices. For the purpose of clarity, the field of forensics refers to the research and application of psychology to the justice system. It includes such areas as the empirical and theoretical analysis of criminal behaviour, correctional psychology (including institutional and community corrections) psychology and law (including sentencing, eyewitness testimony, jury decision making, and legislation), victim services, police psychology, and the design, delivery and evaluation of prevention and treatment programs for youth and adult offenders (Department of Psychology, Carleton University, 2008).

Haag (2006) reported that the majority of today's correctional institutions are marked by more violence than at any time since the advent of the penitentiary. Cultures of toughness exist in both men and women's prisons though they are not considered monolithic milieus (Parker, 2004). There are many freedoms allowed to prisoners that create an internal environment marked by varied social climates. The frontline worker must face the enduring reality of the prison's pains (Keen, 2000; Cicone, 2003; Parker, 2004). Overcrowding creates a threatening chaos and custodial concerns are at the forefront as when life in prison becomes especially precarious.

Substantial empirical research exists which suggests that working in the human service field is associated with negative effects such as stress and burnout (Skorupa & Agresti, 1993; Leiter & Maslach 2005). The intense close working relationships with clients often elicit strong emotional reactions with many possible outcomes. Historically the prison system has failed to play a constructive role in the process of reintegration, though the limitations placed on prisons are not insurmountable. Correctional facilities employ frontline workers representing several occupations from the medical and mental health professions. Frontline workers are in a unique position in prison settings as they adhere to the goals of prison management and security (Norton, 1990; Senter, 2006). Their challenges include therapeutic resistance, malingering, and high levels of confrontation. The nature of the inmate population will have a direct influence on the work of the frontline worker. Along with a rise in inmate populations, some studies have found that inmates are representing a greater danger and security risk to prison personnel (Fine, 2000).

Coid, Fazel, & Kahtan (2002) found an increase in the number of inmates presenting with mental illness. In a review of 62 surveys involving 22,790 prisoners in 12 countries, prisoners were several times more likely to have psychosis and major depression, and about ten times more likely to have antisocial personality disorder. Ferrell et al (2000) surveyed 162 clinicians working in 79 facilities and reported that participants were generally satisfied with their jobs, though less satisfied with administrative tasks and the amount of individual supervision that they received compared to other responsibilities. They also found no significant differences between gender and levels of education on job satisfaction. Farrenkopf (1992) assessed the

perceived impact of working with sex offenders, perceived stages of impact, coping

strategies, and possible gender differences in 24 therapists. He found that 54% of the

surveyed therapists experienced a decrease in hope and an increase in cynicism

towards working with sex offenders. It was also reported that 42% of the sample

reported increased anger, decreased toleration for the behaviour of others, and

emotional hardening, 38% reported disillusionment with the correctional system and

twenty five percent of the therapists reported feelings of depression, exhaustion, stress

and burnout. Female sex offender therapists reported feelings of increased

vulnerability, paranoia and increased concern regarding the safety of their children in

comparison to male therapists. Thorpe et al (2001) surveyed 70 professionals:

psychiatrists, psychologists, clinical social workers, attorneys, judges, caseworkers,

administrators, and one unidentified occupation. The highest level of emotional distress

was reported in caseworkers and administrators.

Otero, McNally, and Powitsky (1981) surveyed 617 psychologists in adult

correctional facilities in the United States and Canada of which 352 respondents were

educated at the master's level, and 265 were educated at the doctoral level. Results

from this study indicated that frontline workers would like to see a significant decrease

in administrative tasks and psychological evaluations. Participants also reported

dissatisfaction with the limited opportunities for advancement.

Mouriz (1995) described that mental health professionals who work in a forensic

setting experience something very different from psychologists in other work settings.

Boothby and Clements (2000/2002) found that correctional psychologists reported the

least satisfaction with the job atmosphere, opportunities for advancement, and their

influence on decision making. Additionally, there was a significant negative correlation between total job satisfaction and number of inmates per facility. Senter (2006) reported that correctional psychologists were at a greater risk of emotional resource depletion than psychologists from other groups as a result of increased administrative/paperwork hours (Rupert & Morgan, 2005) and client behaviours (Ackerley, Burnell, Holder & Kurdek, 1988; Rupert & Morgan, 2005) which led to increased levels of vicarious traumatization, burnout, and compassion fatigue. Psychologists employed in correctional and psychiatric hospitals reported lower levels of personal accomplishment that counselling centre psychologists (Pearlman & Saakvitne, 1995; Triplett, Mullings, & Scarborough, 1996; Rupert & Morgan, 2005; Senter, 2006).

Summary. A review of the literature on hope theory illustrates the varied attempts at documenting a definition of hope. The literature represents hope as an intangible, complex, multidimensional and interpersonal concept described as feeling, an emotion, and a logical construct. Constructs such as hope are well documented in the research on positive psychology and character strengths and virtues (Snyder & Lopez, 2002; Peterson & Seligman, 2004) however research on the capacity of hope within the workplace setting is scarce and fragmented (Sutcliffe & Vogus, 2003). Scrutiny is given as to the different kinds of hope, how it varies from similar concepts and the sources of hope, as well as reflections upon the impact of practitioners hope on treatment of clients. Despite the fact that 'hope has largely been a vital factor in psychological life, even in the face of the harshest circumstances' (Bloch & Singh, 1997, p. 279) the concept has been absent from constructions of mental illness (Houghton, 2007)

particularly as it pertains to the forensic setting. Within the literature on hope it is

suggested that hope is not a subject that is often expressed explicitly within the helping

relationship, the focus being more on the improvement of functioning. It is clear that the

helping relationship can be hope destroying or at least not hope giving and sustaining

particularly when framed solely within the medical model (Houghton, 2007).

The review of the literature on positive psychology indicates that the concept is not

new, but has taken on various formats over the years (Maslow, 1970; Antonovsky,

1979; Deiner, 1984; Deci & Ryan, 1985; Scheier & Carver, 1985; Seeman, 1986;

Csikszemtmihalyi, 1990; Seligman, 1998; Goleman, 1992; Buss, 1999; Peterson, 2003).

Positive psychology represents a strength perspective as it pertains to recovery and

rehabilitation of clients in a field of study that has too often been focused on symptoms

and deficits as opposed to engaging the whole person. The literature suggests that the

medical model manifests the silence and invisibility of the experience of hope within the

'horizon of understanding' (Gendlin, 1962) between the helper and the helpee. The

positive psychology model embodies a hopeful view of the future and reflects

humanistic values and principles of social justice and follows the lead of 'what is good

about life is as genuine as what is bad and therefore deserves equal attention'

(Peterson, 2006).

A review of the literature on forensics traces the blending of mental health services

with the prison system and illustrates the challenges faced by mental health

professionals. The research points to the environment being stressful for personnel.

Mental health professionals have reported lower levels of job satisfaction that workers in

other occupations.

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Chapter 3

APPROACH TO THE INQUIRY

In this chapter I will provide a description of the methodology chosen for this research and discuss my preference for the chosen methodology. By way of introducing the reader to my worldview and my beliefs as an educator, therapist and researcher, I also work to situate myself within the research process. In the methods section I will describe the research activities for this study.

Methodology

The research question which guided this study was: What is the experience of hope for frontline workers who counsel in forensic settings? For this research I chose to follow a qualitative research design in order to capture the complexity of meaning embodied within the stories of hope for frontline workers who counsel in forensic settings. Qualitative research explores and explains the meaning of people's experiences rather than formulating general laws of behaviour (Bogden & Biklen, 1982; Krefting, 1991; Glesne, 1999; Clandinin & Connelly, 1994, 2000; Denzin, 2000; Clandinin, 2006).

Within the qualitative paradigm, a narrative inquiry approach was chosen as the methodology for this research (Clandinin & Connelly, 1994, 2000; Arvay, 1998). This approach allowed the researcher to both describe the themes in the experience of hope for frontline workers and progress to interpreting these themes in an attempt to deepen our understanding of human experience.

In the movement towards narrative inquiry, a researcher turns strategically towards four ways of thinking and acting about research. The four ways of thinking

refer to: 1) a change in the relationship between the person conducting the research and the person participating as the subject (the relationship between the researcher and the researched), 2) a move from the use of numbers towards the use of words as data, 3) a change from the focus on the general and universal toward the local and specific, and 4) a widening in acceptance of alternative epistemologies or ways of knowing. Each of the four turns is negotiated at different times as inquiry has different starting points depending on the experience of the researcher and their experiences upon conducting research.

The change in the understanding of the researcher to the researched is characterized by a movement away from objectivity to a research perspective focused on interpretation and understanding of meaning. It is with an understanding that both parties involved in the research will inevitably change as a result of encountering each other. In this turn towards narrative inquiry the researcher understands that a relationship exists between the humans involved, and that 'who the researcher is' and 'what is being researched' emerges in their interaction. The narrative researcher begins to think about and write about experience through co-constructing interviews (Lazarus & Folman, 1985; Josselson & Lieblich, 1999; Chang, 1998; Arvay, 2002). As part of this interactional process the stories become a product of both the teller and the listener (Bruner,1983; Rubin, H. & Rubin, I, 1995). Interpretation then becomes a matter of managing meaning (Frankl, 1959,1984; Burber, M. 1965; Bruner, 1990).

The researcher's transition from numbers to words often results from a curiosity with the nonnumeric responses of participants and the struggle to reveal deeper understandings about human interaction. Whereas all research is base on a language

(numbers and/or discourse) narrative inquirers invite the metaphoric quality of language and the coherence and connectedness of story in an attempt to grow closer to an understanding of the value of relationship in our daily interactions.

A turn from the general to the particular is a move towards understanding that the complexity of the individual, local, and particular provides a solid basis for our understanding of human culture and personal interaction (Andrews, 2006). Research supports that people are narrative storytellers by nature where each person has a story that helps create and sustain the necessary integrity of the personality within a collective system (Cochran & Laub, 1994; Lieblich, Tuval-Machianch, & Zilber, 1998; Polkinghorne, 1988/1991). Narratives - whether written, spoken, seen, or simply thought, appear to provide the larger setting from which the individual acquires develops, directs, and transforms character and identity. Paying attention to the particular is then a way of interpreting and creating meaning, of organizing experiences and maintaining a sense of continuity in life (Bruner, 1963, 1965, 1986, 1990, 1991).

An acceptance of alternative epistemologies is an understanding that there are multiple ways of knowing and understanding human experience. It is an understanding that multiple views make for close attention to a wider variety of experience as the researcher wonders tentatively towards acquiring new knowledge that is authentic and that can resonate with the researcher, the researched, and the reader.

My preference for using a narrative methodology. Very few studies have used a qualitative approach to the study of hope, though this has begun to change (Janzen, 2003; Jevne, 2005; Larsen, Edey, & LeMay, 2007). To date, no studies have made use a narrative methodology in the study of hope in forensic settings. There is

then a need for this type of understanding in order to shed light on how one hopes in possibly one of the more difficult places to develop and maintain hope.

As with any research, trustworthiness rests in the researcher's ability to understand and adhere to both a theoretical perspective and a particular methodological approach. The research question for this study: "What is the experience of hope for frontline workers who counsel in forensic settings?" reflects the bias of this researcher in exploring the participants' experience of being hopeful in the world.

My worldview. I make mention of my worldview because the formulation of the research question, the choice of methodology, the application of the research methods, and the interpretation of the data are directly influenced by the researcher's theoretical understanding of a methodology and philosophical world view. The researcher's self, with its fantasies, biases, and horizons of understanding is a primary tool of narrative inquiry. Therefore self knowledge and self reflection become necessary to the project to tease out what aspects of what is observed is derived from the researcher, what is derived from the researched, and what from the interaction between them. This is a necessary ethical stance that must be undertaken as completely as possible. Situating oneself within the research served a marker from which the researcher can identify where he/she stands in relation to the inquiry. Given this stance, I submit the following observations and understandings of the world around me.

Holding a Deweyan theory of experience as a constant, my worldview reflects a constructivist bordering on post modernist vision. It is my view that the world is constantly being shaped by life events, and therefore reality is ever changing.   I believe

that people by nature live storied lives. It is within a story that I am always in the process of becoming. I make use of stories to organize and communicate experience in order to make meaning and provide a framework for understanding past events in anticipation of possible future actions. For me, a story can serve as a container of hope. On any given day I have the opportunity to alter, to change my feelings, thinking and actions if I am receptive to the possibility. I acknowledge that I am shaped by the stories of my past, and that all present day experiences are filtered through that experience. My way of thinking about life is informed by theorists such as Dewey (1934) who said that human beings are not isolated individuals and are attached to what surrounds them, Rogers (1961/1964) for learning along the way, and McAdams (1994) for selfhood via the autobiographical narrative.

Beliefs as an artist, educator, therapist, and researcher. When people ask me what I do, I will often tell them that I am an artist. I am very careful with labels. People seem to warm up to the idea of an artist. They seem less threatened by that occupation, than if I say I am a teacher or a therapist or a doctoral student in counselling psychology. As an artist, I believe that all of our stories have a visual representation. It is true for me that a picture is worth a thousand words. Perhaps a story first begins with a feeling that is attached to a visual image. Then in the storytelling we seek to develop and express the details of that feeling. Art is available to me when I am at a loss for words. It serves as a reflection of lived experience told in story format all at once. My beliefs as an artist, researcher, therapist, and educator are interrelated; each has an influence on the other. As an educator I have the honour of working with students. It is with each student that I search for that glimmer of hope that

will serve as a catalyst for motivation and achievement. Teaching has become more about working alongside the student, than about delivering curriculum, about a continuous learning process that permits both the student and I as the teacher to enter into a relationship that will hopefully flourish. I believe students bring forth something of themselves in the work that they do. I work hard to adhere to the principle that students are regularly attempting to put forth their best effort, yet sometimes they experience interference.

As a therapist, my clinical orientation is based on person centered therapy and cognitive behaviour therapy. It is couched in the genuine belief that people can (and do) change and flourish given the appropriate conditions. It is based on the premise that people's actions are a result of the interaction between their behaviours, cognitions, and emotions and those of others. It is my belief that people are essentially good, but that bad and evil sometimes surface for a myriad of reasons sometimes within one's control and at other times beyond one's control.

As a researcher, it is my understanding that people exist in relation to one another. Who the researcher is and what is being researched emerges within this interaction. In this way both the researcher and the researched exist, and become part of something dynamic in a particular time and space. As a result, both will grow and learn. To think as a researcher is to think of events as happening over time, each one having a past, present, and implied future. As a researcher I acknowledge the value of research in attempting to explore difficult questions. I believe that research can be conducted in a multitude of ways, with no one methodology exercising dominance over another.

Method

Within the framework of narrative research, researchers use a number of research approaches, strategies, and methods (Lieblich, Mashiach-Tuval, & Zilber, 1998). Narrative researchers may use the metaphor of story to communicate new research learning (McAdams, 1984/1994). Some of the potential methods used in this circumstance could include metanarrative, historiography and critical analysis. Some narrative researchers use sociolinguistic analytic tools to analyze qualitative data. This type of research is often collected as field notes or interviews and pieced together to form a generic narrative of experience (Josselson, 1995; Polanyi, 1989). Others use literary terms such as plotline, theme, role, to analyze and make general sense of experience. Some researchers who are curious about the impact of narratives on experience may use surveys or measurement strategies to calculate and represent their impact (Green, Strange, & Block, 2002). Other narrative researchers may code narratives, translate the codes to numbers, and use statistical analysis, or they may analyze the factors involved during a storytelling event as a predictor of some phenomenon of interest (Pasupathi, 2003). The research method presented attempts to transform the lived experience of hope for frontline workers who counsel in forensic settings into an understanding of what is required to be an exemplar of hope, and to explore in what ways these exemplars of hope develop and maintain hope in working with clients,

Entering the field. Positioning myself in the field of this research was an eye opening experience and was the starting point from which my interaction with the research environment began. It was my original intention to conduct the research only with psychologists. After consulting with my research supervisor and other

professionals within the research community, it was determined that the small pool size of psychologists within the prison setting might prove a challenge in terms of confidentiality. It was then decided that since the forensic system accesses a wide range of mental health professionals that the research would benefit from access to a larger pool of participants. The participant pool was extended to include psychologists, social workers, psychotherapists, counsellors, and correctional officers. Much of the research available on prison environment professionals had focused on one profession or the other (Kupers, 1999, Lambert, Hogan, & Barton, 2002). Since no research existed that looked at the interplay between each of these professions in the prison setting it was considered a valuable enterprise to extend the pool to include these members. It was suggested by my research committee that it would prove interesting to incorporate a method by which to interview exemplars of hope; such an approach would also be a good fit within a positive psychology framework.

Conducting the research. It was determined that the research would be conducted in two areas: within the greater area of Vancouver, British Columbia, and within the area of Halifax, Nova Scotia. These areas were chosen for two reasons: both areas were most easily accessible to the researcher, and both areas would generate a sufficiently large enough pool of participants for this research. The participants who volunteered for this research continue to work with clients either incarcerated, or out in the community with the goal of having clients live their lives in such a way that they will not return to prison.

Participants consisted of a sample of 10 frontline workers (see Figure 2). A purposeful sampling strategy (snowball sampling) was used to identify 'exemplars of

hope' (Patton, 1990; Mishler, 1990; Jennings & Skovolt, 1999). This snowball sampling technique proved particularly useful as there was no reliable population list. Snowballing is a recruitment technique whereby an initial contact or participant may know of other people who would be eligible for a particular study.

The process of selecting participants first began by making contact by phone and by mail with people in the field of psychology, social work, counselling and corrections. Key informants were informed as to the nature of the research study and were asked to nominate a maximum of three colleagues from among their social networks who possessed a hopeful disposition and seek consent to pass on their names and contact information to the researcher. None of the key informants were permitted to nominate themselves.

Nominations were based on the following criteria: 1) This person was considered to be a hopeful frontline worker, 2) This person was most frequently thought of when referring to someone with a hopeful disposition, and 3) One could have full confidence when consulting with this frontline worker on work and personal issues. There was support in the research for this type of selection process. For example, Lubotsky (1995) reflected that therapists are able to identify other potentially effective therapists and are able to discriminate them from those who are less effective.

The nomination process ceased when ten participants were secured for the study. Once a potential participant received four nominations an initial phone call was placed during which details of the study were provided along with an open invitation to

Figure 2. Participant Demographic

Name	Sex	Race	Psychologist	Therapist	Social Worker	Probation Officer	Corrections Officer	Youth Counsellor	Addictions Counsellor	School Counsellor	RCMP Sherriff
Maria	F	A	X	X				X	X		
Clara	F	C	X	X					X		
King	M	C			X		X				X
Greg	M	C		X	X	X	X	X			
John	M	C		X	X	X	X	X			
Thomas	M	C	X	X	X			X	X		
Chris	M	A		X	X			X			
Morgan	F	C	X	X		X		X			
Isabelle	F	C	X	X				X		X	X
Elise	F	AC	X	X				X	X	X	

Race: A (Aboriginal), C (Caucasian), AC (African Canadian)

participate in the study. This was the beginning of establishing rapport and trustworthiness on the part of researcher. A letter detailing the research was also provided either through the mail or via email.   Potential participants had two weeks to determine for themselves whether or not to participate in the research study. Respect for the autonomy and privacy of potential participants was of prime importance. Participants were made aware of the research in a way which did not invade their privacy and not make them feel obligated, pressured or coerced to participate.

Participants who volunteered for the study were between the ages of 33 and 58 with the mean age being forty two. Participants had between 10 to 35 years of experience in the helping professions. Of the ten participants in this research six were presently employed as psychologists, two were employed as clinical social workers, one was employed as a corrections officer, and one was employed as a therapist.   All ten participants had experience in a minimum of three to a maximum of six other mental health professions.

Setting the stage. It was in discussions with colleagues and my research supervisor and in the reading of the literature that I determined an approach to conducting interviews. I recognized early on that speaking in depth about hope could prove difficult. Historically, hope was a concept that was often implied within conversation. Research supported that inquiring into a potentially difficult topic could be encouraged through storytelling, as stories provide the basis of a shared discourse. In order to achieve the rich depth of thick description required for this research study an interview/follow up design was selected in order to achieve 'validity through dialogue'

(Josselson & Lieblich, 1999; Arvay, 2002; Braithwaite, 2004). The interview needed to have structure but also needed to be free flowing - much in keeping with many approaches to establishing a therapeutic relationship. A series of guiding questions was provided to each participant prior to the interview. Guiding questions were derived from the review of the literature and from conversations with my research supervisor. The objective of the interviews was to explore the use of hope within the context of the helping relationship as experienced by the participants.

The first interview. The meeting time and location of the interviews was mutually determined with the majority of interviews conducted in the participant's workplace setting. Two of the interviews were conducted at the home of the participant. At the beginning of each interview time was allotted to review consent to participate in the research, the rationale for audiotaping, and the process of voluntary participation. It was agreed upon that if for any reason during the interview the participant was made to feel uncomfortable or in any way distressed, the participant could stop the interview at any point and that counselling would be made available should the need arise during the course of the research. It was also important to specify that the participant could withdraw at any point from the research. Each first interview began with a discussion as to what it was like to be nominated as an exemplar of hope. The interview wandered in and out of the guiding questions. Participants would often question my motivation for conducting this research which prompted self disclosure. It was indicated several times that the self disclosure assisted in helping the participant feel much more comfortable about the interview process, and more comfortable in sharing their stories. Many commented on how safe they felt to share the nature of their work. The second

interview was conducted after the transcription process was completed. Each

transcription was provided to the participant prior to the follow up interview with the

question: Does the transcription accurately reflect our conversation and your

experiences?

       The follow up interview. The purpose of the follow up interview was to check

for the accuracy of transcription, review the categories acertained by the researcher,

inquire into new reflections as a result of the initial interview, and address any questions

or concerns. This, all helped to gain a deeper, richer understanding of the factors that

contributed to their experience of hope. Questions for the follow up interview focused

on 'How was it for you to be talking to me in this way?' and 'What questions do you

have for me as we end our time together?' Three of the follow up interviews were

conducted by phone, with only one participant opting out of the second interview. In

speaking with this participant on the phone, she indicated that the first interview was

complete and that she was content with the transcription.

       The total time commitment for the interview process was approximately three

hours within a three to six month period with no monetary compensation to participate in

the research study. Each participant transcript was attached with a code number and a

pseudonym chosen at random to ensure the maintenance of confidentiality. Research

data (interview transcripts, researcher notes) were stored in a locked filing cabinet at

the home of the doctoral student during the duration of the study with all computer files

being password protected. No confidential information was collected or exchanged via

email. All original documents are destined to be locked in a secure area in the

supervisor's office after completion of the research, with tapes to be erased five years after the completion of the degree.

Transcription process. I took the time to do my own transcribing so that I could be in close proximity to the data. It was important for me and for the research to capture the conversations as accurately as possible as a remnant of the live interviews. Careful consideration was given to the moving of the audiotaped conversations to paper so as to capture aspects of verbal and non verbal communication. I listened to each audiotape and transcribed the words as expressed by each participant. Though transcription sometimes proved an arduous and cumbersome undertaking, it was an opportunity for me to relive the interview process and to remain close to the exchange that took place between the researcher and the participant. The process of transcription also served as an opportunity to gain insight into the felt sense of hope for the frontline worker in their work with clients.

Narrative interpretive readings. Each interview transcription was read for interpretive content. Each interpretive reading consisted of writing specific memos pertaining to specific content searches. The first reading was for content, where I listened to audiotapes to ensure for accuracy of transcription. The second reading was to locate the participant in order to make an attempt at understanding how the participant was feeling. This was an opportunity to examine what was being talked about and what was not being talked about, and what emotions were being expressed. Notations were also made when stories had a beginning, middle and an end which later assisted in the writing their stories of hope. The third reading was to read for the research question, where I searched for the ways in which participants answered what it

was like to experience hope, and what it was like to make use of hope within the context of the helping relationship. I also located within the transcription any areas where information was implied or inferred, when they hesitated, laughed, or paused, or for any disruption in the flow of the conversation. It was during the stage of the third reading where I took the opportunity to explore the essential elements, beliefs, and values that represent the whole of the study and its participants and what brought coherence to their stories (Hinds, 1984; Martin & Turner, 1986). Particular examination of the lexicon and grammatical features also helped determine where cohesion arose. This required searching the interview database in order to establish categories, concepts, properties and their interrelationships, and observations of behaviour coded in the form of field notes. Here interpretation involved generating themes through the process of coding which represents the operations by which data can be broken down, conceptualized and put back together in new ways (Strauss & Corbin, 1990). With the use of AtlasTi (a qualitative software package) data was broken down by asking simple questions such as what, where, how, when, how much, etc. Data was then compared and similar incidents were grouped together, or categorized, and given the same conceptual label. Data was regrouped in new ways by making connections between a category and its sub categories to form a framework. This process enabled the researcher to think systematically about the data. The fourth and final reading was to read for the influence of culture, power, and context of the participant's social world.

Over the duration of the research, ninety two memos were written, two hundred and sixty nine journal entries were created, and thirty six items of prose and poetry were penned. Ten pieces of artwork were created by the author as part of the field notes,

one for each of ten participants. Memo writing permitted an ongoing dialogue with the interview data. The pieces of prose and poetry allowed me to story my own experience of hope. I came to the artwork later in the research process. Each piece of artwork served to create a thread within the research, and provided a different lens from which to view and interpret the research. Creating the artwork enhanced my understanding of hope beyond the thinking level. The process of creating art brought the act of hoping into the visual where I was able to experience the beauty of the act of hoping. It also provided me with a visual representation of the beauty of hoping as exhibited by exemplars of hope. The artwork often led me to find the words to describe the being and the doing of hope.

      Critical reflection. The struggle to not become entangled in the stories of the participants or in my own narrative required constant attention throughout the research. My research committee members cautioned me about becoming too close, too enamored by the research process. I relied on meditation, journal writing, field notes and artistic representation to assist in distancing myself throughout the process of conducting this research. Each served as grounding from which to interpret and discuss the findings of this research. At the end of each interview, I incorporated a thirty minute meditation period during which I freely let my thoughts and feelings swirl and pass through me. It is here that I first began to reflect on what transpired during the interview. With pen and paper at my side I made a point of jotting down my initial impressions of the interview. The field notes contained my reflections (sometimes in prose format, sometimes in poetry format) of my experience of the interviews. Important were comments on the space/location used for the interview, views on hope,

hunches as to the explicit and implicit nature of possessing a hopeful disposition, the strengths and weaknesses of the interview, and any insights to follow up on for the follow up interview. Other field notes throughout the duration of the research were either handwritten, recorded on audiotape, or word processed.

Reoccurring feelings of awe continued to dominate my meditation period. After each of the first three interviews my heart was filled with hope, filled with awe at the experience of the interview. As I could not find the words to express this feeling of awe and hopefulness, I turned to visual expression as a means by which to honor the experience of the interviews (Edey, Jevne, & Westra, 1998). Jacobs (2003) refers to art as an adventure into the unknown world, which can only be explored by those willing to take the risks. It is related to imagination and can enable the reader 'to see more in our experience, to hear more on normally unheard frequencies, to become conscious of what daily routine have obscured, what habit and convention have suppressed' (Greene, 1995, p.123). Art expresses meaning instead of stating meaning like science does (Maria de Mello, 2006). It does something other than leading to experience, it constitutes one (Dewey, 1922/1934; Lynch, 1974; Freedman, 1990).

After completion of the analysis of the research a copy of each piece of art was printed on card stock and forwarded to the respective participant along with a synopsis of the research results. Each card contained a note thanking the individual for participating in the research. Also included was a short explanation of the manner in which each piece of art was rendered. Each participant was in turn invited to forward their reflections on the results and on the artwork.

Evaluation criteria for the research. How can I know if the findings of this study are believable and accurate? Rigor is the degree of accountability and accuracy with which a study has been methodologically and analytically assessed. Verification is a process that occurs throughout the data collection, analysis, and report writing of a study (Creswell, 1998). Trustworthiness comprises a number of issues such as: How qualified is the researcher to interpret the data? Is the researcher aware of his or her own biases at the onset of the study and have these been made explicit? Does the methodology of the research fit the research question? Has the methodology been rigorously adhered to throughout the study? What verification procedures have been used to confirm the findings of the study? Attention to rigor has been intentional and ongoing throughout the research. Various methods can be used to ensure trustworthiness in qualitative research (Lincoln & Guba, 1985; Lincoln, 2000).

Four criteria were chosen to evaluate the trustworthiness of the study: Persuasiveness, resonance, coherence and pragmatic usefulness (Reissman, 1993; Arvay, 1998). Within persuasiveness (or plausibility) the researcher asks if the narrative is reasonable and convincing. Is it plausible that someone would have/could have the kinds of experiences as outlined in the interviews? To facilitate persuasiveness in this study, each participant was provided with a copy of their transcribed narrative for review and editorial comments. All ten narratives were subjected to peer critique by two candidates familiar with narrative research for review and editorial comments. The concept of resonance suggests that research can function more like poetry in its capacity for immediate apprehension and recognition of an experience spoken by another and yet be true for oneself (Arvay, 2002; Clandinin, Pushor, & Orr, 2007).

Participants reviewed the results of the study to validate whether the narratives accurately reflected their story. If the reader can resonate with the story then the story has a truthful quality or verisimilitude (Polkinghorne, 1999; Guba & Lincoln, 1994). The intent was to determine if the story struck a chord with their experience. With minor revisions each participant indicated that the transcript accurately reflected their story.

Coherence addresses how the researcher interprets the transcripts and how the researcher's beliefs enter into the interpretations. Agar and Hobbs (1982) contend that three kinds of coherence need be present: global, local, and thermal. Global coherence refers to what the narrator is trying to accomplish; local refers to the way the narrator connects the related events in the narrative; and thermal coherence addresses whether the contents of the narrative can be grouped together and formed into a theme (or themes) that runs like a thread throughout the narrative. Pragmatic use of the research is the extent to which the knowledge gained in the study informs the research of others and sheds light on the human condition. Four coded interviews were randomly selected to be reviewed by two graduate level students familiar with coding research. Each coder was provided with the list of codes generated by the research. The graduate students were then asked to code the selected interviews as if they were the researcher. Match rates ranged between 81% to 86%.

Ethical stance in narrative research. In narrative research, ethics is a matter of being responsible in human relationship as the nature of the interview process can be broad and penetrating into the experience of the participant. It is a relationship that is emergent and therefore care and concern is required to maintain the respect and the dignity of the participants throughout the research process. The researcher must think

about and write about each participant with great sensitivity as consideration must be given to how they might feel upon reading the research.

Also at issue is protecting the integrity of participants' ongoing relationships with those who figure in their stories. Frontline workers develop strong ties with each other, learn to trust each other, and know of each other through training, education and working together. Participants indicated that mental health professionals seemingly 'run in packs', resulting in great familiarity between its members. Out of a need to protect the participants, their clients and their colleagues, during the result phase of this research it became important to write anecdotes and short story vignettes to represent the clients' experience of hope, as opposed to the presentation of long case narratives. As an example, when specific client details were introduced into the report writing it was decided to not attach the details to a specific participant. By way of definition, anecdotes can be comments, incidents, and stories that stand out like beacons. They may center on the self as researcher, or on the participants, or on context. What they have in common is that they carry a nugget of meaning - often crucial to insight. Vignettes are brief portrayal that captures an important slice of what has been learned (Ely, 2004). These anecdotes and vignettes as derived from the analyzed interview data are included in the following chapter 'as if' the participants are having a conversation with each other on a specific theme which they hold in common as it applies to their experience of hope.

Elements of risk in qualitative research. Because of the small number of participants in this qualitative research study, one of the risk factors is the possibility of

identifying participants, clients or affiliates (Reissman, 1993). The researcher worked to ensure that confidentially was strictly maintained throughout the research.

The question of who has principal ownership of the participants' stories also arises when conducting qualitative research. The researcher maintained principal ownership of the story data and established a method of process consent to ensure that the participants' stories were accurately represented and that the identity of the participants was effectively masked.

The narrative method strives to engage each participant as a unique subject to be understood through dialogue (Parry & Doan, 1994). Inviting stories that are rich and thick in description may trigger issues that neither the researcher nor the participants are prepared to discuss especially where autobiographical information is concerned (Bruner, 1983; Lee, 1994; Freeman, 2006). Participants sometimes disclose psychological themes about themselves or another party that may prove awkward and emotionally challenging. The humanity of the qualitative research process increases the importance of protecting the participants from emotional and psychological harm. A protocol was established in the event that participants experienced adverse effects from the research process.

Another challenge in qualitative research is the balance of influence. The researcher influences the direction of the interview as much as the participant. This is where the process of reflexivity and self reflection assist the researcher in examining the assumptions and biases that are brought to the narrative research. Narrative inquiry supports and encourages mutual understanding between researcher and

participant (Polkinghorne, 1988; Josselson, 1995; Josselson & Lieblich, 1999; Connelly & Clandinin, 1987, 1990, 2006; Arvay, 2002).

Summary. The methodology section provides the groundwork from which the data was gathered, analyzed and interpreted for results. Participants were chosen through the use of snowball sampling and peer nomination. As the reconstruction of a person's experience in relationship incorporates the components of self, other, time and context (Clandinin & Connelly, 2000), a key consideration for this research was the incorporation of a design that could best represent both the narrative self (researcher) and the narrative other (participant) within a specific context (forensic setting).

It is envisioned that the research will contribute to an improved understanding of the experience (with particular emphasis on the emotion) of hope as it relates to the preexisting literature. This research underscores relatively new areas in the field of correctional and forensic psychology: 1) the study of hope, 2) the framework of positive psychology, and 3) the use of narrative as a method of psychological inquiry in the correctional system of Canada

Chapter 4

MOVING TO ANALYSE THE RESULTS

> Elise: "Hope- it just serves as a catalyst for a lot of work that we do".
> John: "There must be a focus on hope...it is enough to hope".

The purpose of this chapter is to present the results of the current study. The results section is presented in an orderly sequence and communicates the basic and most important descriptive information about the research findings. It is a means by which to discover and describe the 'big picture' as it pertains to the research question. The original research question for this study asked, 'What is the experience of hope for frontline workers who counsel in forensic settings?' In this study, I have used the dialogue with five women and five men as text to be analyzed. Field notes in the form of memos, journal writing, prose, poetry and artwork were also used in the process of analyzing the results. In an attempt to describe the big picture, analyzing the participant's experience of hope progresses from establishing a felt sense of the exemplar of hope, to making hope visible by searching for themes within each of the participant's storied accounts of hoping. Following the supporting evidence, a critical reflection is presented which serves as an examination and summation of ideas to consider in search of how exemplars foster hope. The critical reflections also provide a sense of the kind of questions I wrestled with upon sifting through and analyzing the data. An integration of these findings with the hope literature is discussed in the next chapter. As the reader begins and continues through this chapter, an interesting challenge to consider may be John's statement that within the helping relationship 'there must be a focus on hope, for 'it is enough to hope'.

A felt sense of hoping. What does a person see/feel/experience in the presence of someone with a hopeful disposition? If the frontline workers' being/presence matters to the helping relationship then what does a person experience in their presence? What felt sense I have of a person may affect the way I will interact with him/her (Gendlin, 1962). One's felt sense of another may further influence participant/client interactions. If the lens from which one views the helping relationship is one of hopefulness, does it then promote a certain kind of interaction? Trungpa (1983) believed it to be integral for individuals involved in the helping profession to train in the development of heightened sensitivity to, and an appreciation of one's own inner experiences in an attempt to 'become a full human being which would in turn work to inspire full human beingness in others. During this process the questions I asked myself were: 'How am I experiencing this person who has a hopeful disposition? What stood out for me from this interaction?' 'What did I notice about the participant and his or her surrounding?' and, 'What made these reflections noteworthy?' Each of the observational narratives was written directly after the interviews were conducted and periodically revisited throughout the analysis of the data. A full recounting of this experience is included in Appendix 8.

Each time that I would meet with a prospective participant I would sense a special freshness to the union. I would describe the conversation as zesty and tangy, fresh, vibrant, and rhythmic. Was this my own eagerness presenting itself? This was perhaps partially the case. These feelings permeated in both the interview and follow up sessions with the participants, in fact throughout the entire span of the research.

During the interview there would be a resonance between the two of us, a feeling of wellness that would remain with me throughout the remainder of the day. I began to wonder if the interviews were generating hope in themselves. Two people both with a hopeful disposition would generate a further felt sense of hope in their union of thought, feelings, and actions. I listened for what and how things were being said. Listened for how the words would sway together, where the pauses would rest, for the feeling behind the words, and the underlying messages. My experience of each work environment did not necessarily match my experience of the participant. People are not places. At the end of an interview, I came away filled with a sense of bliss, not knowing what to do with myself. In honor of sharing in the participant's experience of hope, I was moved to create artwork to represent each exemplar (see Appendix 10). The artwork helped me to better understand the nature of the participant's hoping. It allowed me to embrace the implicit edge of hoping and move to a move explicit experience of the concept.

The questions that I wrestled with as I worked to develop a felt sense of the participants included: Could my felt sense of the participants be how others experience the participant? How accurate was my felt sense of the participants? How did I know that I was not just simply finding what I was looking for? What did I not see as a result of the framework of this research? How was it possible for the inquiry in itself to be generating hope for the participants? Was it possible that exemplars of hope made hope visible by first establishing a felt sense of the client?

Tell me a story. Within the framework of this study, the research moved from composing a felt sense of the participants to inviting stories from the participants that

served to highlight their experiences of hoping, setting forth to sort out the emphasis of each narrative as each participant began to verbalize and make sense of their hopeful actions.

Stories assisted the participants in expressing the thinking, feeling and action of hope in their lives. The majority of the participants reported never having had a conversation about how hope figures in their work, let alone having a conversation about being nominated as a person with a hopeful disposition. It was Gergen's (1991/1992) contention that since the stories we live by are embedded in us, it is our narrative experience and the recall of those events that become central to the development of the self. Further research indicated that hope accrues as experiences are constructed (Adams, Snyder, Rand, King, Sigmon, & Pulvers, 1991). During the interviews participants were asked to talk about experiences that reflected on their lived experience of hope. Dialogue often came in the form of story; either of a personal nature, or of their relationship with particular clients. Some of the specific stories are recounted in Appendix 9. It is within these stories of hope that both the researcher and the reader first begin to see the interplay of the participant's conceptualizations of hope. Participants for the first time began to talk about hope in the context of the work they do.

Each narrative provided an inside look at how frontline line workers experience hope at work and in their lives. The stories provided insight into 'what is happening' for the participants with regard to hope. They help to show how participants talked about and envisioned hope. But the reader will soon notice that some accounts are stories of both hopefulness and hopelessness, of success and of failure. The stories expand on

the clarity of thought, mindfulness, and awareness perhaps necessary, and potentially required to working in a forensic environment.

While listening to and sifting through each of the interviews, I sought to honor the participant's experience of hope by organizing their stories into thematic categories. In search of themes within the participant's stories, I questioned, 'How do the participants make hope work?' What arose from a thematic analysis of the interviews is presented under the following headings: 1) Being hopeful, 2) Establishing role clarity, and 3) Establishing a helping relationship. A preamble is presented at the beginning of each category along with the number of participants who referenced each theme.

<u>Helpers being hopeful.</u> Upon first being approached with regard to the research, participants responded quite surprised at their nomination. They appeared genuinely humbled at being nominated by peers as exemplars of hope. One participant expressed that she felt confused and wanted to know who had nominated her. As each of the interviews progressed, with stories told in great clarity and specificity participants began to experience what others saw in them in terms of hopefulness. All ten participants commented on how they had never been asked to talk about their work within the context of hope.

Greg suggested the idea of 'being born hopeful' and then further added that there were four things that we were born into: energy, warmth, trust, and hope. As far back as he could think 'it [hope] had always been there. Thomas expressed the idea of a 'hopeful disposition' in terms of 'how he is' in the present.

John equated hopefulness with clarity of mind. He spoke of this in terms of his client: Once his brain was clear; he became a very good student with a lot of hope for himself. John described the hopefulness as 'being in the future but not too far away'.

Morgan indicated that 'listening is key' in being hopeful and for 'hopefulness to begin being a factor in the therapeutic relationship'. John supported this in an amusing way by saying, 'Sometimes a person just needs a good listening to.... The fact that I am interested...and I listen to them no matter how angry they may be...I listen to them first'. For Elise, a firm conviction that in everybody there is something positive:

P. I mean you can have someone that is a murderer - that did a harsh murder, but they still, there is still some value in them.

Greg described his hopefulness in terms of reaching out and being a 'tool provider'.

P. I feel that I have provided them with the tools and it is their ultimate decision to use those tools or not. I can't force them to change their life, only they can change their life. Like it is easier for me to change me, than for me to change you.

King described hope in these terms:

P. The hope is that you have provided them with a life altering difference to change from being a criminal to being a productive member of society.

An element of hope for John rested in 'a future focus' because 'it help[s] them seek the discrepancy between where they are and where they want to be. John talked about 'backward thinking' into hopefulness suggesting the idea of movement within hopefulness, '…in that 'O.K. I have handled this before I can handle this again... (long pause). So, at the same time when I am watching the waves over there to see where the wind is, I am watching the other boat, I am thinking back to where we were. Morgan expressed hopefulness in terms of change, 'that things could be different and that they don't have to be stuck in old patterns, where life can be made to be more

manageable...more tolerable'. Isabel indicated that a hopeful disposition is 'not across

the board' and that 'you have to have a good dose of realism there...or else you quickly

burn out'. Isabel made reference to providing evidence of hope where clients needed to

experience 'behavioural successes' and expressed a certainty about her hopefulness

with, 'I can find some positives in typically a lot of the negative that is being presented'.

John indicated that he could feel his hopefulness behind his eyes and experienced

hopefulness 'as a series of moments' where there is a feeling of 'light heartedness'. He

indicated that 'my sense is the people that I am in direct contact with convicts,

offenders...at some level must notice that'. Elise, as echoed by all participants,

described hopefulness in terms of a physical awareness, a presence, a respect:

P. It's something as simple like you know when I walk in the hall walkway and I look at people in the face. I don't look down on the ground, but it's something that I have done since I started working for [location]. And that is one piece of advice that I tell people when they come to work. When you are walking down the hallway, don't look down, look at them, face them, acknowledge them as people, [be]cause if you acknowledge them as people, then they have to acknowledge you as people. If you don't acknowledge them as people, or if you concerned with them as inmates then you've become only staff. You've become one of them, alright. I have always been raised that people are people, and you treat it as that. Because I have seen how people are treated with respect, versus not respect. I guess I have learned also from the inmates that I have worked with. Like I have the inmates tell me, you treat me like an animal then that is what I am going to give you.

Elise expanded on the idea of hopefulness in, 'I think part of the hopeful

disposition is being able to see and determine and guess in some cases'. Thomas

describes his hopefulness in terms of using a specific lens and of making hope explicit

in conversation:

P. I do talk about the hope that I have or the good things that the probates are doing and if someone is, if a staff member is being very negative I try to find a alternate way of framing that experience in a different way. I tend to try and look at the good things and the bad things in the parolees, in the offenders.

Isabel added that her hopefulness is reflective of certain 'heroes and role

models: 'From each person that I interact with I look for what I can learn". Isabel went

on to speak highly of one of her colleagues in terms of having heroes:

P. There are different heroes for different things. For example, [another colleague] that I was mentioning had a lot of humanity in his interactions with inmates. For me that was good to see that because it confirmed that I could be who I was without having to feel like I was a bleeding heart or something like that. Sometimes psychologists have a tendency of using almost like a correctional officer approach, so he was a good person to have around.

Within the framework of this research, five participants indicated that to

'understand hopefulness one also needed to understand hopelessness. Thomas said,

'I try to break their hopelessness down into manageable pieces and find there is indeed

some things that are hopeless and some things that are not'. John had 'never

experienced the people that [he] works with on inter-personal level as though they

[were] hopeless'. Morgan reflected that, '…not a lot [of clients] believe in themselves

and their capabilities'. Greg talked on 'how alcoholism impedes a sense of

hopefulness, and readiness, where people are 'disconnected from life'. Isabel was bold

in her admission that, 'I have had some clients where it has been very difficult to be

hopeful, to the point where I haven't been able to'. Clara understood this idea of

disconnectedness and linked hopelessness with severe depression:

P. A person feels very defective in and of themselves...so afraid of failing...so disconnected. The offenders that I meet who don't have hope are usually severely depressed. In terms of the guys that I work with they need to have hope. They have to have hope that there is something different for them in the future or they are going to go back into the same lifestyle they came in with. Even when they have hope that there will be something different for them, they still need a lot of supports around them. I mean without hope they are often suicidal. They are sometimes in crisis but even if they don't get that far they are just really fearful that there is just nothing in this life for them. They don't want the life they had, but they don't know how to make it in the new life. One guy had so much shame about himself that, he's just zonked out again on

drugs...Totally...little hope. He is not actively suicidal but he thinks about how he would rather be dead all the time....

Clara referred to element of hopelessness in working with psychopaths:

P. We look for the real psychopathic ones and the chances of [them] changing are minimal. I would never say never. I mean I would say they are pretty hard to work with. So, I don't tend to do any great therapy with psychopaths, it's just risk [assessment]. You know, "What do you need to do so that you don't end up back in jail if that is what you want? Do you want to end up back in jail?

Another participant indicated:

P. There are a couple of times when I have not been able to help. But the reality is, most of the time I am at work and I do the best I can, so there is no point... there is not much else that I can do. So, as long as I feel like I have done all that I can do...like, I have a good work ethic and I have done what I have had to do...then it moves. There are many two, maybe three cases where I actually took it home. One case was in [location]. The man was Inuit and he was going to kill himself. I spent three hours with him, trying to convince him not...like to try to contract with him to not kill himself. And then at the end, I have never done that with anybody else...it came to me... and like I said I have learned to trust those little voices. I told him, "How do you want me to celebrate your life? If you kill yourself over the weekend, how do you want me to do that?" And he looked at me and said, "What do you mean?' I said, "If you kill yourself… I have been talking to you for three hours, you are not going to change your mind...', and with Inuit they start the hunger strike, they continue until they die, so you really need to stop it when they start talking about it. That is when you need to be culturally sensitive. So I said, "How do you want me to celebrate your life?' So, we agreed that if he killed himself, that on Monday I would light a candle for him. And, I showed him a candle, and I said, "I will light this candle if you are not there on Monday". And on Monday, he was there, so I was really happy to see him and we talked and we looked at options and I asked him, I said, "What made you decide not to go through with it?" And he said, 'Well, I thought about it...and I thought, you didn't know me that much and you spent three hours with me...but you thought I was worth lighting a candle for, so I thought maybe I should give you another chance..."

Participants indicated that when hope was no longer present, evil was often its

substitute. It was also suggested by several participants that hopelessness might be

easier to work with that evilness. When Elise described evil, she indicated that 'evil

[was] the lack of emotion. She went onto talk about the good versus bad scenario in

people:

P. In fourteen years I have only met two people who have been like that, because it is rare that people have no positive traits whatsoever. Oh, could be that others believe that [certain people] are bad. It also could their own insecurity because it is easier to put people in 'good' and 'bad' [categories]. Because if you start seeing bad people as having some good traits, that also means that some good people might have some bad traits, and that sometimes becomes too complex for people.

King saw hopelessness for a client as not being able to see beyond the immediate:

P. ...I was handing out medication once when this one fellow took about twenty pills. I said to him, "Why do you take so much medication?" He said, "I just love pills". I said, "Tell me something...if I had a five gallon bucket full of drugs and you could stick your head in there and eat as much as you wanted and you would be the most or the best stoned you have been in your entire life, but you would die five minutes later would you do it?" He went, "Yeah".   P. I. G. The **p**roblem with **i**mmediate **g**ratification...is he did not see past that gratification, he only saw the getting high part.   We can have hope, but it is really up to them.
R. So how do you give hope to someone who is hopeless?
P. You can't.

Chris spoke of a client who was focused on the immediate and the simple:

P. He was living on the street, and seemingly quite content. Family had tried over the years to help him...get him a home, get him to the hospital...get him some food, warmth...but all he wanted was a new wheelchair to get around. He was fixed on this idea. A new wheelchair meant mobility. He didn't hope beyond this. He had the means to hope for more, a supportive family in the wings, but saw them as being more in the way. Mind you the drugs were clouding his ability to hope clearly, but at what point does it become more about his wheelchair and less about what everyone else wants?

Critical reflection. Hopefulness is represented in the literature as a cognitive, emotional, and motivational stance toward the future though based in the present. With this research, hope as a disposition appeared to be more emotional based than cognitive or motivational. The research also supports the concept of hopefulness being more emotional than optimism, future-mindedness and future orientation though all have been linked to one another. In the context of the forensic environment hoping appeared to be more present based than previously anticipated. Participants were required to orient themselves to developing hope strategies for the present day, as for

many clients the concept of the future was too far away. Much of the research literature

referenced hoping in terms of an orientation towards the future.

Helpers establishing role clarity. Each of the ten participants spoke of the

importance of establishing early on in their work a clear understanding of their role

within the forensic system where for Isabel the 'environment just dictates everything'

Isabel further stressed that 'we have to be true to some form' when it comes to one's

role and one's specific clinical orientation'. King explained the importance of role clarity

in this manner:

P. The cop that takes the guy to court everyday for doing something wrong, and the guy gets out on bail. The cop thinks, 'What is going on?' How does he feel when he sees that guy walking down the street when he is doing all he can to get this guy locked up and he is not getting locked up?! Well, he can't lock him up he can only take him to court. The judge can lock him up. He has unreal expectations and he is setting himself up for failure because in his mind it's his job the lock that guy up. It isn't. It's his job to arrest him and take him to court and that's it. It's the judge's job to lock that guy up, whether he does or doesn't, the cop has still done his job now the judge has to do his.

Greg described his role in the system:

P. Many years ago when I first started and of course you do not know what you are doing most of the time, you are just kind of going along trying to figure out what the job is, you kind of have a little bit of a template and you have your little briefcase and you are out there and you are let loose on the world but not completely which is a good thing because you have the bureaucratic structure at least, you know, if you're good, as they say, about the policy and procedure manual, if you follow that your ass is covered OK. You won't get yourself in trouble, but then, you are going to live a dull life, just do what you are suppose to do and whatever...you are not going to get in trouble with your boss...

Maria had grown to identify with her orientation in working with aboriginal

populations 'seeing much more the importance of existentialism within the therapeutic

relationship'. She expressed, 'feeling even stronger about her clinical approach to

working with clients' as time had passed.

In the following excerpt Clara makes reference to her first responsibility and on how one's focus can shift:

P. Upon becoming cynical there is a shift in the responsibility of the psychologist- more towards society than towards the client...and it is always a balance. And actually my first responsibility is the protection of society. I always have to think how is that, how can I work with a guy when that is still here? You know where some psychologists I talk to interpret everything in the most negative of light. So, find everything to prove that this guy is no good, and that's how they write the report. They are mostly people who write reports: and don't see any use in treatment, nor do they see the inmates going anywhere.

Clara stressed the importance of getting to know the system:

P. Well, initially getting to know the system, corrections services is a huge bureaucracy, a language of its own. Learning all the ins and outs of that was difficult, the security procedures...

Thomas admitted that, "The context is tough, and I try hard to keep that in context' and that it 'remains a constant process of adapting'. Elise described role clarity as a 'constant process' and that working in a forensic setting 'is a lot less complicated than it is made out to be':

P. It's different in the sense that you always have to be aware of who you are working with. But you know what, I have worked with different types of people and I have to admit that in some ways it's a lot simpler and a lot less cutthroat than working with some businessmen that I have known, or some politicians that I have known. It's a simpler process because there's not all the bullshit (laughter). And just...if someone doesn't like you they tell you to F-off, right?

Even if a frontline worker is clear on their role, the interpretation and execution of the role within the forensic setting can vary:

P. I have no confidentiality... or very little in comparison to any other setting. You...are expected to be friendly and to work with staff. And some staff are very negative and mean towards the inmate, so if you have this client, you are trying to work with them and being more positive. You know that your peers and other staff members, yell at him, beat him up, and scream at him, whatever... on a regular basis. And you are paired up with that other staff member...so, when it comes to confidentiality, when it comes to establishing yourself as somebody who wants to help...having to communicate your results in such a way that you get staff on board, you can't come in

and say 'so and so' is just really motivated right now, so how about we help them out. You can't work it that way, you know. Because everybody will just say, "Well, yeah, 'so and so' in five days that will change. Well, how about we work with them in those five days. You have to present where you want things to go in a different way. The environment also limits access to people in a huge way. And if somebody is in your office crying, and it's eleven (o'clock)... if count is at 11:15 technically the guy has to get out of the office at 11:15...nobody really cares that they are emotionally wrecked.

Isabel considered a very personal approach to her role within the system, 'I guess my role was, sounds very corny when I put it this way, mothering those guys, like teaching them some of the basic coping skills that my five and seven year old have mastered years ago'. Morgan indicated that role clarity offered 'greater work simplicity', that 'it was not that different from other environments', but on the other hand she suggested that "it's a different type of game play" and Isabel noted that "every day is different...and that is what I like about it" and Thomas said, 'It is an extremely interesting place to work. Everything walks through the door. You are exposed to it all'.

Participants considered it important to speak of those within the system who present a less than hopeful approach to their work. This was important information for the research – that not all frontline workers were hopeful people. To some, this might prove an obvious statement, but it speaks to the preparedness of participants to take a candid look at what they do. Another participant added:

P. There's a couple of people that are here because it's a place where they can use and abuse their power, and I would like to think that there are not too many people that are in that position, and even less that are psychologists.

John related that he struggles more with people who from his point of view have an inappropriate attitude toward their work, than with the people he counsels. It was more of a challenge administratively. He commented on how the structure is sometimes applied:

P. And some of the way the structure is applied also makes things difficult... more about crushing people than it is about helping people. I struggle more with that, than I do with the day to day dealings with the offenders and some of the terrible things that they have done.

Each of the participants also referenced their years of professional experience as contributing to their level of hopefulness and to a greater understanding of their work role. They spoke of similarities and differences and of lessons learned over the course of their careers. Each reflected on the challenges they presently face in their work. One participant had previously worked in the school system. She indicated that she never had intended to work in corrections, but upon reflection considered it to be the easier of the two working environments.

While Isabel spoke of a constant tension between the clarity and ambiguity of working within the system, she noted: 'But over time, and as you get more experienced you realize that nothing is clear in this world and so the reports get more and more vague. Elise commented on how work experience varies according to context:

P. Working in a bank will impact on the teller. [Be] cause I have no idea what it feels like to get up in the morning, and if you see someone kind of shifty maybe they will pull a gun on you. Or I don't know what it's like if you are a doctor, to have people...actually, …Something I hadn't consciously realized but I had a friend of mine and we talking about the clothes to wear to work and she was showing me a skirt that she was going to wear, and I said, 'Oh, that is so cute, I wish that I could wear that'. And she said, 'Well you could wear a skirt', and I said, 'No, cause it takes longer if someone is gonna try to rape you. It takes longer if you wear pants than if you wear a skirt. And she just looked at me, and I just paused for a second, and I thought like, 'Oh, O.K.!' You know there is some stuff to some extent that always an impact on you, but you kind of become habituated with it.

One psychologist described his experience of working in the community versus working in an institution:

P. Well, it is different in the institutions than it is in the community. In institutions, we as psychologists travel in packs it seems. In the community, it is a little bit different. There is more of a create your own support group kind-of-thing. In the institutions, we are all in the same 'little trailer', same little office area, or the same little bunker kind of thing.

And when we leave we walk through the cages, we walk through the fences, whereas in the parole office, people are out and about and all over the place - much less cohesion. So in the parole office we need to create our own support network among psychologists. I have worked in a couple of different parole offices, and among psychologists each office is different...if I just worked in forensics I don't think that I would last as long as I wanted to. I could still do it but I would be charred much more quickly.

Morgan described her work as 'fascinating and alarming at the same time'.

Isabel had reservations as to how the psychology profession continues to be seen but

concluded that 'some see us very positively'. Isabel related that it was not possible to

have a glowing shiny reputation because in part there were so many clients who were

not ready to change'. Another added:

P. The truth of the matter is that, in a way the forensic world is a bit of a club. And it is a club of people who can do the work, who like doing the work, and who are quite good at it in the whole. So if you are coming in there and you want to work as a psychologist, and it doesn't quite fit, it's kind of hard to find that support in the club. It's like anything else right.

Critical reflection. It was emphasized on a number of occasions during the

interviews, the importance of being very clear; very 'black and white' about roles and

responsibilities: What actually 'was and was not' the position of a frontline worker and

that it was not their responsibility to do someone else's job. For Elise it was a place of

work where the environment seemed to dictate everything; a system that dictates when

clients can, or cannot be seen. An environment where not only is role clarity required,

but a tolerance, perhaps an appreciation for how individuals interpret and choose to

deliver their role. Not having a fixed view of one's role, yet having an understanding of

role in process. Participants trusted that others knew their roles and did their part in

supporting the roles of others and particularly sticking to their own. It was suggested

that while role clarity was partially about making sure the paperwork was clear and

concise, it was also about only taking responsibility and ownership of what was within one's control.

With each interaction with colleagues and clients there was an opportunity to ask the question, 'What is my role in this situation?' and with that clarity feeling confident in formulating a response to a situation, or offering an opinion, recommendation, or intervention. Role clarity provided a groundedness from which to work. Establishing role clarity was compared to having to take a step back, or a step sideways (see working sideways) in order to quickly assess a situation in terms of 'what is my role here?' Amundson (2006, personal communication) described this action with the use of a metaphor; a sling shot. Where the rock is the situation, the sling shot is the frontline worker, the recoil is the stepping back. The individual then uses the momentum of the recoil (opportunity) to sling forward in response to a situation.

Mentors and supervisors aided in defining role clarity and assisted in frontline workers adapting to change within the environment. Participants pointed out that not all frontline workers have a hopeful disposition, which may sound like an obvious statement, but a useful one. It was likely that upon the advent of cynicism, hope often disappeared. It was the contention of several participants that over emphasis on reality often led to cynicism within the workplace. It would prove interesting to research this point further at some point in the future.

The variety of experiences and years of experience of the frontline worker appeared to be a factor in the development of a hopeful disposition and on the clarity of each participant's role in the system. All ten participants possessed a resume that was far reaching into the field of the helping profession. This information (work

experience/years of experience) was not known about the participants prior to acquiring signed consent for participation in the research. It is very likely that variety of work experiences added to their understanding of role clarity. All ten participants had experienced other occupations, with four participants working not only in the forensic setting but in the community setting as well, citing that working within the field of forensics alone was (in the words of one participant) 'too much of a crazy maker'. All participants had at least 10 years of experience in the field of the helping professions to a maximum of 35 years. The majority of the participants felt that while there was not much they had not seen before, there was never a dull moment to their work.

Helpers establishing a helping relationship. Theoreticians, researchers, practitioners and clients agree that the relationship between client and helper is important (Egan, 2008). Some participants stressed the relationship itself as being vital, others emphasize the work completed through the relationship, while others focused on the outcome of the relationship. An analysis of the research indicated that all ten participants emphasized the importance of the helping relationship in establishing and maintaining levels of hope. In this section, the participants make reference to how they work with clients in their chosen setting. It is divided into the following six sections that isolate the experience of hope within the helping relationship: 1) Incorporating empathy, 2) Inviting compassionate awareness, 3) Advancing humbleness, 4) Inviting metaphor, 5) Sensing humour, and 6) Spirituality and religiousness. Before beginning with each of the categories, consideration should perhaps be given to what the participants had to say about their specific clientele.

On the nature of the client. All ten participants spoke of one distinct variable associated with working in a forensic setting was the designation of who is the client, to which Thomas who had worked with 'the clients who were rejected from everywhere else', responded:

P. The client is not the person who is in front of me. The client is the society around us. The client is the community. My treatment is designed to help that offender not commit another offense, to protect society. My goal is not necessarily to help the person in front of me; my goal is to make sure that person does not commit another offence. So the client is society. That is necessarily an awkward thing; it is hard to conceptualize it that way.

Thomas also pointed out from the onset that 'many have committed terrible acts and that in some cases their lives have taught them to behave the way that they are behaving'. To that, Greg added, 'They are just acting in a way that they have been forced to act since childhood'. Maria and Chris suggested that 'the same approach cannot be used in working with all populations, which appeared evident in their experience upon working with the First Nations population. Chris expressed one of the things he had learned about himself over the years that reflected back on the clients that he works with:

P. One of the things that I learned about myself is I personally am capable of almost any act that you can imagine if I felt that it was required for my survival. So I guess in that way, I don't experience myself as being much different from the people that I see in the institution. I am sitting here in the chair, and I know that I too could be there in the other person's situation. Because I learned in that moment, in that dark time in my life that it is immensely important for me to survive. I recognized in myself, as I said, I am capable of doing w-h-a-t-e-v-e-r it takes to survive.

Morgan reflected on what it took to work with her typical clientele:

P. It takes an interest in the type of client that we deal with, and I think it takes a non-judgemental-ness; an ability to separate the person from their behaviour. Because some of these guys, and I will use guys because most of the people I deal with are men, have done some pretty terrible things. So I think unless you can do that it's a really tough go. Because they have done some pretty awful things. I think an ability to

ask some non - judgemental questions, but to get to the root of what is their crime cycle, what are the risk factors?...so that you can work with them with preventing them from making those decisions again. And also the other thing I would say is really not having like a sort of a, I guess a 'haughty' attitude - like being able to work as a team with the other parole officers and the other people that are providing service to these guys. Unless you can do that it's a really tough go.

Elise expressed her belief about the clients with which she works:

P. So there is a lot of caring and values in those guys. Like it is not a question of them being all bad, and it is not a question of people on the other side of the fence being all good. It is not even a question of the correctional officer, or the staff being all good. There is some good in everybody and there is some bad in everybody, and you need to be able to laugh with both.

Clara indicated that she does not begin the process of 'building the helping

relationship expecting much in return, thereby keeping the process simple':

P. I think a highlight for me all along is when the offenders will talk to me. When they will open up and be real with me because it is not easy for them to do, it is not a culture that pushes them to do that, in fact it is quite the opposite. So many in the prison just don't want anyone to know that they were going to see the prison psychologist, it's kind of hard to hide that. They had to make sure they did not walk out with tears in their eyes...so just to provide a safe sounding board for them.

Clara stressed the importance of presenting herself as a 'genuine human being' in

working with clients because 'it is a clientele that really...has difficulty with trust':

P. And you know...it's their choice. I am not afraid to say I am sorry to a guy, if I do something which might be a little inappropriate - forgetting an appointment, showing up late, writing about something that I interpreted wrong, I will change it... I try not to be defensive - to model that we all make mistakes.

Assisting to conceptualizing the helping relationship within the forensic setting,

Elise drew a similarity between school and prison. A person in primary school would

say, 'They called me stupid so I punched him', then here we've got, he called me 'a

goof, so I stabbed him'. Clara was the first to specify, perhaps even caution, that 'one

must always be aware of the intention of the client'. The idea of 'not being able to take

people at face value' permeated throughout the research.

P. That when I worked for instance with women with [specific disorder], they're a highly manipulative population. Think they are driven to do that by their illness. But when they lied to me, they weren't hurting me. I tell them that up front, 'You know you can lie to me about what you are doing, eventually I hope as you get to trust me you are going to have less of a need to lie. I go home at the end of the day, but you have to live with this illness'. Some of [my clients] have the potential to do serious harm to people. So when they lie to me it's a problem not just for them but for us - 'us' meaning the whole, the parole system. I will just address the lying, 'If that is going to continue then we are not going to get anywhere. It's up to you. If we are not getting anywhere I am not going to continue seeing you. Cause you're not ready to be here, or whatever. 'I will terminate, and if you have a condition to see me, then there is a good chance you will be suspended...if the parole officer can't have the condition removed, that's your consequence'.

On the nature of the client, King commented on 'what gets them there [in prison]

is probably years of alcohol abuse, years of drug abuse and a bunch of bad decisions'.

And John indicated that 'it was also common for the clients to present as if they don't

care'. King added:

P. And when you are in a correctional centre those kinds of problems are alleviated because you don't have drunk people anymore, you don't have stoned people anymore and you don't have people who are self medicating anymore'. The problem with this is that they are on their medication and they stay on their medication until they feel good then they stop self medicating, then they slip back into their original problem.

Morgan emphasized, "I would say that forty percent of the clients that are

in...well, they have done a study actually that 40-55% of the clients in [location] have a

mental disorder'. John, with support from Maria also added 'some of whom can be

very, very angry...and rightly considered very dangerous'. Elise pointed out that in

working with clients in a forensic setting:

P. ...It starts with trying to get them to want to go out. So it's like when you are working with survivors of sexual abuse. With women, they already know they have been victimized. With men, you have to get them to accept that they have been victimized before you can move them beyond that. Do you understand what I mean?

Elise expressed, 'there is a certain naiveté about the guys and what I like about it

too is that I can be quite blunt, and most of them will actually accept it, and respect it'.

When a client is ready, Thomas talked about the opportunity to share stories; but

something more than just storytelling; a sense of readiness, of a willingness to engage

in a conversation and potentially a relationship. In terms of the change process, Clara

said that with:

P. Some older guys want to change because they don't want to die in jail, they don't really care about what they have done. So I don't really see that as an inner healing for them, but it's good enough. So you know, so I'll work with that...great, you know, yeah you can do things differently, 'What do you do to not end up dying in jail?

The majority of the participants, as did John, expressed a sentiment that, 'People

can realize they have a choice here'. Clara described how shame could impede

hoping:

P. I had a guy that I worked with when he was under our system. I worked with him for probably two years. And he came out and he was very untrusting...He was one of those one's who was really tied in his own shame...felt less than human. Some just don't want to, for some it is just too painful...

Maria also noted how it was a lesson for her that not all inmates had the same goals.

P. For some guys the focus isn't 'let's get you out of jail'. For some guys the focus is let's make your time in jail manageable, but this is where you are going to be. And when that is the focus, I think that is where you need the hope

One particular client in working with Isabel offered these sombre thoughts on 'wanting to get out of prison':

P. So it's the same thing, with the men you work on how to get to wanting to get out... I had a guy at one point that told me he said, 'You know you are paying sixty thousand dollars a year to keep me in prison. Why don't you just put me in a house, pay me, like pizza once or twice a week, pay for my heroin, and eventually you will come and you will find me O.D.-ed.

And Isabel added:

P. There are many men and women who need the stability of jail. Who like it. This is where they need to be. But within that, what you want to do is find ways that they are happier here.

King shared his approach towards working with clients and of how the element of wanting to be treated fairly comes into play:

P. There is always a chance that when you do something for somebody they will want to do something back for you. Hopefully down the road they are going to give you information. By you treating them the same as everybody else, which means you are giving them nothing more that anyone would ever get. There was one fellow that was in for armed bank robbery and I would take the time to stop and talk to him, other people wouldn't take the time to stop and talk to him, they thought he was an idiot. So I would stop when I was doing the rounds and say, "Hi, how is it going or something like that. He'd spout off that he was fine. He used to go from maximum security over into the minimum area into what is called the day room where there is a weight machine, pool table, ping pong table, canteen where they could buy pop, chocolate bars, cigarettes, writing paper, shampoo, whatever...incidentals with a bit of money. On the way there, there use to be what was called a suggestion box and what would happen there if you wanted to see your classification officer. You would write it on a slip of paper and drop it in the box, and the box was locked. In the morning the classification officer would come in and unlock the box and take the paperwork out. Well that inmate wrote on there that they were planning to break into the canteen and the names of people doing it. Now if he hates that person he wouldn't say anything. And believe it or not...in jail it's not always the toughest guy that runs the jail, it's usually the smartest guy.

In terms of client change, Clara reflected, 'I think that there are some that I work with, that the likelihood that they will change is...very low but-I- would- never- say-never... I think miracles can happen. Greg talked about how much to 'bend over backwards' in his approach to working with clients:

P. Some of the things that we are talking about in terms of people appreciating me, the caring side of things, the professionalism if you want to use that. Sometimes, I get burnt by this... I sometimes take on more than I should. Sometimes taken advantage of by the more cunning I guess if you want to use that word. Maybe I take on...rather than holding people responsible I let something go by, or call them that they missed their appointment, or call them again because they missed their appointment, rather than just 'You missed the two appointments, and these are the rules, and you know, if you were working maybe your boss would fire you". I have had a few occasions where I seem to have gone the three extra miles and kind of said, ' Oh, God the next time, I can't allow myself to...I can't allow myself to go there. It's just...it's just...too hard on myself…
R. How do you decide...whether or not?
P. Well, am I going to take the next person in and make an example of them because of the lousy experience I had with the last one?

Isabel commented on the nature of hopefulness for the client:

P. I think it is really hard for [the client] to see it [hope], and to accept that they might actually have it. The problem with hope is that hope can actually bring disappointment. Typically these are people who have avoided, or have faced so much disappointment that they want to avoid more. So, you know I would never work trying to instill hope in a client, like it just doesn't work...They will believe you for thirty seconds, they go back to, "Well, it probably won't work"...or... "It won't turn out that way". You have to prove it, , you have to create some behavioural successes and then build on those...and then the hope comes. And this is where people, who are not suited to the environment, don't get along as well. You can't just come in here and do a Rogerian - 'I love you...everything is fine...you will be fine'. It just doesn't work that way...you try to create those successes. You try to find one thing that they do well, and you try to get them to do it more often. And the more they do that well, then you try to expand that. So, even in the homework you give them, in the task that you give them- never give them something that they are going to fail at. Because then you have just shot yourself in the foot. They already think that they are useless, and worthless. I mean whether they admit to it or not, everybody knows that being in jail is not a good thing (chuckle)...Being involved with the police is not a good thing. Even the guys who are involved in the high end criminal world...well, they think that it is a good thing, but they realize that the citizens don't think it is a good thing. A different way of looking at it, is that you've got two societies, right. You have the pro-social society members and the antisocial society members. Even the antisocial society members know that the prosocials don't think what they are doing is OK. They might say to themselves, 'Well, the antisocial say that it's OK and that helps justify their behaviour, but at the end of the day they still know...you know, it is kind of like a Disney movie...is this making any sense? It is like the basics of 'Shrek 3' (laughter). We're the bad guys...how come? Who said we had to be the bad guys? And trying to get that to kind of change.

Helpers incorporating empathy. Empathic listening centers around the kind of

attending, observing and listening - the kind of 'being with' needed to develop an

understanding of clients and their world (Egan, 2008). All ten participants emphasized

empathy as an integral part of hoping. Maria believed that it is the relationship that

healed and saw the importance of awareness as part of healing process. The focus for

her in the helping relationship was on empathy, genuineness, authenticity, and

awareness. Maria focused on the embracing human existence. Clara described it as

'the Rogerian part of me' and indicated that an empathic stance '[was] required in an

attempt at 'touching the shame' of a client. She went on to add:

P. The fact that the basic things we need are respect and unconditional positive regard...love, that is the word that I would use, and being genuine...if they can get that sense that someone is there for them, someone cares, it's a whole new sense of living for them'.

Many people will interpret those three features as being all accepting, and all forgiving, and saying how wonderful someone is, but it can never be that way in forensics'. He continued with, 'It has to be those features, the therapeutic relationship and never losing sight of the offense'. John indicated, as did Clara, that part of the empathic response is to 'help people find something to hope for'. John later highlighted the person centred premise of self actualization and change:

P. First of all it has to be important to us to change (pause). Again, I am going to try to avoid using 'religious' language. My interpretation of the world, of the universe if you like, is a movement towards constant improving, so I think that the system will fix itself...the impulse to live is an impulse to grow. But things happen to us and barriers get created. We get blinded by it, or we get hurt so badly, we get so focused away from that...I think if you can help people recognize the importance of [change] progress can be made. People want to change.

Thomas presented an empathic response to mental illness:

P. I also recognize that some of them are truly mentally ill, and there is no cure for their illness, there is only management for their illness.

Elise referred to how empathy within the helping relationship can be empathy that is extended to society and introduced the concept of 'societal hope':

P. It's everybody, it's the system, and it's the public...it's everyone's responsibility. If you are helping someone, if you are helping the inmate understand more some of the stuff that is making him tick, then you are taking care of everybody. You are taking care of the system, because institutional adjustment usually gets improved, and you are also working with society so I don't see them as necessarily separate.

Elise spoke of how empathy began with 'trusting your instincts and of listening to the self':

P. Like anywhere you work, you have to trust your instincts, but in corrections you have to even more. So if you are not feeling comfortable, even if there are no obvious signs you have to listen to that. You get to listen to that little voice a lot more than maybe

other places where I would have worked at the time. I think policemen probably have the same thing, like you don't...your brain computes so fast that it doesn't have the time to tell every little detail that you have noticed.

Morgan believed that her profession is really making a difference:

P. I see guys that have turned their lives around. And worked really hard, and I believe there are many men who no one else...well, people don't hear about it in the news paper that will never go back to jail or create more victims. And I think... And I have seen, you know, guys over the years who will phone up and drop a line and let me know how they are doing, and they are way past their sentence and are doing very well. And some of them too, post sentence, are doing some things where they are really giving back to the community so they are working with the John Howard Society or they are working with offenders, or they are volunteering and doing things that sort of make an amends for what they have done.

All participants spoke of nurturing humanness as part of an empathic response. John indicated that it was important to reach a person's humanness 'especially with adolescents' with something as simple as asking the client about their situation 'and I find that 9 times out of 10 they will tell you'. No matter what, there is a person there'.

John admitted, 'Sometimes of it is very difficult to find the humanity in what they have done, the bad behaviour they have committed, [and] the heinous offences in some cases they have committed. Clara spoke of the importance of the helping relationship in terms of if, 'after a session when it has been a genuine real session, it is a sharing of two human beings'. Elise found that, 'if you approach people that way, they have more of a tendency of listening to what you have to say' with Isabel supporting this premise 'and the people who can do that well, tend to do very well in this environment'. Isabel cautioned, 'if you start in and realize that you are afraid, and are not able to cope with that, then you end with screwing up an assessment'. Maria also stressed the importance of seeing the client as 'part of an infinite whole' that includes extended family members, for 'a person did not make his way into prison on his own'.

<u>Helpers living compassionate awareness</u>**.** Compassion is part of a network of closely related terms of an orientation of self towards other. Compassion is closely related to kindness, generosity, nurturance care, and altruistic love. Such an affective state gives rise to helping behaviours not based on reciprocity, gain, although such benefits may be present (Peterson & Seligman, 2004). Compassionate awareness refers to a fundamental unconditional quality of presence, wakefulness, and receptivity to all that human beings share. The term is not to deny the existence of greed or aggression, or evil and suffering, but points to a basic human quality underneath this phenomenon (Wellwood, 1983/2000). Compassionate awareness was referenced in seven of the interviews. Elise indicated, 'There is one reality of working with corrections, is that you always have to be aware. But it's also a simpler game because you know that there is always something going on'. John specified that he pays attention to what is around him' but finds that 'what is around me has an awful lot to do with what is in me'. King indicated the job requires a presence of mind where, 'Now when I walk in, or when I go somewhere I look at the reaction of people and how they look at me'. King indicated that it could be 'as simple as saying good morning...the fact that someone acknowledges the person's existence'. Clara accepted that 'To work within the system, it requires an awareness of self' that supports 'not be responsible for the change that takes place for the client':

P. Most of the guys that have been successful have come to a place through various means. I am not their saviour, or anything like that. I am just another person in the journey for them. But they have to come to a place in their own selves where they don't want what they are doing. They have to make that decision...that... 'No more'.

Isabel went even further to say, 'Because at the end of the day, if you really want to change you just do it. I allow that to be the individual's decision'. Greg added, 'And

you go through this experience and you wonder did I do anything so called worthwhile?

Did I just talk them through one crisis situation in their life, or did I save their life or...did I

do all of those things?' Clara expressed being able to find compassion for the self

through the use of mantras:

P. One of mine is: This is not the end of the world. Can I live with this, it's not wonderful...but yeah...Do I want to get into that, being upset for three days...for something that is not going to change whether I get upset or not. What are you going to grow? Are you going to grow this evil stuff or are you going to grow kindness lovingness. Wherever you put most of your time and energy, that's the side of you that is going to grow.

Elise expressed compassion in acknowledging that 'everybody is kind of in a

different spot'. Greg indicated that 'compassion exists for him on a primary level as self

talk'. Clara indicated, 'You know if they can get that sense that someone is there for

them, someone cares, it's a whole new sense of living for them'. Clara agreed that

sometimes 'one does not know what impact one is having'. Isabel specified that in

order to work in a forensic setting you cannot be afraid, because if you are 'you can't do

the work properly, either you end up screwing [up] their assessment, and saying the

guy isn't so bad in the hopes the guy won't kill you... Sometimes people don't think they

are afraid, but they get in here and they are, and it affects their clinical judgement...the

truth is all your peers are coping well with it, that is why they are still here, and it can be

difficult to admit that the environment is unpleasant for you, that you are not comfortable

dealing with these people and that it's not your bag. Greg presented a caution to the

frontline worker, 'If you believe that people are horrible and terrible and all those other

things, then you are going to come to this job, treating people as if they are horrible and

terrible'.

<u>Helpers advancing humbleness.</u> Humbleness includes an accurate sense of one's abilities and achievements, the ability to acknowledge one's mistakes, imperfections, gaps in knowledge, and limitations. It also involves openness to new ideas, contradictory information, a relatively low focus on the self while appreciating the value of all things (Peterson & Seligman, 2004). The quality of humbleness permeated throughout all ten interviews. It was evident in participant - colleague relationships as well as participant – client relationships. Thomas was humble in his approach toward his work, "I try just to do my work and get my work done. My work being the treatment I do with the offenders or my stuff I do with the people around". These words express a very simple and uncomplicated approach. The following account highlights the humbleness and honesty with which the participant engages in his work:

P. I got this call from [person's name] that we had a man up here that was trying to kill himself, so kind of hopeless and helpless. So I here I am... what am I? Twenty-two years old with a BA in Psychology, right, Mr. Sigmund Freud of the city. So I go up and meet this fifty years old something male. I start talking with him, and, 'Well, let's sit down and talk'. So you know, this idea when you start talking to people trying to grasp onto something... Is there anything sort of to build on, anything to, does this person have solid ground anywhere? So you start off: "Who are you?", and you know, "Do you work? – "No I haven't been working for...years", or whatever, and "Do you have family?-"No... I am an alcoholic, nobody wants anything to do with me".   "Have you been in for treatment?" –"Oh, well you know probably about forty or fifty times". "You know the Detox and all the follow up programs?" I am twenty two years old and I am supposed to find the reason for this man to live?

So here we are [standing on the street], wondering what to do, so I turns back to the old church again. I have my friend, a priest who is at the church, and so I said "Well, geez do you want to come down and talk to the priest down at the church?"-"O.K." - At least I was getting something...something out of it. So I mean what do I do, I mean this is over my head, and at least hopefully my chaplain, pastor friend ...at least he'll help us out somehow. We walk down to the church. I knocked. I rang the doorbell, and of course I ask the housekeeper's name, and I ask, "Is Father around?" - "No, he is at the church" - and I said [to the client], "Well you know, do you want to come in with me, or do you want to wait here?" "I'll wait here". So I went [to the church] looking for the Father, and it took probably five minutes or so, and when we both came out and he [the client] was gone. And you know what the terrible feeling was? Is that I was so glad to see him gone. It was really kind of one of those... when you are faced with the

impossible...That you want it to go away. It's because, it was that you really felt that you had nothing to offer. I had no answers for this person...and I never heard from him again. So why am I still thinking about that? Because it does have an impact on you. We can go in with our little bag of goodies...that we are going to make a change in people's lives or an impact on the world, and you find out that not everybody is on the same page. That, our ideas about what 'so called help is' is not what people... People have tried it and it didn't work... that stuff didn't work on that person...whatever people offered...That man was at a very gloomy part of his life. He was alcoholic; had an addiction. He wasn't in any form of recovery, which probably caused him to be disconnected from his family, disconnected from life in general. How do you spend your day? Then you end up to a point of saying..."Well... maybe he was tired of all this stuff, and wanted to end his life. You have success stories but you also have failures. You learn from your failures as much as from your successes. Just like saying, "Oh yeah I helped this person, you know we got them to the hospital and they were happy"... a good feeling story, and... "Isn't that wonderful you are well suited for what you are doing"- and then you go on...On the other side are also your failures and sometimes the failures are worst than the successes because they kind of remind you that you are not all powerful... and life is not always tidy. I am probably just a little bit more sceptical about solutions. Sceptical does not mean cynical. It's sort of like saying, well if it works that's fine and if it doesn't it's sometimes expected.

Isabel had a humble and simplistic way of describing her work:

P. I tend to be a very simple kind of thinker. I am not...I always laugh...OK, this isn't quite true...people think that I am very bright...I am not convinced that I am that bright...but I think what I do is that I bring things… do the bits very quickly...so I don't get burnt out.

Clara expressed that 'even when clients do choose to change their ways ...I don't take credit for it. It's totally their decision'. During the interview with John, I equated the presence of humbleness to being 'special'. Here is the response from the participant:

P. (Long pause). I am a little bit uncomfortable with that thought. I guess because I work with people, socialize with people, or have known people that have a sense that there is something special about them. That makes them...it tanks at some point. And I don't want to give into that temptation. But on the other hand, I do realize that I have some abilities, or skills or gifts that people over the years...actually my wife is almost continuously telling me. And the reason why that makes me uncomfortable is that I don't want to be one of those people that I have experienced that have that sense about themselves.

In the end, the presence of humbleness manifested itself in a sense of incredulity and marvel at their work in the profession, and feeling fortunate that they are able to

continue to do the work that they do day in day out, each treating their experience with a sense of awe and adventure.

Helpers inviting metaphor. A metaphor is an idea that tickles the mind. It is a comparison that creates a relationship based in imagination (Greene, 1995). Metaphors have a direct line to meaning and are often concrete and sensory and therefore have an impact on emotions (Johnson, 1980). All participants frequently used metaphor to describe their experiences of hopefulness. In the following account, a participant spoke of hope in terms of the metaphor of 'lightness' and 'darkness'. When in his darkest of despair, the participant had a conscious awareness that if he could 'just hold on long enough there would be light at the end of the tunnel'. He spoke of how experiencing this conscious thought continued to support him in engaging clients:

P. I see why people might say it is dark, but I don't personally see that it is dark. And I have always had...well, always had an unspoken expectation. I don't know expectation is too strong a word...just an unspoken...I have always had a positive view. I just have, since the time I was born. I don't know where that comes from. In my darkest hours I have always been able to see. I have always been able to at least recognize that if I just hang on long enough there is light around the corner. Even when I haven't been able to see the light...there have been times...There has been a time in my life when I contemplated...I actually contemplated and thought about how I would accomplish suicide. And once I had the plan all worked out... I didn't see much light at that particular time in my life but I just, but I just had this...I don't know if it was conviction or expectation, but it was a conscious thought that 'Well, if I just hang on long enough... there will be light around the corner...there will be light at the end of the tunnel'. It has always been there. And I think it really strongly informs my interactions with clients, and inmates. I don't know if they pick that up or not? It enables me to engage people, who other people might see as a hopeless cause...on a personal level, on an empathic level. And I never experience the people that I work with on inter-personal level as though my expectation is that they are hopeless. And I, you know, my sense is the people that I am indirectly with, convicts/offenders...at some level must notice that. The fact that I am interested...and I listen to them no matter how angry they may be...I listen to them first. And I think it is because I always went into those situations looking for where that person was hurting and trying to touch them there. I always went in with my eyes open, NOT only for potential danger because you are trained to do that, because when you are on the emergency response team you are trained to do that. You are coming in

with all the security concerns in mind...but I sort of went in looking for the person. I just, you know, you go in, I look the person in the eye, and say 'What's up?'

John spoke of adjusting to the pace of his work in metaphorical terms:

P. If I am in a race I want to get ahead of that boat, but in order to get there, there are hundreds or decisions that have to be made. There are plans that have got to be made, but you have got to be able to make those plans and yet drop them in a split second, and make another plan, because the weather condition can change, the wind can change, the current can change, the other boat can get in your way...you know. So just constantly always planning ahead and adjusting, planning ahead and adjusting...and always having to be present, and having to anticipate...I am a person who very much lives moment to moment in the present. I understand what your other participant is saying, you know, about the forward leanings so to speak, but that is not how I experience it except for the fact that I certainly, I don't invest a lot of time or energy in whether or not there is going to be a tomorrow, but I certainly expect that there will be a tomorrow, without giving it another second thought. And I expect that what it is that I had set out for myself to do tomorrow, I will do tomorrow.

Clara described 'offenders tend to be among the biggest underdogs' and that she had always been 'a champion for the underdog'. Another term that worked for her is 'the wounded healer' and of 'being broken'. John used 'the light' as a metaphor for hope, 'I think given enough light. I hesitate to use that term because it seems so campy, and middle-age. We come to a place where we become aware of that choice. The choice made; we may never in our life be aware of the fact that we have a choice for a long period of time. Circumstances reach out to make us aware that given the right opportunity we choose the light'. King described his hopefulness in terms of 'It's just who you are. You can't, you can't do anything different. It's not like it's a tank of gas where you eventually run out of gas, it's just the way you are. The tank never goes dry. If in this profession you do not have a hopeful disposition, then you have to convince yourself that you have one'. For Morgan it was creating a 'shell' within the helping relationship, for a 'shell reflects light in dark place. Another of the participants described trying to avoid 'whip and a chair' social work opting for a more humanistic

approach to working with clients. Greg described the challenge of balancing his

workload as, 'When you are trying to drain the swamp, and you are up to your ass in

alligators it is a hard thing to do....we're the face, you know it sounds like we are the

poster child...we are the face of the organization so we need to maintain a hopeful

disposition. Morgan described how she is challenged to manage the gray in a society

that demands black and white responses. Within the search for a 'black and white'

world, Isabel responded with a word on ethics:

P. I mean I am not on the ethics band wagon, I think that has gotten completely out of hand. BUT- in correctional psychology, ethics is one of the things you deal with a lot, and that we talk about a lot and I think that is important. Because usually there isn't a right and a wrong answer, there is just a whole bunch of gray. And you have to pick a gray that fits...That is keeping in mind the psychological principles but that is also keeping in mind the environment. I think to work for corrections you have to be able to do a lot of 'gray'. You need to be able to kind of see people for people... not [for] what they do.

Greg spoke of how frontline workers each have their own 'toolbox' and that

clients come with a 'backpack'. Elise described the therapy in terms of a 'mirror':

P. The way I describe therapy to guys is I am holding a mirror and it's your responsibility to tell...I am holding the mirror, and you have to shave. I am holding the mirror and it's your responsibility to tell me, like hold it a bit higher, lower, a little bit to the right, to the left. If you cut your throat because, you can't see yourself in the mirror, it's your fault. So, you had better tell me where you want me to hold that mirror.

Six participants referenced the importance of locating a 'hook' with the client. It

was this idea of searching for just a little something that could begin the process of

hope. The hook was a connection that permitted both the frontline worker and the client

to participate in an exchange; an open line of dialogue from which hope could flourish.

Isabel put it this way.

P. In the sense, in speaking with the client if there's been that little thing...that...you know, that if something were to happen and you needed to meet with them, that they might be willing to talk to you because at least they acknowledge your existence.

Elise talked about how music interests could serve as a hook in working with clients. For Thomas that little hook was the word 'prick': 'Whenever [the client] was being a 'prick' I could say, "Give your head a shake, you are being a 'prick'. And, it worked'. Elise talked about moving beyond 'having the short end or the long end of the stick' in order to connect with the client:

P. Well, when an inmate starts saying, 'You did this, you did that'. If you spend all your time saying, 'I didn't do it', you are wasting your time and your energy. You need to hear what they are saying and acknowledge them for what they are saying, 'O.K. so you feel like you got the short end of the stick' or whatever and then you get them talking, but if you start defending corrections, if you start defending yourself... you are not connecting with them.

<u>Helpers sensing and making use of humour.</u> Humour is often easier to recognize than to define. Humour involved playful recognition, enjoyment, and/or creation of incongruity and typically proves time and context specific. Humour was composed of a cheerful view of adversity that allowed one to sustain a good mood with the ability to make others smile or laugh (Peterson & Seligman, 2004). The use of humour during the interviews was infectious and pervasive though often a situation is only humorous to those engaged in the interaction. The humour can often be lost in the translation. Following are excerpts of humour situated within the interviews. Directly from the onset of her interview, Elise injected humour with, 'You have to know that this [interview] is part of our retention and recruitment initiative (laughter), indicating that while I would be interviewing her, she would be trying to recruit me. Elise related that the day that she cannot laugh 'is the day that she will move on':

Morgan commented on how the forensic system almost demanded a type of humour in order to survive, 'The system is an incredibly rigid system to work in so you

have to have a sense of humour, or you know, I think you would go nuts…' . Morgan

differentiated between the various offenses in a humorous manner:

P. Some are kind of 'Mickey Mouse' offenders.   It is kind of a word we use around here: property offenders, break and enters where there is not a sexual component, where there is no violence. Some of those we get because they accumulate enough offenses that they finally get to federal time.   But those would not be the ones that get referred to us.

Another participant made reference to Friday's:

P. When I started working, I would...kind of worry...you know, because Friday's there is Friday at a quarter to four...And you know, I would be going home and nervous and, 'Oh, I wonder how that is going to go'...and finally I thought I am not going to survive this business, if I do this... It is not my decision, it is their decision, and as long as I've done what I can, the rest is completely out of my hands. So, yeah, I don't ascribe to anything that I have done (laughter).

    Isabel commented on how frontline workers rib each other about how they all get

divorced and that the reason why 'our relationships are all so shitty is that we work in

prison'. Isabel also commented on how report writing had changed for her over the

years:

P. You will notice in forensic reports we never say anything (laughter)...we have a lot of 'mights', 'perhaps', 'it appears', 'it's possible', 'it's likely' (chuckle). It's kind of as far as you go (chuckle) because you know that there are a million other reasons why a certain situation might be so...and one of the things that I have noticed about 'newbies' that come into the forensic psychology field is that they are much quicker to say, 'Well, absolutely! Guy is bleeding because guy wants to die...period, it's clear.

    When I asked Elise about her thoughts on criminals, she coyly answered, 'The

ones that get caught or the ones that don't'. And John with 'black humour' on the

nature of the social psychopaths:

 P. One forensic psychologist… discussed [how] there were successful social psychopaths.   He said, "They make excellent defence lawyers, homicide detectives, and CEO's in large companies" (laughter). Depends on how you look at the picture. In some situations, psychopathy is rewarded (laughter)...perspective.

Morgan perhaps summarized the idea of how to use humour within the context of her work, 'Laugh more than once. Laugh at the cases, but laugh about when we get stuck and laugh about the sheer magnitude of what we are dealing with sometimes'. Laughter may well be the best medicine. All ten participants used humour in their personal lives and in their work. A good sense of humour seemed integral to a hopeful disposition and was cited as an important quality for working in forensic settings. The Canadian Correctional Service marks 'a good sense of humour' as one of the desired qualities when hiring psychologists. One participant put it best when he said, 'It is important to not take yourself too seriously'.

Helpers acknowledging spirituality and religiousness. Four participants made reference to the spiritual realm. One participant related 'spirituality helps you to maintain your level of hope':

P. I think it's from a spiritual realm. That we are broken human beings but we are redeemable, so...and I don't think it takes... a visible, accepting...the God I know, in their lives. There are other routes of where people can find what I would call redemption. Everybody I see is made in God's image. So if these are all God's creatures...and God wants us to have all the goodness that he has created for us, we all have to work with the shadow side, all the stuff that pops up...the abuse, the victimization that happened to most of these guys...Now how are you going to deal with it? Is it fair? No. Is it reality? Yes... I mean let's deal with reality.

Another made a point of not talking about religion while in session with clients:

P. The personal side is that I am not very religious...In a forensic setting what happens is that guys jump on certain band wagons. 'O.K., I want you to let me out', so in order to get out I have to say '..dadadada'. And the line in forensics is, 'I am now a Christian. I now believe in God. I have changed my life. I go to church'. You will get that from every client that you see, and of course it is unrelated to re-offending. It also gets tiresome because for most people it is not true. Religion is often used that way so I don't go there. I don't talk about it. I don't integrate it.

It was perceived prior to embarking upon the research that spirituality and religiousness would play a large role in someone who possessed a hopeful disposition.

In actual fact, participants more often than not tried to keep the concept of hope separate from the concept of spirituality and religiousness. Only one participant spoke of how religion was a large part of her life, and actively made use of religion within her practice. The majority of the participants were like Elise, who as a rule did not initiate/introduce spirituality and religion in working with clients. Elise was skeptical when client's became closer to God while incarcerated, and that 'coming closer to God' for the client was more about finding a way to get out of prison, than it was about spirituality and religious affiliation. Participants did not rule out the use of spirituality and religion within their practice, but often found that 'finding God' was less based in reality as compared to talking about hope which appeared based in reality as a general rule.

Critical reflection. Talking about hope and hopeful experiences seemed to generate hopefulness. This might explain why after each of the interviews I felt so energized and ready to take on the challenge of this research. Each interview invariably left me filled with hope. The stories shared during the interviews shifted from story of self to stories of having worked with clients. There was a sense of honesty and transparency about each of the stories and a sense of caring that ran deep in each of the participants.

The participants chose these stories to assist them in relating how hope might work for them in the helping relationship. Attention was given to what was talked about in the stories as well as to what was not talked about in the stories. What surfaced were stories filled with imagery as they worked to describe how someone with a hopeful position engages with the self and with the client. It is at this point that I set forth to gain further clarity into the major themes that arose in each of the interviews as a means by

which to reveal how the participants make use of hope in the helping relationship. Questions which arose for me as a result of the stories generated by the participants: How did participants go about choosing what stories to relate?   How is it that the participants chose to frame hopefulness in the context of these stories? What was the relationship between the being and the doing of hope?

What arose from a thematic analysis of the participant interviews permitted me to examine more clearly the complexities of hoping. I wrestled with the following questions: Based on the review of the literature was the experience of hope for frontline line workers any different than what had been described by others in the research literature? How does their experience of hope lend/add to the scientific communities understanding of hope. How does being a bearer of societal hope change the experience of hope? What does someone with a hopeful disposition hope for? These questions led me to further contemplate the nature of being and doing hope.

In line with this notion of the being and doing of hope, I continued to be captured by what Greg had to say about all human beings born into energy, warmth, trust, and hope. The idea of being born hopeful was a novel declaration. Being hopeful was not described in the context of 'either you have it or you don't', it was more alluded to in terms of something that all humans are born with and requires fostering. Hopefulness did not appear to exist on its own. It appeared to exist more as part of a matrix of experience.

Participants reported that the process of hoping was more present based than is reported in much of the literature. This is revealed in King's thoughts on hope being 'small and not very far away' Perhaps the present and the future are more closely linked

than first anticipated. That the future is but a half step ahead of the present, if that. As reported in Keen's (2000) research hope was linked very closely to experiencing change. Perhaps this is why I was so interested in hope in that it perhaps plays such an important role in the change process.

Role clarity was of utmost importance to the participants in the study. With each client, each participant reflected on their role in the helping relationship. It was also important to orient oneself to the feelings, thinking and behaviour of the client in order to establish a specific clinical orientation. Thomas described his work as being a lot simpler and a lot less cutthroat than working for some businessmen. To use a metaphor, the participants were required and were skilful at separating the black and white from the murkiness of grey. They worked between clarity and ambiguity in establishing themselves as someone who wants to help by way of using a 'curved ball approach as

some described it. The frontline workers who were successful at this were often more hopeful and less skeptical and less cynical. Mention was not made in this research of frontline workers who fell under the category of skeptical, and or cynical but each new of someone within their field of work who were less than helpful and held an inappropriate attitude toward their work. It was described that those who work in forensic settings, especially psychologists seemed to travel in packs as a means of support. This carried potential for both a negative tone as well as a positive tone to the kind of support that such a pack could lend to itself.

Six key factors permeated through the thematic analysis of the research as participants expanded on their use of hope within the helping relationship. What is

peculiar about these factors is that the application of these interventions is not uncommon in the work that helpers do with clients. In fact, they are referred too regularly in any counselling psychology program. How was the experience of hope as easy as simply doing good work or is it that the emphasis of their interactions needs to be on keeping things simple. One simply picks the tools that work. How is it that the exemplars of hope choose these? I began to examine how hopefulness was in as much about connecting with the client as it was about protecting oneself from the inhumanity of some of the crimes committed on the part of their clients.

New understandings developed as a result of analysing the data. The experience of hope within the context of the forensic setting involved the following ways of thinking, feeling, and behaving. Hope was feeling alive in the presence of another with a willingness to share in that felt sense. Hope worked to make a person's situation better than it was before. Hope was risky and challenging, and demanded attention, imagination and creativity. Hopefulness was a way of being; it was a habit that needed to be continually fostered. It existed as an entity when a person opened up to their present circumstance. Hoping was a search for the simple within the complexity of life. Hope was about going out to meet something that was not necessarily understood, and could potentially take the place of understanding. It could prove easier to hope than to understand some of the criminal behaviour that fell into the category of complete mystery. Hoping was a way of understanding the nature of crime and violence when not sure of its motivation. Violence did not have an explanation all the time, it just happened. Hoping was where you put your soul at hazard just enough to say 'O.K., I will become a part of the client's world. The frontline worker was often the holder of

hope. Participants described themselves as being awarded the responsibility of holding hope for society. While they were responsible for the treatment of clients, they also felt the responsibility to protect society from harm. This was the hope that safety could exist in a world of reoccurring turmoil. It was a hope that one could be protected from evil, and that goodness could prevail.

While this research supports that hope promises to deliver tangible human benefits, participants also expressed that hoping could lead people into self deception. Research from Buddhists and Stoics (Trungpa, 1983; Wellwood, 1983/2000) recommended that a person curtail hope rather than run the risk of hoping for something more than what 'is' as hope was described as an attempt to control what was not potentially controllable. In speaking with a colleague about my research, it was surprising to hear her say that people should in fact abandon all hope. Upon continuing with the conversation, she indicated that hope was too enticing. She argued that hope served only to displace an individual from the present, of what actually 'is' happening in one's life, that hoping served 'desire', 'wanting' and 'greed'. This belief was supported by two of the research participants who indicated that the concepts of greed and immediate gratification were reoccurring issues for clients that often impacted on levels of hopefulness.

Frontline workers who work in forensic settings described facing clients with some of the greatest turmoil who had the potential to end up the most dis-heartened. Within the helping relationship participants acknowledged how many of their clients were fearful of hoping, fearful of taking risks. The stories shared by frontline workers in this study indicated that many of their clients could not afford to take a risk, were fearful

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of taking a risk, let alone risk failure. The range of experience for the incarcerated

proved vast. For many of their clients being incarcerated was considered a mere

deterrent, for some a sign of failure, and for others it was considered home.

Participants indicated that some clients abandoned hope that life could be any

better than prison life. Clients were described as struggling between hoping for the

present and hoping for the future. Many of Chris' clients hoped to simply survive the

present, hoped to make the next drug fix, hoped to not lose their place to sleep on the

street, hoped to have a coat for winter. Many of the participants indicated that it was

difficult for clients to hope for the future when guided and guarded by their past, or

driven by their present circumstance. As a result, it proved important for the frontline

worker to accurately identify the nature of a client's time and context of hope. A

powerful example here is where King made reference to a client's hope of obtaining his

next drug fix. King had asked the client if he had the choice between having anything in

the world, and being able to take a handful of drugs from a bucket, which he would then

choose. The client chose the handful of drugs. King described the client as engaging

in 'cloudy thinking' as opposed to 'clear seeing'. King indicated that cloudy thinking and

instant gratification were the perils of hoping.

The work for frontline workers was to orient themselves to the nature of the

client's hopefulness and to build a compassionate hopefulness. Within the framework

of this research, it was generally considered that the ways of hope would lead to a

positive end. In light of the problems faced with regard to greed and immediate

gratification the idea of reaching a positive end could be skewed. For what if the end

that is hoped for is a criminal act? A client who is incarcerated is hopeful of getting out

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of jail, and will do what is necessary to obtain early parole (see spirituality and religiousness), just so he/she can get even with the officer who arrested him/her or the friend who ratted on him/her. A client could hope that they will be successful in their next bank robbery. A suicide bomber hopes to be successful - to further what they believe to be a noble cause.

The concept of hope and morality surfaced in discussions. At present there is no research which considers how morality influences the process of hoping? Acting in a moral manner is often as a result of loyalty to a preferred group. There can be fundamental differences in what is the morally right way to behave, Upon asking the question, 'What kind of person do I want to be?' the answer is based on moral judgment. Morality appears to create a slippery hope.

New questions surfaced for me to contemplate. For example, based on the review of the literature was the experience of hope for frontline line workers any different than what had been experienced by others? How does the frontline workers experience of hope add to the academic community's understanding of hope - does it rest in the being and the doing? How is it the so few of the participants made reference to psychopathy? How does being a bearer of societal hope change the experience of hope? What does someone with a hopeful disposition hope for?

Summary. The purpose of this chapter was to present the results of the current study. The results section explored the 'what' as in 'What is the experience of hope?' It then took the 'what' and considered the 'how', as in: 'How do the exemplars of hope go about doing 'what' they do? The themes that permeated the data juxtaposed against the review of literature illustrate both the simplicity and complexity of hope within the

experience of the frontline worker. What the reader will encounter in the following

chapter is a general shift in emphasis from what is typically encountered in the research

literature on hope. Whereas the research literature has a greater emphasis on the

thinking and logical sequence of hope, what the reader will find here is an opportunity to

consider new approaches in how hope can be envisioned as well as support for how

hope can be felt and experienced as is the case in some of the most recent research by

Jevne (2005), and Larsen, Edey and LeMay (2007).

Chapter 5

A DISCUSSION OF THE FINDINGS AND THEIR IMPLICATION
FOR COUNSELLING PSYCHOLOGY AND RESEARCH

This chapter will discuss and interweave what has surfaced from the analysis of the research with what is known about the topic and asks the question, 'What has been learned?' This research is an attempt at unveiling the experience of hope in frontline workers within a specific setting. It will examine the gaps in the research literature, review the implications and limitations of the research, and explore future research considerations in light of the findings. The use of a narrative methodology in the analysis of this research is based on the synthesis of interviews conducted with ten participants on the subject of hope. As there is no research directly related to this topic, comparison to related research proved difficult.

Findings. At the beginning of this research project reference was made to my masters research into the development of self through an examination of family stories, myths and secrets in order to present oneself more fully in the helping relationship. It was by weaving through the richness of stories and examining the context of my own personal being that I chose to directly experience myself, to 'shake my own tree' as it were, and come face to face with my developed patterns and obstacles. This, in an attempt to present oneself more fully during the 'exchange' which takes place within the helping relationship (Gendlin, 1962, Baumeister, 1997; Trungpa, 1993, Shaw, Westwood, & DeVries, 1999; Chodron, 2008). Out of what stemmed from my previous research, I became curious and set forth to examine how hoping factored into this

exchange process. In much the same way, the participants in this research made their journey to voice and worked to consider both the being and the doing of hope.

Most people intuitively understand that hope is important in their lives but are unable to describe, define, or explicate it (Keen, 2000). In this study, the word hope was ordinarily used for attitudes that ranged over a variety of scenarios from both the personal and the impersonal. The life of hope appeared capable of considerable complexity and simplicity. Whereas this research was first grounded in the definition of hope as set forth by Stephenson (1991), the results of this research point more in favour of research by both Nekolaichuk (1995) and Jevne (2005). Nekolaichuck emphasized the spirit of the hoping self as a key component of her research into the development of hopefulness. Jevne's research emphasized not only the spirit but also the work of the heart in building hope capacity. The results highlighted that hope required what was described as 'self regulation of the heart and mind' in the present. The challenge, as Chris put it so aptly was that "the distance between heart and mind can often be quite far". This is supported in the literature by Wellwood (2000) who went so far as to report that without heart, there was no hope. As such, the process of hoping seemed to also require a more specific and substantial emotional self structure than indicated in the in order for it to be sustaining than previously reported in the literature by Dufrane and Leclair (1984), Snyder,1995/2000. Based on this research it is very likely that an invitation to enter the heart can be found upon engaging in storytelling.

While recent research is increasing our understanding of the explicit and implicit nature of hoping (Edey, Jevne, & Westra, 1998; Edey, 1998/2001;Jevne, 2005; Larsen,

Edey, & LeMay, 2007) this research study serves to supplement the present scientific literature with a consideration of the 'being and doing of hope' which involves the active development of 'self in action with others'. There is perhaps a gap in the literature here, where much of the literature strives to address the doing of hope with little mention of the being of hope (Houghton, 2007). Nekolaichuk (1995) did suggest that hope tended to be experienced first inside the self then outwardly to others and the environment and previous research by Frank (2002) supported that hoping represented one of the ways of retaining identity and selfhood. From a methodological standpoint Clandinin and Connelly (2000) and Arvay (1998) pointed to the use of narrative inquiry as a means by which to incorporate the self in action.

Incorporating the concept of 'being and doing' came to fruition as a result of a serendipitous encounter with a former student during the course of this research. The story which follows came as a result of a conversation he and I had on the experience of hoping. During our initial conversation a comparison was made between the nature of the helping relationship and that of fishing which was a hobby of his. It was during this conversation that he approached me about his friend. Later that summer I received the following correspondence from the student where he addressed the concept of being.

<u>Gone fishing</u>

How are you? I hope you enjoyed the rest of your summer. I just realized that I never got back to you about the fishing trip with my friend. In case you forgot - I was planning to go fishing with a close friend who is ill with skin cancer. It ended up being an amazing weekend. In my head I had built up all sorts of expectations of what would be accomplished. You might say I had an agenda, I was hoping that I would offer some magical insight into my friend's illness that would change the course of his life. This of course didn't happen. What did happen was that we reconnected in an old way. We ate, fished and slept. It was great. There was no stress of 'what's going on with your

cancer? Are you trying this treatment? Have you spoken to this specialist?" And so on... I think my friend just needed someone to simply treat him as who he is, not a cancer victim. As for the fishing metaphor, I found that in building a relationship, the bond is forged in the BEING and not the DOING. Being with my friend was what needed to happen; I didn't need to DO anything. Same as in fishing, the pleasure and joy of fishing was in being out on the lake. I think once I had let go of my agenda, that's when things started to flow. We caught a bunch of cutthroat trout and we also had some great conversations. In fact 'Hope' came up a few times... In the end I feel that we became closer and had both each a deeper level of understanding of how much we love each other as 'brothers'. I'd like to thank you for helping me come this point of understanding. Hope all is well with you and your family on the 'other' coast (Smile, 2008, personal communication).

As revealed from the results, fostering a hopeful disposition pointed to certain ways of being within specific ways of doing. The exemplars of hope in this research appeared successful at hopeful being, which is different from hopeful doing. Hopeful being was described as a sense that one's own existence matters (Frankl, 1959/1984, Marshall, 2001; Marshall & Lambert, 2006). In terms of a metaphor, hopeful doing proved a much more black and white approach to the concept of hopefulness where an individual hopes for something, and locates the ways and means by which to accomplish what is hoped for (Snyder, 1994). Hopeful doing supports, validates hopeful being. It is very possible that hopeful doing can exist without hopeful being.

For the participants, hopeful being seemed to occur in between the black and white. Wellwood (1983) described this space as the open ground. Hopeful being developed from the capacity to organize his or her own bodily felt sense and locate the meaning behind the words or images a person chooses to represent that felt sense. Hopeful being originated from a compassionate stance focused on opening the individual to clear seeing. This is where one focuses on what one sees, where attention is on seeing as clearly as one can the way a client behaves and what the helper thinks and feels about being with him/her. Where the helper at first does not try to find

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meanings, make connections, or understand, but observes what takes place and how one responds. Wellwood (1983) first made reference to this sense of being within the context of the helping relationship during supervision with a trainee:

> In this supervisory hour, a common teaching focus came up, the helping relationship. Although we use this word glibly, few beginning therapists appreciate how meaningful this relationship is in the lives of their patients. Although they talk about it, they do not see the being together as a centrally important fact of the treatment, as are the moments when patient and therapists are together engaged in sharing the moment, beyond words, time, roles. These are the times where trust is developed, where there is a getting acquainted with a sense of being who you are, letting the other be, when patients learn they can be with another person and be respected for who they are, as is. They are the times that give us hope. Hope that we can find new possibilities in life.
> (p. 172).

Within the research reference was made to this feeling of euphoria experienced following each of the interviews. It was the feeling of not knowing what to do with myself, not knowing how to explain my emotional state. This eventually led me to creating representational artwork of the interviews as a means by which to express a felt sense of each participant in terms of their hopeful disposition. It is very possible that my expression of each interview was the participants' way of introducing me to hopeful being to which I needed the time and the means (art) to express the experience as the words to describe the experience were not at first available.

An analysis of the research interviews opened an exploration around specific ways of being that appeared to promote a hopeful disposition. As gleaned from the stories of participants the following values were recognized as ways of being: 1) acknowledging the complex reality of any given situation. It is not just bad people doing something to good people, 2) acknowledging there is no independently bad person, 3) not having a fixed view of oneself or anyone else, 4) that actions need to be in sync with

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intent, 5) accepting that the future is completely unwritten, 6) acknowledging that this is the situation now, and that it will change, 7) questioning one's own assumptions and the assumptions of others, 8) knowledge that there is interdependence that has brought a moment into being, 9) reflecting, straight talk about where this is going to lead, 10) coming to know the nature of the fear and pain thereby staying present with the restlessness and the rawness of its energy, 11) fluid thinking and clear seeing, 12) understanding of the intricacies of one's role, and 13) the presence of laughter. These ways of being permitted an open receptivity to the tightrope tension that exists between hope and hopelessness (Ruvelson, 1990).

If we accept the fact that exemplars of hope have a particular way of being, then the reader is asked to give consideration to a method by which a helper may choose to 'be' present with a client within that of the 'do'-ing. What the exemplars of hope profess in their ways of being directly impacts on their ways of doing with the client. This research proposes that the process of being with a client may revolve around attending to rhythms. What is meant by this is perhaps best described with a swimming analogy in order to expand on this concept.

When the pool is empty there is nary a sound and the water is calm, all I can really hear is the buzzing of the lights. Gradually, as a swimmer wanders or chooses to jump into the water the first thing that I notice is that it creates a ripple. Each successive movement by the swimmer creates successive ripples of varying effects dependent on the movement or stroke of the swimmer. Each successive rhythmic ripple dissipates. As each new swimmer enters the pool he/she creates his/her own series of rhythmic ripples. No two swimmers have the same stroke pattern; the

movement of a swimmer is unique to the individual. As more swimmers enter the pool, what begins to happen is that the ripples of one swimmer come into contact and begins to merge with the ripples of another swimmer. There develops what seems to be an unending series of rhythmic wave patterns. Depending on a number of variables (for example: the distance between swimmers, size of the swimmer, swimming skill, intent of swimming) the swimmer will need to determine how to respond to the wave. Environmental factors such as a lane marker can lessen the impact of a rhythmic wave pattern which in turn will influence how the individual swimmer chooses to respond or interact with the movement. The swimmer's interactions are constantly negotiated as they move about the swimming area, whether swimming up and down lanes or playing games. As the end of swim time approaches swimmers gradually make their way out of the pool until no one is left. For a short period of time the pool only entertains residual rhythms to the point where the water slows itself into a reflective lens of blue.

Movement in the water was creating a series of visible rhythmic patterns in the water (ripples); at varying intensities dependent on a number of factors, some known, others unknown to the individual. Out of the water the same can be said to occur whereby a person moves and therefore creates ripples (rhythmic movement). A person runs by us and it jostles papers on the table. Sounds make us move in a specific way. Commands indicate direction, movement. As with having to respond to wave patterns in the pool, the individual is required to interact with wave patterns within daily living, not visible as in the water though nevertheless felt and emotionally experienced.   As with motion, e-motion then creates rhythmic wave patterns that each person (if they so choose) contends with.

To continue with the swimming analogy, the stronger the swimmer one is, the better at staying afloat within the myriad of rhythmic wave patterns encountered in the water, or throughout the span of a day. Moving through, adapting to and transitioning between rhythmic patterns is a skill that the frontline workers within this study continue to successfully manoeuvre on a day to day basis. This is not to say that exemplars of hope always manoeuvre external and internal rhythms successfully, but perhaps they are better aware of how they are faring in negotiating these wave patterns and can therefore respond more accurately. Of being able to anticipate the present and potentially look ahead as to what rhythms are reoccurring; anticipating what rhythm will play out. Not having to work from memory, and therefore creating an aliveness to what is in the present. This leads me to suggest the likelihood that living a balanced life is a myth, and not possible. In fact, attempting to lead a balanced life may prove detrimental to living the kind of life that is sought. The individual may well be hoping for something that cannot be achieved, hence the paradox. (As I am writing this, I am thinking that I am not quite sure what a balanced life would look like if I saw one). It is very possible that the desire to live a balanced existence could then prove to be overwhelming. A potentially more hopeful approach is a life based on acknowledging that our interactions with self and other requires an individual to respond accurately to the movement of rhythms; adapt to and transition between wave patterns. It is very likely that each person resonates at a particular rhythm depending on both internal and external factors. In speaking with a doctoral student in physics about this rhythm theory, he suggested a research scenario whereby it would be interesting to consider measuring whether emotions sound a certain way (moods can be measured in terms of

a heat source) and elaborated on an experiment that could be conducted. To facilitate this process, perhaps the individual also needs the ability to parley the spaces in between the rhythms. That space is where it is quiet, where the closest motion to silence exists. It seems appropriate to use a metaphor to describe the process of hopeful being given the prominent use of metaphor by the exemplars of hope in this study. While it is a way to conceptualize the experience, it is undoubtedly just one way to understand the nature of hopeful being.

It is suggested in the literature that the basic work of health professionals, and psychologists in particular was to become full human beings and to inspire full human being-ness in people who feel starved about their lives (Johanson & Kurtz, 1991). This research posits that 'being-ness' is an inner act which is consistently marked by an observable set of behaviours. Gendlin found that successful clients intuitively focused on very subtle and vague internal bodily awareness which he termed 'felt sense'. Johanson and Kurtz (1991) suggested that helpers constantly make careful judgements about what is happening or can happen in order to encourage growth in human being-ness. Gathering a felt sense of the exemplars of hope for this study enabled me to experience the nature of their hopeful disposition. Felt sense is not the same as emotion and not necessarily of something that will be expressed in words; it is often a not yet articulated knowing. Drawing and painting have proven especially useful in developing a felt sense of a person (see Appendix 10). The research literature indicates that a felt sense can take place in all manner of processes.

Taking a narrative approach to gathering stories permitted a conduit from which to engage in the being and doing of hope. There is recent support from the literature for

the use of storytelling in the pursuit of hope (Houghton, 2007; Jevne, 2005; Larsen 2006). Participants reported that sharing stories through the interview process increased their level of hopefulness, and served to clarify and validate their hopeful lifestyle. These results seem to suggest increased use of narrative strategies in developing a sense of hopefulness with helpers and clients in forensic settings. This finding also supports Larsen's (2006) view that hope is most likely narratively constructed. Participants (some for the first time) were provided with an opportunity to examine specific habits which assisted in manifesting and maintaining hope. Though there is support in the literature for the study of the habits of hope (Shade, 2001) there is no mention of the habits that generate hope for frontline workers or health professionals in general. Each participant during the interview process spoke of how thinking and expressing one's sense of hopefulness proved hope building. They described how taking time to reflect on the work they do, and how they 'did it' proved 'refreshing and enlightening' and served to build a hope inventory. Retrieval of hopeful memories also appeared to promote and increase a sense of hopefulness.

Based on this research, building a hope inventory appeared to benefit from a period of incubation. There was a six to nine weeks break between the first and the second interview. The majority of the participants indicated that this period of incubation awarded them the opportunity to reflect on the nature of being an exemplar of hope. Participants also reported taking this time as an opportunity to take inventory of their experience and practice of hope, and to verbalize their stories of hope from the past, present, and future. The majority of the participants indicated that their respective working environments provided time for reflection both on their own and within

supervision. Participants indicated that in many ways, working in the forensic

environment was a much simpler undertaking compared to experiences in previous

occupations. This is in direct contrast to Senter's (2006) research with correctional

officers and Parker's (2004) research with correctional psychologists. Both reported

that participants experienced significant levels of stress and burnout in their respective

environments.

The ends of hope were never merely future possibilities, nor even meaningful

future goals, but future goods promising improvement relative to the immediate present.

Participants also suggested that the hoping that one does be evaluated according to

overall desirability of intent as grounded in the present. If we hold onto the premise of

hope being more present tense, a challenge to the research community might be to

further inquire into how factors such as instant gratification and greed influence hoping

in the present. Support for hope being more emotionally present tense and less future

based is more in line with recent work originating in Canada (Nansook, Peterson,

Seligman, 2004; Parker, 2004; Jevne, 2005; Larsen, Edey, & LeMay, 2007). The action

of hoping was in working within the present and being clear as to one's present position.

It was noted by some participants that the future was perhaps too far away. One hoped

for a future in the present based on the reach of one's agency at a particular time. It

was acknowledged that within the reach of one's agency there existed a place of

uncertainty within hoping which carried the risk of failure (Gelatt, 1989).

The research pointed to the act of hoping as both an individualistic activity as

well as a shared activity. For the frontline worker, hoping did not appear to exist on its

own. It existed along a continuum and was developed within a matrix of similar

concepts. It did not exist without movement in thinking, feeling and behaviour. Hope could not lead to a hurtful end. Hope was not desire, nor was it just good planning. For when the individual felt that their hope was depleted, hope bonds with others could lead to a resurgence of hope. It is the idea of leaning on, or connecting with another, whether another person, a higher being, or an object that represents hope for the individual. This is in keeping with Larsen, Edey and Jevne's (2005) 'hope bonding', and Shade's (2001) 'hope scaffolding' whereby the participant proved successful at creating pockets of hope invested in certain areas of a person's life   This is also similar to Jevne (1991), and Turner's (2005) work on building a 'hope collage' where metaphor, image, and story can be stored and referenced in connecting with an individual's sense of hope.

The analysis of the data provided insight into the means by which each participant approached their work with clients within the context of their hopeful disposition. Participants made hope happen firstly through various simple courtesies: The use of words like: please, excuse me, thank you, you're welcome, good morning and good night could work wonders in building a hopeful relationship with clients. Being courteous was couched in questions where the frontline worker worked to recognize the positives in clients and colleagues, where their interactions appeared to be based on strengths rather than weaknesses, based on what was possible as opposed to what was not. These simple courtesies seemed to be the beginning stage for establishing a felt sense of the client, and a means by which to gauge further interactions with the client.

From the analysis of the interviews eight themes were identified as part of the doing of hope. These were: establishing role clarity, incorporating empathy, living compassionate awareness, advancing humbleness, inviting metaphor, sensing and making use of humor, intent of spirituality and religiousness. The eight themes will be examined together with the literature.

It was emphasized on a number of occasions during the interviews, the importance of establishing role clarity; being very clear; very 'black and white' about roles and responsibilities: What actually 'was and was not' the position of a frontline worker and that it was not their responsibility to do someone else's job. A strong adherence to role clarity and attention to detail was attributed to the impact of decisions within the system. The participants spoke of working in an environment where not only was role clarity required, but a tolerance, perhaps an appreciation for how individuals interpret and choose to deliver their role. Not having a fixed view of one's role, yet having an understanding of role in process. Participants trusted that others knew their roles and did their part in supporting the roles of others and particularly sticking to their own.

It was suggested that while role clarity was partially about making sure the paperwork was clear and concise, it was also about only taking responsibility and ownership of what was within one's control. Participants emphasized the necessity of role clarity in remaining hopeful about their work with colleagues and clients. They attempted to stay within the confines of their position, not overstepping their bounds This is supported in Baumann's (2004) work on the similarities and differences in hope experiences and Houghton's (2007) research on the experience of hope in depression.

With each colleague and client interaction there was an opportunity to ask the question, 'What is my role in this situation?' and with that clarity feeling confident in formulating a response to a situation, or offering an opinion, recommendation, or intervention. Role clarity provided a groundedness from which to work. Establishing role clarity was compared to the act of take a step back, or a step sideways (see working sideways, and reference to Amundson's slingshot analogy) in order to quickly assess a situation in terms of 'what is my role here?'

Mentors and supervisors aided in defining role clarity and assisted in frontline workers adapting to change within the environment. Clara and others pointed out that not all frontline workers had a hopeful disposition, which may sound like an obvious statement, but a useful one. It was likely that upon the advent of cynicism, hope often disappeared. It was the contention of several participants that over emphasis on reality often led to cynicism within the workplace.

The variety of experiences and years of experience of the frontline worker appeared to be a factor in the development of a hopeful disposition and on the clarity of each participant's role in the system. All ten participants possessed a resume that was far reaching into the field of the helping profession. This information (work experience/years of experience) was not known about the participants prior to acquiring signed consent for participation in the research. It is very likely that variety of work experiences added to their understanding of role clarity. All ten participants had experienced other occupations, with four participants working not only in the forensic setting but in the community setting as well, citing that working within the field of forensics alone was (in the words of one participant) 'too much of a crazy maker'.

There is an absence of literature on the influence of years of experience on levels of hopefulness.

The research also reported incorporating empathy, living compassionate awareness, and advancing humbleness among the skills contributing to an overall sense of hopefulness for the participants in this study. This was evidenced by their ability to have an accurate sense of one's abilities and achievements; the ability to acknowledge one's mistakes, imperfections, gaps in knowledge and limitations; a relatively low focus on the self or the ability to forget the self, as well as an appreciation of the value of all things and the many ways that people can contribute in the world. The research also indicated that one was required to train both patiently and compassionately with life stories. This type of 'doing' provided the means by which to touch what participants described as the underlying restlessness of life events. If one trained with the little things, then one promoted the same humour, lightness, and perspective to promote a greater hopefulness. For instance, when John was out boating he was staying still and relating to the underlying restlessness, rawness of the present moment, bringing the mind back to its state of flexibility, curiosity, openness. When Maria was singing she was reaching into the stories of the past and with simple sounds brings them forward into the present. When Greg wrote music he told the tale of the simple things that made life worth living. Each person was waking up to oneself time and again where the mind becomes more flexible, reasonable, unprejudiced with the acknowledgment that injustice exists in the world, as well as cruelty and harm. Whereas the literature strongly recognized the importance of empathy, compassion and humility in establishing a healthy therapeutic relationship, there was no reference to

their importance to the process of hoping. Empathy, compassion, and humbleness were reported upon as valuable character traits (Peterson & Seligman, 2004) and linked to effective therapeutic outcomes (see Rogers, 1967; Egan, 2008) yet no research was available on how these traits play a part in the hoping process.

Another pattern that surfaced through an analysis of the data was that participants made a point of inviting metaphors in their descriptions of hope. These images seemed to provide for a broader access to both the helper's and the client's stories of hope that words alone sometimes could not permit. This is supported in the literature in a recent study where participant's photographs of hope were used for research interviews. These photographs were described as conduits of hope where participants could explore hope beyond the use of words (Turner & Cox, 2004). The use of metaphor in the process of hoping is supported in the literature (see Ackerman, 1997; Bunkers, 1999; Jacoby & Keinan, 2003; Baumann, 2004;Larsen, Edey, & LeMay, 2007). Sensing and making use of humour - along with wit, fun, nonsense, sarcasm, satire, and irony usually refers to a cognitive style of dealing with adverse situations by finding them amusing. While humour in this research is described as a positive trait, it darker side is sometimes neglected. Though positive psychology is more interested in benevolent humour, several participants participated in dark humour as a mean by which to deal with some of the 'craziness' of the environment. Participants stressed the importance of laughter in the work setting. Making use of humour allowed the person to 'not take himself/herself too seriously' and in turn not take situations too seriously. This applied to working in minimum security settings and on into maximum security settings. While there was an abundance of literature on laughter and humour, there was an

absence of this theme in the research on hope as it relates to the forensic setting. Research on humour was most often referenced in the medical literature, specifically pertaining to its impact on illness (Beck, Steer, Kovacs, & Garrison, 1985; Herth, 1990; Darlington & Scott, 1999; Jacoby & Keinan, 2003).

Humour is best experienced in the first person, it often requires being in the situation and cannot be successfully related to another person because 'You just had to be there'. In some of the examples there are so many nuances beyond the mere words. Some who read the results section might ask, 'Where is the humour?', yet to be present for the interviews and to later transcribe the tapes, one experienced the importance of humour to the work that frontline workers do. Humour was a survival tool, a means by which to work with others (clients and colleagues), and to offset the stress and the incomprehensibility of some criminal behaviour (dark humour). Making people laugh served a useful therapeutic tool because it served as a 'hook that creates a path' with many clients. To laugh was not about laughing at someone, but to laugh at situations. The intensity and sometimes 'craziness' of their workload, coupled with the 'craziness' of therapy made for humorous situations in an otherwise critically serious environment. The use of humour facilitated the frontline worker's ability to 'work sideways', to stay in touch with a person's humanness, for when laughter was present there was hope, and a potential for further growth in hopefulness. When someone could laugh, the individual was experiencing the 'here and now'- the present (Levin & Regine, 2000). Humour proved so important that it served as a marker as to whether they would continue in their position. Six participants indicated that when and if they could no longer laugh at work, they would move onto another position.

A finding worth further exploration is the presence of a 'Duchenne' smile on the part of all ten participants (Ekman, Davidson, & Friesen, 1990). This is where the emotion of frank joy is expressed on the face by the combined contraction of the zygomaticus major muscle and the orbicularis oculi. The first obeys the will but the second is only put into play by the sweet emotions of the soul. Fake joy and the deceitful laugh cannot provoke the contraction of the latter muscle. Research indicates that the muscle around the eye does not obey the will, it is only brought into play by a true feeling, by an agreeable emotion (Duchenne,1962). Whether experiencing hopefulness is somehow linked to that of having a Duchenne smile is beyond the scope of this research, however it does prove an intriguing question.

Four participants spoke of the impact of religion and or spirituality on their level of hopefulness. It was perceived prior to embarking upon the research that spirituality and religiousness would play a large role in someone who possessed a hopeful disposition. In actual fact, participants more often than not tried to keep the concept of hope separate from the concept of spirituality and religiousness. Only one participant spoke of how religion was a large part of her life, and actively made use of religion within her practice. The majority of the participants were like Elise, who as a rule did not initiate/introduce spirituality and religion in working with clients. Elise was skeptical when client's became closer to God while incarcerated, and that 'coming closer to God' for the client was more about finding a way to get out of prison, than it was about spirituality and religious affiliation. Participants did not rule out the use of spirituality and religion within their practice, but often found that 'finding God' was less based in reality as compared to talking about hope which appeared based in reality as a general rule.

This pattern in the research is contrary to what is reported in the literature and may be a condition of the forensic environment. The research literature is replete with references to the influence of religion and spirituality on hope (see Sutherland, 1994; Snyder, 1994; Pipher, 2003; Wang, 2000).

Keeping these eight thematic patterns in mind, participants appeared to be incorporating these patterns of doing in their work with clients in a sideways fashion. This notion of working sideways appeared to be a method that assisted in attending to a client's rhythmic patterns and prompted the building of a supportive and hopeful relationship. To explain, this method consisted of approaching the client from an angle and working alongside the client which in turn appeared to increase the likelihood of connecting with the client. Working alongside the client promoted the collaborative nature of the helping relationship and helped to honor the client as a human being. Approaching the client from the side took into consideration the idea of physically approaching a person, or a situation from an angle. This particular approach appeared to assist frontline workers in assessing criminal mindset and intention (eg. Secondary gain - what the client had to gain from engaging in a relationship with a frontline worker), developing hooks that created a pathway into hopefulness.

Limitations of the research. As with any research, it is important to acknowledge research limitations in terms of topic, as well as design, methodology and research findings. In terms of the topic of this research, limited familiarity with the study of forensics or with forensic settings may prove a limitation of this research. I have sought to develop an informed approach to working in a forensic setting based on my interactions with participants, researching the existing body of literature, attending and

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presenting at a conference pertinent to the criminal justice system. This, was with the intent of writing from an informed position. In terms of the design of this study, the selection procedure and sample group may have led to a predominance of particular constructs of hope. As the construct of the study is based in positive psychology, the overall tone of the results is very positive. This supports the overall emphasis of the research, as it is very likely that exemplars of hope are very positive by nature. It is also acknowledged that at times the research stretches the limits of what is deemed a helping relationship, and what it means to counsel by definition as frontline workers interact with clients on numerous levels. With reference to methodology, narrative research serves as an open invitation to enter into the storied lives of its participants, and assist the reader to come to a deeper understanding of its research topic. Narrative research by design is typically limited to a smaller sample size. Whereas a small sample size allows for the richness of thick description, it also limits the generalizability of the research. Narrative research is not by nature a process that can be generalized to a greater public, nor does it make an attempt to do so. It does not speak on behalf of a certain group of people, but successfully relates their experience. It is a means by which to observe what is known about a topic and to apply that which is known to a setting or context, and examine what surfaces as a result. It is not the goal of this research to make global generalizations about frontline workers with a hopeful disposition. Narrative research allows for the elements of a research question to emerge through dialogue with its participants. It accepts the researcher as an integral part of the research process and serves to examine the interactive process between the researcher and the participant, provides an opportunity to examine the growth of an

individual as a result of the research, suggests how hope might develop and be maintained for the frontline worker, and as part of the helping relationship. This narrative research does not depend on developing truths about hope, or about its exemplars of hope. It attempts to analyse a group of individuals who have been identified as exemplars of hope and brings forth the way in which they present and make use of hope in their work. I have attempted to write honestly, analytically and critically on the reflections of each participant and the manner in which the research has had an impact on me. Through a process of memo and journal writing, I was able to regularly check my own opinions and beliefs on the subject of hope, allowing for the analysis and discussion of the research to emerge from the raw data. As a means of checks and balances it was important to have other researchers analyze several of the interviews so as to ensure coding regularities.

Whereas the participants had a wide range of experiences, it might also prove valuable to focus on frontline workers who work with a specific clientele; psychopaths, sex offenders, or who are spending life in prison. A focus on specific clientele in forensic would serve to further examine the similarities and differences in how mental health professional work with hope.

Implications and future research considerations. The purpose of this study was to explore the experience of hope for frontline workers who counsel in forensic settings. This study deepens an understanding of the hoping process by presenting a series of findings for consideration by the academic research community and the consumer. It also serves to promote thought into future research opportunities that

could serve to further enhance an understanding of both the implicit and explicit nature of hope.

The voice of the consumer is increasing in prominence in both the practice and policy areas of mental health (Houghton, 2007). It is evident from this research and in the literature reviewed that a need exists for more open communication with the public on the work that takes place in forensic settings. Public perception of forensic setting is still clouded under a form of mild secrecy. A certain mysticism still exists as to how people work in this type of setting. This research has served to shed light on their practice and hopefully dispel some of the mysticism.

The research into hope and the counselling process is in its early stages (Larsen, Edey, & LeMay, 2005, 2007). Research at the Hope Foundation at the University of Alberta has begun to explore in session interactions and the experiences of client and counsellor in order to better understand how hope is experienced. Edey, Larsen and LeMay (2007) continue to spearhead research into the implicit and explicit application of hope in the helping relationship. The concept of implicitly and explicitly 'thinking about hope' as part of a treatment plan with clients requires further exploration as the loss of hope is perhaps at the foundation of many clinical symptoms (Peterson, 2007, personal communication). Given the results of this study, a further expansion of this research might include how hope is influenced - perhaps even dependent, on rights and privileges, as rights and privileges often afford the individual both opportunities and resources to hope in different ways. This line of research could shed light on the nature of hope from a global perspective, given that rights and privileges vary so greatly around the world.

Based on the results of this research, by engaging in the telling of hopeful stories one is able to witness and isolate hopefulness and gauge the influence of hope on present day living. With this in mind, further usage of a narrative methodology in the study of hope might prove useful in continuing to make the act of hoping more explicit. Such an undertaking could lead to discovering whether clients have a baseline of hope. Participants reported that clients did not necessarily believe in the idealistic notion of the 'sky is the limit', or the old adage 'that anything is possible' so already there was a limit to their clients willingness and ability to hope. If one accepts the idea of a baseline of hope, that people may only be able to hope so much until such time as they can do otherwise, then the question becomes: How can research assist in exploring the possible ways to raise that baseline of hope? The focus of this research has been on the experience of the frontline worker. A further expansion of this research would be to interview both the helpers and their clients on the subject of hoping and on the subject of achieving a baseline of hope.

Though the positive psychology movement does not lay sole claim to the importance of positivity in people, the pursuit of positive psychology approaches in working with clients in forensic settings in that 'what is good about life is as genuine as what is bad' and deserves equal attention (Peterson, 2006). The use of a positive psychology approach towards mental illness offers opportunities to examine the influence of hope on the well being of the frontline worker as well as the rehabilitation and recovery of the client.

Given the findings of this study, future research could further examine the impact of building capacities in other positive psychological resources such as wisdom,

courage, faith, and optimism which have been linked to hope and whether building capacity in these areas would hold true across cultures. Studying hope across culture can only serve to further expand the scientific communities understanding of the hoping process and how hope influences health and well being.

The research suggests that it is essential for frontline workers to reflect upon their own narrative stories (Parker, 2004; Kuhl & Westwood, 2002) of hope as these stories have the capacity to influence meaning and levels of hope in the helping relationship (Bloch & Singh, 1997; Body-Gendrot & Gittell, 2003). The therapist's internal image and attunement to the patient's hope is essential to recovery and healthy emotional growth (Parker, 2004).

In light of the strategies referenced used by exemplars of hope in this research, further development of short training interventions which facilitate positive talk and build on the enhancement of hope capacity for participants through facilitating cognitive, emotional, and behavioral adaptive processes. Further attention to the manifestation of hopefulness in the clinical interview could prove useful in developing clinical interventions.

Further research into the nature of hoping for inmates serving different sentences would further serve to consider the context of hoping and would serve to expand the research communities understanding of hopefulness. For instance, does someone who is serving a life sentence hope in a different way, for different things, and in what ways are they vulnerable. If frontline workers are to address client hope then there must be an acknowledgement that vulnerabilities can take on different forms, and that taking advantage of, or ignoring, these vulnerabilities can impact on a client's ability to hope.

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An exploration of the influence of morality of the process of hope could serve to expand the scientific community's understanding of hope. No research is presently available on this topic. A study into what ways one's moral compass guide hoping could provide insight into the good and bad choices made by those who are incarcerated.

Within this research it was revealed that frontline workers feel as if they are the beholders of societal hope. How society may rest its hopes on frontline workers to keep them safe and protected from violence is an area which has been understudied. The concept of societal hope as it pertains to this research seems to place an onerous responsibility on the frontline worker. To use a metaphor, it is where the hero has been bestowed with the light of hope, and as long as the frontline worker keeps the flame lit there is hope that clients will be rehabilitated and not recidivate.

From a constructivist standpoint, there is a need to explore the conceptualization and influence of hope on components such as gender, age, culture, and socio-economic status in forensic settings. This type of research might serve to better understand how hoping is influenced by instant gratification and greed and in turn how this might impact on criminal behaviour.

Critical reflection. Parker (2004) indicated that clinicians who practice in an agency or clinic setting have been found to experience greater levels of distress and emotional exhaustion relative to those in independent practice. Issues that continue to have an impact on the level of hopefulness expressed by the frontline worker include: size of caseload, frequency and duration of client contact, exposure to traumatic content, resistant behaviours and severe psychopathology.

Those who practice in an institutional setting experience even greater levels of stress (Senter, 2006). Increased institutional stress may be due to variations in the helping relationship, severity and complexity of mental health condition, and environmental work conditions where supervision is not available. Yet this is not the expressed experience of the frontline workers in this study. Each expressed having a supportive working environment. Is it therefore possible that building and maintaining a hopeful disposition serves as a buffer to distress and emotional strain/burnout? If the team that is assembled to offer services to clients is such that it reflects a hopeful disposition then perhaps it is better at weathering variance and stress. One participant in particular spoke about how he worked at not adding to someone's burden, trying to leave a meeting better than he first entered, and taking on a courteous, appreciative inquiry approach to his work (Cooperrider, 1995).

Each of the participants related being successful at attending to several factors which impacted on a healthy relationship with the self, the other, and the workplace environment: fulfilling their physical, emotional, and spiritual needs, taking time to play and laugh, developing supportive personal relationships, taking time for self exploration, and participating in personal therapy (Pearlman & Saakvitne, 1995; Bourgon & Armstrong, 2005; Cicone, 2003). The research also supports building professional 'hoping' strategies to have balance and diversification within clinical practice, building professional connections and participating in clinical supervision (Sutherland, 1994; Pearlman & Saakvitne, 1995;Elliot, 1997; Senter, 2006).

Concluding summary. The exemplars of hope in this study have been inspiring and energizing. They seemingly possess an almost mysterious power from the perspective of those who might find hopefulness all too illusive. A hopeful orientation helped to define how each participant responded to the trials and transitions of life and work.

The participant's 'horizon of understanding' (Gendlin, 1962) was both determinant and in-determinant. It was a position that allowed the individual to transcend the present while it was being experienced. Hoping involved a complex sense of open time, imaginative space, and meaningful possibilities for action. It provided each participant with an opportunity to move towards 'goodness', but with no guarantee of it. A person with a hopeful disposition was perhaps more interested in creating therapeutic movement within the helping relationship with an openness to its potential for change. An analysis of the results suggested that a sustaining hopefulness could be approached by coordinating and mutually reinforcing specific orientations as guided by individual experience.

Hope resources seem especially needed in this day and age. An analysis of the literature on the role that hope plays in developing today's human resources for performance improvement is on the verge of occurring. As with the frontline worker who must care for the needs of the self along with the needs of the client and society, if hope can be developed as a human resource to help in better coping with and working with others in any environment on a daily basis, then hope has considerable power that needs to be recognized.

Careful attention to the development of hopeful abilities should be the task of people at all levels of society. Within this research, movement has been created within the being and doing of hope that spearheads new conversations and research into the ways in which we hope throughout our lives and in our work.

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Informed Consent

HOPE AT WORK: THE STORIED EXPERIENCE OF HOPE FOR FRONTLINE

WORKERS WHO COUNSEL IN FORENSIC SETTINGS

Principal Investigator	Dr. Norm Amundson, Professor and Faculty Advisor University of British Columbia Department of Educational & Counselling Psychology And Special Education (604) 822-5261
Co-investigator	Stillman Jacquard, Ph.D (student) University of British Columbia Department of Educational & Counselling Psychology And Special Education

This research is being conducted as one of the program requirements for Stillman Jacquard for the Doctor of Philosophy (Ph.D) degree in Counselling Psychology at the University of British Columbia. Upon the completion of the research the results will be documented in a dissertation that will become a public document in the library at the University of British Columbia. The results of this research may also be published in appropriate professional and academic journals.

Purpose
The purpose of this research is to provide frontline workers who counsel in forensic settings an opportunity to describe their storied experience. The research will also allow participants to discuss their stories of hope and to take into consider how each participant preserves and maintains hope as a professional.

(Continuation from page 144)

Procedure

This study will require two interviews using an open ended question format. The first of the interviews will take approximately 1.5 hours to complete and will consist of introducing the participant to the purpose of the study and obtaining signed process consent. Participants will be asked to describe their experiences of hope and how these experiences have affected their work and the nature of the therapeutic relationship. The first interview will also collect demographic information about the individual participant.

The second interview will be 1.5 hours in duration and will be comprised of a review of the categories discovered by the researcher. Each of the two interviews will be tape recorded, transcribed, and coded to ensure confidentiality. Upon completion of the study the tape will be erased. Your total time will be approximately three hours in duration within a three to six month period.

Confidentiality

Any information identifying individuals participating in this study will be kept confidential. Only the doctoral student (Stillman Jacquard) and the dissertation supervisor (Dr. Norm Amundson, principal investigator) will have access to the research data. Upon signing the informed consent you will be given a code number to ensure that maintenance of confidentiality. Participants will not be identified by the use of names or initials in any reports of the completed study. Research data (interview transcripts, researcher notes) will be stored in a locked filling cabinet at the home of the doctoral student during the duration of the study. All computer files will be password protected. No confidential information will be collected or exchanged via email. Upon completion of the study, a copy of the research data will be stored in a locked filing cabinet in the research office of Dr. Norm Amundson on the campus of the University of British Columbia.

Compensation

There will be no monetary compensation to participate in the research study.

Contact for information about the study

If you have any questions or would like more information about this study, you may contact Dr. Norm Amundson, Principal Investigator at (604) 822-5261 or Stillman Jacquard at (604)-822-9260.

Consent for concerns about the rights of research subjects

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw from the study at any time without prejudice. Your signature indicates that you consent to participate in this study and that you have received a copy of this consent form for your own records. Thank you kindly for participating in this study.

Participant Signature   Date

_____   _____

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Initial Telephone Contact Script

My name is Stillman Jacquard and I am a doctoral candidate in counselling psychology, working on my dissertation. I am conducting a study to learn more about the experience and preservation of hope for frontline workers in forensic settings. I am looking for volunteers for the study. The study involves a tape recorded interview 60 to 90 minutes in length and completion of a brief demographic questionnaire. The interview will be conducted off site, on personal time, and does not involve questions specific to the institution or the Department of Corrections. Who on your staff may be interested in volunteering.

I would like to telephone you or your designate within ten days of receipt of the written information to answer questions and to obtain the names of potential candidates

Thank you for your time and assistance.

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GUIDING INTERVIEW QUESTIONS

1. Few people have access to a forensic setting. Could you please describe a typical day for you as a frontline worker.

2. What do you think are the characteristics of a frontline worker?

3. How do you know when you are hopeful with a client?

4. How do clients perceive hope?

5. How do clients perceive you as a frontline worker?

6. How does your environmental setting affect the work that you do?

7. How do you experience your work now as compared to when you first started in your profession?

8. Has your view or philosophy of hope in your practice of working with clients changed since working in a forensic setting?

9. How do you feel you are perceived by your colleagues?

10. In your workplace, what helps you through the difficult times?

11. Is there anything else about your experience of hope that others should know or understand?

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INTRODUCTORY LETTER-PROFESSIONAL COLLEAGUES

Dear Prospective Participant:

My name is Stillman Jacquard and I am investigating how frontline line workers who counsel in forensic settings maintain and preserve hope. This research will be documented in my doctoral dissertation in support of the completion of my Ph.D in Counselling Psychology at the University of British Columbia (UBC). The results of this research will be housed in the UBC library and will be made available upon request.

I am seeking adult volunteers. Each volunteer will be asked to participate in two interviews. The first interview will be 1.5 hours in duration, the second, will last for approximately 1.5 hours. Both interviews will be audiotaped, transcribed, and provided with a code number to ensure anonymity and confidentiality. All participants will be asked to use a pseudonym. All tapes will be housed in a locked filing cabinet at the University of British Columbia. Upon completion of the study each of the tapes will be erased and destroyed.

The purpose of these interviews is to collect information about how the hope is a factor in the development of a helping relationship. The first interview will collect stories of hope and how these stories have served to preserve and maintain hope for the participant. The second interview will be to review the ways in which the information gathered has been organized and to ensure that the documentation accurately reflects the experience of the participant. It is my sincere hope to give voice to your experience of hope within a forensic setting. Your involvement in this study is voluntary and you may decide to withdraw your participation at any time without prejudice.

Only those individuals who contact me for more information or choose to participate in the study will become known to me.

Should you choose to participate in this study, or are seeking further information please contact me at 604-822-9260. I can also be contacted via email at stillman.jacquard@ubc.ca. The principal investigator for this project is my dissertation supervisor, Dr. Norm Amundson, who can be reached at 604-822-6757.

Thank you in advance for your consideration.

Yours truly,

Stillman Jacquard
Ph.D (student) Counselling Psychology
University of British Columbia

Faculty *of* Education

Department of Educational, Counselling Psychology and Special Education

Follow Up Contact Letter

Dear _____:

      Thank you for agreeing to participate in my doctoral dissertation research. entitled: Hope at Work: The storied experience of hope for frontline workers who counsel in forensic settings.   The study uses an interview format which will be conducted on personal time. All interview data will be held strictly confidential as per the Ethical Principles and Code of Conduct of the Canadian Psychological Association.

      As we discussed your participation includes a 60-90 minute audio taped semi structured interview and completion of a brief demographic questionnaire.   The demographic questionnaire will take no more that five minutes to complete. An additional follow up interview will be necessary to complete. I enclose the following for your review: Informed consent form, bill of rights for participants in psychology research, a blank envelop, and the demographic questionnaire. Please bring the completed demographic questionnaire sealed in the envelop provide to the interview. As agreed, we will meet on (date) at (time), at (name of place) located at (address).

      If for any reason this appointment needs to be rescheduled, or should any question arise before (date), I can be contacted at (number).

      Should you have any questions in the interim, please feel free to contact me at your earliest convenience at 604-822-9260. I can also be contacted via email at stillman.jacquard@ubc.ca. The principal investigator for this project is my dissertation supervisor, Dr. Norm Amundson, who can be reached at 604-822-6757.

      Thank you for your participation, and I look forward to meeting you.

Yours truly,

Stillman Jacquard
Ph.D (student) Counselling Psychology
University of British Columbia

APPENDIX 6

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RECRUITMENT ADVERTISEMENT

Stillman Jacquard is conducting his Ph.D. dissertation research in Counselling Psychology investigating the experience and preservation of hope in frontline workers who counsel in forensic settings. Stillman is seeking adult volunteers who are willing to talk and share their stories their experience of hope.

For more information about this research please contact Stillman at stillman.jacquard@ubc.ca or 604-822-9260

Date

UBC

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RECRUITMENT POSTER

A study exploring the experience and preservation of hope in frontline workers who counsel in forensic settings

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The purpose of this research project is to provide frontline workers who counsel in forensic settings with the opportunity to discuss their stories of hope. This research will provide participants with an opportunity to share their stories of hope, and how these stories might serve to maintain and preserve hope for their work in forensic settings.

The principal investigators and supervisors for this research are Dr. Norm Amundson, Dr. Marv Westwood, Professors in Counselling Psychology at the University of British Columbia, Sheila Marshall, School of Social Work.

We would be interested in your experiences.

If you would like to participate, or would like further information about this study, please contact Stillman Jacquard, Ph.D (student) at
604-822-9260 or by email at stillman.jacquard@ubc.ca

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MAKING HOPE VISIBLE BY ESTABLISHING A FELT SENSE
OF THE INDIVIDUAL

Maria

We originally met in a coffee shop to discuss the possibility of having her participate in my research. She indicated that it was one of her favorite coffee spots. We discussed the nature of my research, confidentiality and the nature of the questioning. It was agreed that she would participate, and that I should contact her later to set up a mutually convenient time to meet.

She chose to meet at my office. She immediately took note of the décor - the wood, the smudging ritual of the First Nations individual in the picture frame, the aura of the room. She spoke on this day of how the energy of the room was conducive to her being present. She reiterated how she was more than supportive of this research endeavor, or any research endeavor for that matter. I had previously provided her with the guiding questions for the interview and indicated that I would make reference to the questions to make sure that I covered the required material; however it soon became evident that the interview would take on a life of its own.

At the end of the interview, I accompanied her back to her vehicle in the parking lot. The walk-and-talk very much felt like an extension of the interview. Walking created such a vibrant movement, and a greater passion of delivery. The conversation moved to that of the influence of family and community on hopefulness and the use of traditions, and rituals in working with clients in forensic settings. We arrived at her car, and she asked if I wanted to end the conversation with a song. She sang and I listened. She sang out loud at full volume. Her voice seemed to fill the expanse of the parking lot. Her song, the sounds reached my heart.

When I went to transcribe this interview I noticed that the recorder had not done its job or that I had failed to properly set it. In communicating with the participant it was agreed that a researcher's recollection would suffice. I would be allowed the opportunity to build a story from the recollection of my experience of her words and her presence. I set forth to document the experience from the point of view of the researcher. Our future meeting would permit the participant to verify my recollections.

<u>Felt sense.</u> Maria had all encompassing warmth. It was warmth that made a person feel that everything would be OK. She presented as if she knew something special, as if she was a part of something greater than herself. Perhaps an egolessness that permitted her to see others for who they were.

Clara

We had agreed to meet at her office. I had been walking around, looking for the building for what seemed ages. After circling, and circling I finally took out my map. With my head down, I walked for another half block only to have a bird from up on high torpedoed 'birdturd' directly onto my map. It dropped with such velocity, that for sure I would have been knocked out if I had been walking any faster (I would later learn that having a bird crap on you, was good luck). I delicately folded the map away, looked up and there was the building. Not being able to find it and then it appeared out of nowhere. No one would have known that the building was there.

For the most part it was just another building on the street; the kind that people just pass by. It was just another building that you never needed to gain access to, unless you had a reason for going. Clara worked here, but who knew. One would never have guessed the kind of work that took place in the building, nor would anyone have guessed the kind of person that would grace its doors. It was just there, which made following directions to find the building even that much more difficult. The type of situation when as a child you tell your mother that you can't find your jacket, only to have your mother tell you that it is in the closet, and having her express: "It was right under your nose". This building was right under one's nose, and that made it difficult to find. It felt like something was being hidden.

The face of the building was not noteworthy, the entryway had an ominous, foreboding feel, formulated in part out of a mix of expectation and anticipation of what was to come as part of the interview, and partly out of what I sensed was a deadness to the air, the sterile feel of seriousness. I walked through to the elevator, and I made my way up to the waiting room. The waiting room was not a textbook waiting room that you encounter at the doctor's office, or hospital emergency room. As the door to the waiting room closed I was greeted with a click- the sound of door locking behind you. This is where clients (and researchers alike) waited to be buzzed in, and then signed in as a security measure. There were a series of chairs perfectly aligned against the wall, a telephone, and then another door onto a glass enclosed booth. Two people were already seated in the waiting room, another was on the phone. I wondered what brought them to this location on this day.

Once the phone was free, I in turn placed a call to announce my arrival. The waiting room emptied, with each visitor making their way. Shortly thereafter, the participant greeted me at the door. We walked into a space containing a series of office cubicles where I was asked to sign in (and afterwards to sign out), and then an eerie walk down a long and narrow hallway barely the width of my outstretched arms. Attempting to compensate for the narrow hallway was a twelve foot ceiling. I was momentarily left feeling very closed in, with nowhere to run. It was not that the location was unwelcoming; it was simply that it had an air of seriousness, of order, of an awareness of the potential for something dangerous. From the hallway we entered an

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inviting and perfectly appointed office. The space immediately felt welcoming. Not simply by the ambiance, but by her presence. I told her about my adventure with the bird and showed her my map, she laughed, and the interview began.

Felt sense. Clara had a sense about her that made one sit up straight. She had a clarity of thought that proved enticing. She was funny, irreverent, bold, mercurial, sometimes difficult, and driven by aspiration. She looked and saw. She was an intuit. She offered an opportunity to explore how a person with a family manages the challenges of work and life. She had the ability to separate work life from family life, though one had a sense that it was a challenging work.

King

I was invited to his home to conduct the interview. This would be a new experience; an interview outside of the workplace. A quiet unassuming suburban street, a street for the upwardly mobile with big houses, well treed lots and manicured lawns. The architecture varied considerably from lot to lot, but blended well into the backdrop of trees. These were the homes of families who worked hard and enjoyed family time. It was the type of home that you dreamed about having when 'all grown up'. It was the type of home, the type of location where you felt safe. It was an area where you felt welcomed. The type of suburb that you would visit for Halloween, for you would surely score big. Where you might consider leaving your doors unlocked. Where you could walk to school if you wanted to, or there was someone who was prepared to drive you to school if you needed a lift.

I turned into the driveway. Parked were two vehicles- bold and brute-ish- the type that had presence on the road, the type that I preferred. The type that proved safe for children. The type of vehicle where you could rest more easily if your teen was driving. Not the most economical, opting for comfort and command over kilometres per litre.

Upon entering the home, I was greeted with a handshake and a smile and asked if I wanted a cup of coffee, to which I said yes. We sat down in the family room where a fire was burning, a cozy comfortable room that looked out onto the backyard. The type of comfortable where you easily fall into conversation about almost anything, where you feel at liberty to put your feet up and stay for awhile, and maybe later on take a nap. As he prepared the coffee, we did the traditional talk about the weather and chatted about current events; a recent murder in his small hometown which had yet to be resolved, the shooting of a police officer up north.

For the next hour and a half we would be the only two in the house. He would speak so clearly and so directly...so much so that it would excite my thinking, sending delightful shivers up my spine, and make me pause and reflect. He would keep me on my toes for the duration of the interview and invite me to challenge my way of thinking and to identify how I thought about things. He challenged me with different scenarios with regard to law and order, and did more than ask me what I thought, but also what I saw and felt. At times it felt as if he was interviewing me. A few times I squirmed.

<u>Felt sense</u>. King had a sense of dwelling. A sense that he had seen much, witnessed much and each time had risen to the occasion. He appeared hardened. He had a clear sense of right and wrong, of black and white. There was a sense that he had a personal responsibility to treat his clients with personal dignity. He believed in being polite: saying 'please', 'thank you', and 'you're welcome'. He understood the power of words to create movement and change.

Greg

I woke up in that morning not really sure if I had the time or even the day right. Was this the day that I was to conduct the research interview? As the time grew closer to the hour of the interview, I began to second guess myself and wondered if I might have misunderstood the date and time of our meeting. I did not recall having received a message confirming the time of the appointment from the participant, but I still made my way to his place of work. I trusted that I had done the right thing. The worst that could have happened was that I arrive at the door and I have the wrong time and date. 'What is the worst that could happen?' was a question that I often asked myself upon finding myself in similar scenarios where the outcome was unpredictable.

I was reasonably familiar with the location of his place of work, but had to pay close attention as I came to the address. There was no bright signage announcing its whereabouts. The office was not located at the front of the building, but on the side. A office space that you might not notice, nor would you have to notice unless you needed to go there. Parking meant having to drive through to the parking lot at the back of the building. I walked into a waiting room which looked out onto a glass enclosed office space. To speak with someone required orienting your speech towards a hole in the glass. It was the type of reception area where you wanted to be able to see the people in the waiting room, but you were also aware that you did not want to necessarily get too close.

No one was present so I simply sat and waited. I saw that I could press a buzzer, so I did. In a few short minutes, the participant opened the door to the waiting room and greeted me with a smile and a handshake, and asked me to come in. His office space had history. It was a space that reflected the work of a man who had been working within the system for a considerable time. Bookshelves strewn with books, certificates and awards, memorabilia, mementos and a picture of on his bookcase of his family home. The picture was of a farmhouse with rolling hills and land which extended from one end of the frame to the other. The picture now only serving as a memory, as he mentioned that the family home had been torn down. His desk reflected the amount of paperwork that was required from the system. This was the desk of a busy man who somehow managed to make time for me. The interview would have much laughter intermixed with all of the serious content. He genuinely wanted to share his thoughts, and I wanted to hear what he had to say. He was generous with his time. He put himself forward as if to say, "Here I am."

Felt sense. Greg encapsulated all that was uncertain about working in the field. For each participant that he referenced he presented a myriad of possibilities as to how the situation could be different. Within the complexity of his work he came across as a man with simple plans. He had a knack for finding the simple within the complex. He was the kind of person who one would simply enjoy talking with. He delivered opinions through story and song. He possessed a genuine love of life, and expressed courage and conviction about his work.

John

As soon as I sat down with John, I was immediately at ease. The air in the office felt spacious and welcoming. He expressed how much he was looking forward to meeting with me as he was interested in the research. With this particular interview I noticed very little of the office. My focus remained on the participant as if nothing else mattered. I do not recall what was on the wall, or what books were of interest to him. What I do recall is that despite the room being small; it possessed an abundance of space as if to say it was a container that could hold all of me and more. It was a space that was clear, quiet and unassuming. In fact, despite the fact that I used these words to describe the office space; the words would also aptly describe the participant. There was a quiet, unassuming assertiveness about him. The kind of assertiveness that often remained unnoticed unless you were fortunate enough to look him in the eye and begin a conversation. At times during the interview the emotional content of the interview was very moving and meaningful. There would be long pauses where I was uncertain as to whether I was going to cry. The interview did not feel as if it was emotionally draining, to the contrary, it was entirely uplifting. At the end of the interview he expressed how he was delighted to have participated in the study. He had made mention of the focus of the research to his wife, and she had responded that hope was right up his alley as he had a Masters of Divinity.

Felt sense. John reached me deeply as experienced by extraordinarily long pauses during the interview. They were pauses filled with an overwhelming sense of connectedness. He was compelling and possessed an overall sense of wellness and sadness. There was a tremendous sense of spirituality about him. He had a compassionate presence: the ability to evoke an atmosphere of love, forgiveness, and acceptance. He expressed a curiosity with regard to the questions being asked of him and was divinely reflective in his responses.

Thomas

I wondered at which bus stop to exit. Not being sure exactly where the location was, though I have my trusty map. On a hunch I got off the bus and I was soon on the way to a quiet unassuming street. I looked for the numbers on the building, and lo and

behold my destination is directly in front of me. The building was non descript though architecturally pleasant. I made my way into the lobby of the high-rise and asked for directions to the elevator. No waiting room, no buzzer to press. This time - no locked doors, and no security measures. This was an office in the community, tucked away in a high-rise. As I meandered through the maze, I sensed the atmosphere of the building as very progressive and intriguingly welcoming. In the end his office was easy to find. His door was open and he was in the process of having lunch. Everything about this office felt welcoming, bright and well lit. The decor: sharp and crisp. I had the feeling that if I went looking for something in particular in his office that I would find it. I had the sense that within this space that I would be safe, even for the short time that I was present. We spoke together as if I had known him for a lifetime, the time together felt timeless, limitless, the office space filled with a freshness, an optimism, a comfortable hopefulness.

Felt sense. Thomas drew hope from his past as well as from the present. Without going into too much detail he described his experiences of cruelty and prejudice, of pain and anger, and how each time he found the hope to move beyond his condition. He expressed a love for all who has graced his path. He saw the importance of separating the person from their actions.

Chris

He did not have an office. He worked on the streets; a floating context. To describe his space, one would have to say that his office was his heart. He developed helping relationships on his feet and on the fly. He worked with the homeless, with the sick, with the people who had committed crimes and were trying to make a go of it on the outside. With this interview I would note less of the environmental context and more of the person. I would gain a better description of him as a person than of the décor of the room. It would be an interview, where I would become completely engrossed with his message. There was an intriguingly compassionate hopefulness to this man. He was a man who understood community.

I sat with him in the living room with the television on and we chatted about the fact that the football game was on, but then we didn't watch too much football either of us. He let me into his life and talked about the work that he does. He said he returned recently from the Downtown Eastside where he had been speaking with the 'people of the street. He said that he spoke with them for at least ten minutes at a time. He told me that it was not uncommon to have to wash people's feet or to provide the people that he works with a place to sleep and or shoot up. He told me that parents are sometimes still involved with his clients. He indicated that parents often still have hope that one day their children/family members who live on the street will change their lifestyle. He said very matter-of-factly that one of his clients had recently passed away, as if it was not an uncommon occurrence. He talked about how it is not uncommon for people on the street to be fighting each other, and go in and out of jail. He said that on occasion someone goes to jail and succeeds in cleaning up their act. One particular homeless person had been so much in and out of jail that a news station approached the person to make a television cast about him.

He made reference to another client who has started a program called 'crime addiction' and we chatted about that in terms of how sometimes people do what they do best. I asked him about the age of the people who he works with and he told me that some people have been there for as long as twenty years referring to a particular prostitute. He related that it was not uncommon to be working with prostitutes who gave birth or have children while living on the streets. And then the children are brought into prostitution as well. He told me of a particular client for whom he had essentially lost hope. Another worker decided to give him a chance which appeared to have paid off. He had wondered if providing street people with a place to shoot up was a good idea, but said it appeared to be having a positive impact on those who made use of the facility. From his understanding, it had not made the situation any worse. He made mention of the fact that he often had to go to court to speak on a client's behalf. When asked if his clients see him as being the 'man'- being part of the administration, the other side, he simply said, 'No'.

The conversation became deeply personal, and he shared with me some of the trials and tribulations that had brought him to where he is now. When asked whether a person needs to experience some of the things that he has experienced in order to do the kind of work that he does, he came back with the line: "There are many different ways to educate the heart," stressing that, "Sometimes the greatest distance is between the head and the heart". He said that he has lived through a lot, and that he is familiar with the streets, but I did not push him further on the issue, letting him share just what he wanted to share. Throughout the entire conversation I was in awe of what he had to say; completely fascinated with his ability to simply have conversations with people. I felt so honoured by his stories.

Felt sense. He spoke of his heritage, of Sundance, and ravens, and button blankets; about ceremony and sweat lodges. I was genuinely interested in everything that he had to say. He encouraged me to learn more about my own Métis heritage. There were great long pauses throughout the conversation. He made me reflect on his words, and introduced me to the lives of street people. I asked if their lives would be any different if he was not working with them, and he said that his work felt purposeful. He indicated that he has been doing this for a period of eight years. I asked if he fell into the job, or if this is what he wanted to do be doing, and he said, 'Yes, this is what I wanted to do'. He is a man of great knowledge and wisdom. I sensed throughout the interview that he was as interested in me, as I was in him.

Morgan

The room was filled with laughter from the beginning. It added warmth to an atmosphere that was already welcoming. It was a workspace that reflected safety. It was a space that said, "This is serious work that we do here". She saw the value in the research and welcomed the opportunity to share her ideas about her specialized work.

She expressed feeling fortunate about the work that she does, and appreciated the opportunity to let me into her world of work.

Structure and order was the order of the day. Energetic, entertaining, a sense of gung-ho-ness, she was passionate about her work. There was a sense that she really cared about the work that she was doing. She expressed a belief that she was making a difference within the forensic setting. It was a belief that positive change was possible for the client. It was a sense of responsibility in being the best that she could be in working with her clients. She talked about how she truly loved the work that she did. She found the work challenging, tapping her creativity, imagination, and ingenuity. Safety and security were of the utmost of importance in every aspect of her work.

Felt sense. One truly had a sense that she wanted the public to know about her world of work. She also expressed what felt like genuine curiosity about hope and recognized the importance of hope in her field of work. She talked at length about if importance of understanding the nature of criminal behaviour. She also emphasized the valuable role of society in her work, and encouraged the general populace to view criminal behaviour from an empathic stance.

Isabel

The establishment where she worked was old. Despites needing repairs some would say that the building had character. It was a place that had been around for years. The building was situated away from everything else. Isolated. Ominous. She indicated that some wondered why she even chose to work there. She admitted to never really having plans to work in the field of corrections, but there she was. Over the years she gradually grew to like her work environment and relished in the unexpectedness of her work. She described herself as a true veteran of the system - being real, practical, and to the point. She was someone who could see through the 'shit' as she described it. With what appeared as boundless energy she expressed the importance of acknowledging one's limitations in this field of work. She sought clarity within her work and her speech. There was a wide scope to her thinking. Upon engaging in the interview she would draw from family stories, from her life in the system, in the various systems for which she had been a part of over the span of her career. She described how she had respect for her colleagues and the work that they did, and how she knew that she could rely on them for help and support. She described how within her work there was never a dull moment and this was a drawing card for her. She expressed a genuine curiosity about her clients.

Felt sense. In listening to her, she presented as wise beyond her years. Her experience in the field was vast and wide ranging. She expressed how not much was surprising in her line of work for she had grown to simply expect the unexpected, expect elements of craziness to occur. She spoke of meeting her clients where they were at, for her clients mattered. Though she expressed that sometimes she was not sure if the

clients mattered to themselves. She indicated that she worked with people who had committed some of the most heinous crimes; those who were murderers, molesters, wife batterers, drug addicts, sex addicts and so on. She was fearless in her approach to her work and her life. She valued hope over fear.

Elise

We were scheduled to meet in the lobby of the hotel at 6 o'clock. Only when I arrived was it brought to my attention by the concierge that this particular hotel was one of in a chain of four located in the city. I went to the front desk and indicated that I was hoping to meet a particular person, and that would the clerk kindly check to see if she was registered. I had lucked out in choosing the correct hotel. The clerk advised me that she was registered at the hotel.

I played solitaire on my PDA for the better part of fifteen minutes. I already had four Aces, when a person came to sit in the lobby. Was this the person that I was to meet? We had not given each other a description as to what we looked like, what we would be wearing, nor a code word to utter. It was not yet six o'clock. I continued to play solitaire and amused myself with the thought of espionage- how total strangers meet in a hotel... and somehow I knew that this was going to work. The person waiting in the lobby walked over to me and said, 'Excuse me, but is your name Stillman?' and our meeting began.

We would walk and talk on our way to a local restaurant, two of my favorite things to do. I lost track of my surroundings but still managed to find the way to the eating establishment. Each of us was open to where we would eat, each saying to the other that the other that s/he could choose (and I could not help but think that courtesy was one of the qualities of a hopeful disposition). We passed by a Mexican restaurant, and she mentioned Margaritas...and I said, "Let's go!"

The ambience of the restaurant created such a familiar feel, it was as if we had known each other for years. We not only spoke of our work, but we spoke of ourselves and our families, our beliefs, and how we got to where we were at.

Felt sense. What did I experience? A compassionate, thorough, critical thinker, with expressed genuineness towards others and a strong sense of the black, white and grey of life, a lively youthful voice, seasoned, and fully knowledgeable of the ins and outs of the system, a joyful presence mixed in with wit and charm, intelligence and savvy, and hope. People are sometimes described as a breath of fresh air. This was my experience of Elise. She was someone who could imagine beyond the scope of the immediate. One only came away feeling just a little bit better as a result of being in her presence and engaging in a conversation with her.

Faculty *of* Education

Department of Educational, Counselling Psychology and Special Education

MAKING HOPE VISIBLE THROUGH STORYTELLING

<u>Listening to the darkness</u>

I see why people might say it is dark, but I don't personally see that it is dark. And I have always had...well, always had an unspoken expectation. I don't know expectation is too strong a word...just an unspoken...I have always had a positive view. I just have, since the time I was born. I don't know where that comes from. In my darkest hours I have always been able to see. I have always been able to at least recognize that if I just hang on long enough there is light around the corner. Even when I haven't been able to see the light...there have been times...There has been a time in my life when I contemplated...I actually contemplated and thought about how I would accomplish suicide. And once I had the plan all worked out... I didn't see much light at that particular time in my life but I just, but I just had this...I don't know if it was conviction or expectation, but it was a conscious thought that 'Well, if I just hang on long enough... there will be light around the corner...there will be light at the end of the tunnel'. It has always been there. And I think it really strongly informs my interactions with clients, and inmates. I don't know if they pick that up or not? It enables me to engage people, who other people might see as a hopeless cause...on a personal level, on an empathic level. And I never experience the people that I work with on inter-personal level as though my expectation is that they are hopeless. And I, you know, my sense is the people that I am indirectly with, convicts/offenders...at some level must notice that. The fact that I am interested...and I listen to them no matter how angry they may be...I listen to them first. And I think it is because I always went into those situations looking for where that person was hurting and trying to touch them there. I always went in with my eyes open, NOT only for potential danger because you are trained to do that, because when you are on the emergency response team you are trained to do that. You are coming in with all the security concerns in mind...but I sort of went in looking for the person. I just, you know, you go in, I look the person in the eye, and say 'What's up?'

<u>The Breakthrough</u>

One particular case that comes up is that we had a kid that came into the youth centre for murdering his next door neighbour...a twelve years old with a shotgun. And...he eventually got placed on my caseload because he was being referred to the

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substance abuse unit. He came from an alcoholic family, and was already abusing alcohol at twelve years old. And the last I heard of this guy, he is in university and wants someday to be a youth worker. And...I remember the breakthrough...I saw it. Actually one evening I think it was...when he suddenly got the irony of the fact that his life was not headed in a positive direction...that his neighbour was dead...and if that had not happened he would not be where he is (long pause). He would still be at that point...a sixteen or seventeen year old boy living in a rural community who would probably be working in a fish plant because everybody was, and claiming unemployment when he wasn't, probably would have dropped out of high school, probably would not have made it to high school actually, would not have discovered that he was a natural athlete because he would never have picked up a ball before in his life, and that night when we were chatting the irony of that hit him...because we were talking about where he was going, and the fact that he discovered that he was a really good athlete, excellent floor hockey player, really good football player.   Once his brain was clear, he became a very good student with a lot of hope for himself.

Put a fork in a toaster

I remember dealing with this young guy. His father was in the navy or something like that. The marriage was kind of coming apart. He was kind of an introvert and I basically...to use some language, I basically thought the guy was an asshole. He was just kind of a pain in the ass. Asshole in particular...stupid like put a fork in toaster some morning, end his life, step on a rake or something like that. That is really terrible thing to say... but that is what I basically thought.   I wasn't sharing that with anybody, it was just self talk. Of course he ended up reoffending and he was probably on probation for theft or mischief or something minor, though not to the victims does it become a minor thing...so he reoffended and he probably got two terms of probation and I finally got finished with him thank God.

Ten years later, I am working late and I walk into a store. Who is there but this guy. He's about twenty five years old. So "Hi there Mr. [name], how are you doing? ...and "Do you remember me?"- "Oh, yeah...so how are you doing...?"- "Oh, not too bad"...-"I am working here for now". I knew that...He said, "Well, my mother and father got divorced and my mother remarried. She's happy and Dad is somewhere". So I kind of left it...kind of saying maybe, well you at least the guy got on with his life. I hadn't seen him for ten years. Hadn't been on probation, or anything to do with the law. And you kind of think you have that little thing 'Well, what do I know? Who the hell am I? What do I really know about anything?"

Now about a year or so later, I met him in a [policeman's office], and I meet him, and I say, "Oh God!" I got too excited too quickly. There he is in trouble with the law, and he says "Oh, no", he said, Mr. [name] is into properties and I am a supervisor for a company now, and I was in there talking to him about a contract...So, I kind of thought, well here you go...making assumptions right, you know you kind of think. 'Here I am trying to tell those young people to do the right thing and they won't listen to me..."

A question of trust

There have been a few that stuck with me, but one of them is a guy that has done 33 years in jail, he had been in the Pen and he came out...and...I ...didn't think

that he was ready for the street, but nevertheless he's out. And he had...no trust, but you know, was still hopeful. He had all of these aggressive attitudes, displayed them on the worksite and thought that if someone bumped into him, he should knock their head off. I had a lot of concern about him, which I raised with the parole officer. And he wound up getting in a relationship, which I also did not think was a great idea, but nevertheless he got into a relationship with a woman and he wound...he is back in jail now...wound up just sort of self destructing. Started using drugs again, and the woman that he was in the relationship with alleged that he was doing all kinds of weird sort of aggressive things, verbally with her. It was a guy I would say probably was not ready to be released...definitely not a success story...I am not sure, he is just so institutionalized...I guess he is just one of the guys who I am not sure what the release plan is for him...[what] a safe release plan would look like for him, because he has an incredibly violent history.

When in Hell

There was this guy who was involved, like he was part of Hell's Angels and all that stuff. Well, he got shot when he told them he was getting out of that. And everybody was saying what a difficult guy he was, and that he was such a rough guy. He looked like a biker, like you know he had tattoos everywhere...and we started working together. He had issues of childhood abuse. Actually, from some of the stories he was telling me, I thought, 'Man, he is actually doing pretty good!' Like I think I might have turned out worst than that! And, anyway, he is still out, and he is still involved in a situation with a social worker. He is working. He hasn't gone back to drugs, drug dealing and what have you. That is someone they had put an 810 on, and that was pretty cool actually because when I went to court and had to explain to the judge the impact. Because they wanted to know what he had done in counselling, and what have you. To see him, say you know, he was in tears, 'Because of [participant's name], I can do small talk'. 'And it's just like I can go to a party, and before I use to go to a party, cause before it would be talking who's legs are we going to break and all that, and that was my idea of small talk and now I can talk about the weather and I can tell people about my job and I can...'. That was touching. He stopped identifying himself as this big bad guy and he when started looking at himself at himself as a person. Like when he stopped looking at the role, and started looking at himself as a person, and trying to figure out well, I don't like this about me, and I don't like that about me. How can I change it? Like therapy is like...The way I describe therapy to guys is I am holding a mirror and it's your responsibility to tell...I am holding the mirror, and you have to shave. I am holding the mirror and it's your responsibility to tell me, like hold it a bit higher, lower, a little bit to the right, to the left. If you cut your throat because, you can't see yourself in the mirror, it's your fault. So, you had better tell me where you want me to hold that mirror.

Commitment

This happened just the other day, it was years ago I had a guy, a First Nations guy who was doing time for sex offenses, and he admitted that he had sexual intercourse with a woman but was saying it was consensual. But the police reports were indicating that it was pretty clear that it was not consensual. So we were at loggerheads about that, because he was not moving and I kind of wasn't moving. What

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he did do is that he went into the sex offender groups and he went into therapy and he looked at what his risk factors were for being aggressive with women, so really worked hard on that. So in the end what he really wanted to do, is he wanted to do substance abuse counselling with other men and I had some concerns. He just, really seemed committed to it and went to all this training and I guess I lost track of him about ten years ago. Then someone just went up to supervise an offender on the coast and he is now working there as a substance abuse counsellor and has a couple of kids, and works with the police on a couple of different projects, and is doing really well. It's neat to hear stories like that.

It begins with a dragon

It was a guy who was in his forties, start[ed] doing time when he was fifteen when his brother was shot in front of him. Started using drugs and was always coming back for drug use, and always had issues with drug use. And we talked about options and what have you and discovered that he loved to write. So, we...I got him to write me stories, so he wrote books. Hmmm....and because the first story was about this 'dragon' and basically he was providing, like as the stories were moving on you could see the insight he was getting into his own behaviour. And his...the changes...at first it's always external causes. Like the second and third little booklet he had written, it was internal. So that was really tangible. And, last time I checked he was still out of prison, which is like, considering in the past he had only been out for six months. And I haven't heard about him being killed by another, because sometimes it happens.

All I want

He was living on the street, and seemingly quite content. Family had tried over the years to help him...get him a home, get him to the hospital...get him some food, warmth...but all he wanted was a new wheelchair to get around. He was fixed on this idea. A new wheelchair meant mobility. He didn't hope beyond this. He had the means to hope for more, a supportive family in the wings, but saw them as being more in the way. Mind you the drugs were clouding his ability to hope clearly, but at what point does it become more about his wheelchair and less about what everyone else wants.

The hook and the haunt

I got this call from [person's name] that we had a man up here that was trying to kill himself, so kind of hopeless and helpless. So I here I am... what am I? Twenty-two years old with a BA in Psychology, right, Mr. Sigmund Freud of the city. So I go up and meet this fifty years old something male. I start talking with him, and, 'Well, let's sit down and talk'. So you know, this idea when you start talking to people trying to grasp onto something... Is there anything sort of to build on, anything to, does this person have solid ground anywhere? So you start off: "Who are you?", and you know, "Do you work? – "No I haven't been working for...years", or whatever, and "Do you have family?-"No... I am an alcoholic, nobody wants anything to do with me". "Have you been in for treatment?" –"Oh, well you know probably about forty or fifty times". "You know the Detox and all the follow up programs?" I am twenty two years old and I am supposed to find the reason for this man to live?

So here we are [standing on the street], wondering what to do, so I turns back to the old church again. I have my friend, a priest who is at the church, and so I said "Well, geez do you want to come down and talk to the priest down at the church?"- "O.K." - At least I was getting something...something out of it. So I mean what do I do, I mean this is over my head, and at least hopefully my chaplain, pastor friend ...at least he'll help us out somehow. We walk down to the church. I knocked. I rang the doorbell, and of course I ask the housekeeper's name, and I ask, "Is Father around?" - "No, he is at the church" - and I said [to the client], "Well you know, do you want to come in with me, or do you want to wait here?" "I'll wait here". So I went [to the church] looking for the Father, and it took probably five minutes or so, and when we both came out and he [the client] was gone. And you know what the terrible feeling was? Is that I was so glad to see him gone. It was really kind of one of those... when you are faced with the impossible...That you want it to go away. It's because, it was that you really felt that you had nothing to offer. I had no answers for this person...and I never heard from him again. So why am I still thinking about that? Because it does have an impact on you. We can go in with our little bag of goodies...that we are going to make a change in people's lives or an impact on the world, and you find out that not everybody is on the same page. That, our ideas about what 'so called help is' is not what people... People have tried it and it didn't work... that stuff didn't work on that person...whatever people offered...That man was at a very gloomy part of his life. He was alcoholic; had an addiction. He wasn't in any form of recovery, which probably caused him to be disconnected from his family, disconnected from life in general. How do you spend your day? Then you end up to a point of saying..."Well... maybe he was tired of all this stuff, and wanted to end his life. You have success stories but you also have failures. You learn from your failures as much as from your successes. Just like saying, "Oh yeah I helped this person, you know we got them to the hospital and they were happy"... a good feeling story, and... "Isn't that wonderful you are well suited for what you are doing"- and then you go on...On the other side are also your failures and sometimes the failures are worst than the successes because they kind of remind you that you are not all powerful... and life is not always tidy. I am probably just a little bit more sceptical about solutions. Sceptical does not mean cynical. It's sort of like saying, well if it works that's fine and if it doesn't it's sometimes expected.

Different kinds of crazy

So you never know who is going to haul off and start getting worked up, and start yelling or you know something who you expect to be really violent actually turns out to be really kind of soft and gentle (chuckle). I don't want every day to be the same, and it's funny, you know you asked me for a typical day I couldn't think of one, so that is why I had to give you today. Cause there is no typical day, right. We came in Tuesday? Thursday?...Thursday, there's blood spatters all over the yard here...O.K. so some guy cut himself, made sure to let everybody knew that he had cut himself. ..You know, you've got blood all over the place. Some people would kind of turn around and say, you know, 'That's it I am done!' You know, how can I work in a place that is s-o-o-o you never know what you are going to get when you walk in. But that is what I like about it. It's...on one hand I think it has a lot to do with people's coping skills, how they were brought up. On the other hand, I think we have this innate resilience, and so some

people deal with things in a terrible way, but their story isn't worst or better than the guy beside them who is coping quite well. Some people will come in and will have had wonderful pro-social childhoods, private schools, parents who were around, no reason other than they want to be greedy and they want more money, and so they so into a criminal lifestyle. It varies so much and I am really not sure how come one person can keep their shit together and the other person can't.

Celebrating life

There are a couple of times when I have not been able to help. But the reality is, most of the time I am at work and I do the best I can, so there is no point... there is not much else that I can do. So, as long as I feel like I have done all that I can do...like, I have a good work ethic and I have done what I have had to do...then it moves. There are many two, maybe three cases where I actually took it home. One case was in [location]. The man was Inuit and he was going to kill himself. I spent three hours with him, trying to convince him not...like to try to contract with him to not kill himself. And then at the end, I have never done that with anybody else...it came to me... and like I said I have learned to trust those little voices. I told him, "How do you want me to celebrate your life? If you kill yourself over the weekend, how do you want me to do that?" And he looked at me and said, "What do you mean?' I said, "If you kill yourself… I have been talking to you for three hours, you are not going to change your mind...', and with Inuit they start the hunger strike, they continue until they die, so you really need to stop it when they start talking about it. That is when you need to be culturally sensitive. So I said, "How do you want me to celebrate your life?' So, we agreed that if he killed himself, that on Monday I would light a candle for him. And, I showed him a candle, and I said, "I will light this candle if you are not there on Monday". And on Monday, he was there, so I was really happy to see him and we talked and we looked at options and I asked him, I said, "What made you decide not to go through with it?" And he said, 'Well, I thought about it...and I thought, you didn't know me that much and you spent three hours with me...but you thought I was worth lighting a candle for, so I thought maybe I should give you another chance..."

Smart Awareness

You have to be smarter than the smartest. How do you do that? By watching who is doing what. Learning their patterns. By over the years being exposed to different incidences, watching people's mannerisms, watching their routines because people are creatures of habit. One thing that stands out in my mind that was quite interesting, was not so much what the inmates were doing but what management did. They ran, or tried to run, a covert operation that was really a life threatening situation potentially for some inmates. And what it was... we had two people charged with murder. What happened was they tried to plant someone in our institution to get information like an inside person which is called...a rat.

APPENDIX 10

UBC

Faculty *of* Education

Department of Educational, Counselling Psychology and Special Education

Art is a means of expression when seemingly no words are available. The works of art prepared for this research arose out of a search to express hope as experienced by the researcher during the process of interviewing the participants. The artwork provided time and space to reflect on the being and doing of hope. Creating the artwork prepared the author to experience certain feelings, thinking, and behaviour in and around the concept of hoping. Ten pieces of art using a variety of mediums were created for this research; one for each of the participants. An eleventh was created to reflect the nature of the hoping self as it relates to the research results.

The colours used in the creation of the artwork can make a person feel many things. Some descriptions of yellow include: faith, luck, happiness, attraction, confidence, inspiration and optimism. Orange is a colour which can represent: energy, warmth, joy, kindness, maturity, vitality and alertness. Red is a strong colour related to: passion, courage, love, warmth, action. Brown reflects: grounding and steadiness. White is an expression of simplicity, calm, and purity. Blue is a calming colour that is peaceful and relaxing, inspiring and creative. Green is a colour that helps to connect to the natural world and to others with empathy. Black is the color of mystery and protectiveness.

Maria
Mayfair, 24¨X36¨
Acrylic, Ink

Clara
Canvas, 24¨X36¨
Acrylic/Pastel

King
Mayfair, 24¨X36”
Ink/Color Pencil

Thomas
Mayfair, 24¨X36¨
Acrylic/Ink

Greg
Mayfair, 24¨X36¨
Ink/Color Pencil

John
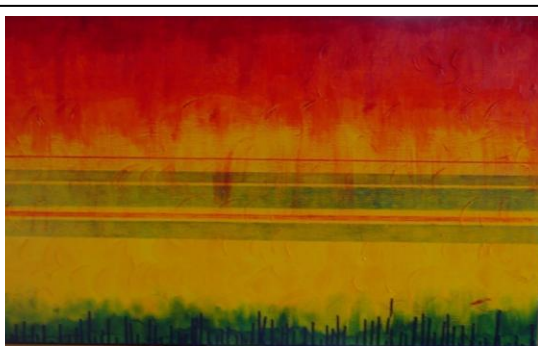Mayfair, 24¨X36¨
Ink/Color Pencil

Isabelle
Mayfair, 24¨X36¨,
Acrylic

Chris
Canvas, 24¨X36¨
Acrylic/Pastel

Morgan
Canvas, 18¨X36¨
Acrylic

Elise
Canvas, 24¨X 4¨
Acrylic

Hopeful Self
Canvas, 18¨X36¨
Acrylic

APPENDIX 11

The University of British Columbia
Office of Research Services
Behavioural Research Ethics Board
Suite 102, 6190 Agronomy Road, Vancouver, B.C.
V6T 1Z3

CERTIFICATE OF APPROVAL - MINIMAL RISK

PRINCIPAL INVESTIGATOR:	INSTITUTION / DEPARTMENT:	UBC BREB NUMBER:
Norman E. Amundson	UBC/Education/Educational & Counselling Psychology, and Special Education	H07-00047

INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:	
Institution	**Site**
N/A	N/A
Other locations where the research will be conducted:	
Private/Confidential mutually agreed upon location with each participant.	

CO-INVESTIGATOR(S):
Sheila Marshall
Marvin J. Westwood

SPONSORING AGENCIES:
N/A

PROJECT TITLE:
THE WORK OF HOPE: THE STORIED EXPERIENCE OF HOPE FOR FRONTLINE WORKERS WHO COUNSEL IN FORENSIC SETTINGS

CERTIFICATE EXPIRY DATE: May 14, 2008

DOCUMENTS INCLUDED IN THIS APPROVAL:	DATE APPROVED:
	May 14, 2007

Document Name	Version	Date
Protocol:		
Research proposal	N/A	April 2, 2007
Consent Forms:		
Consent form	N/A	May 4, 2007
Advertisements:		
Recruitment Poster	N/A	April 2, 2007
Letter of Appreciation	N/A	April 2, 2007
Recruitment Advertisement	N/A	April 2, 2007
Introductory Letter	N/A	April 2, 2007
Questionnaire, Questionnaire Cover Letter, Tests:		
Interview Questions	N/A	April 2, 2007
Letter of Initial Contact:		
Letter of Initial Contact	N/A	April 2, 2007

The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

Approval is issued on behalf of the Behavioural Research Ethics Board
and signed electronically by one of the following:
Dr. Peter Suedfeld, Chair
Dr. Jim Rupert, Associate Chair
Dr. Arminee Kazanjian, Associate Chair
Dr. M. Judith Lynam, Associate Chair
Dr. Laurie Ford, Associate Chair