
Knowing and Growing Hope in Couple Therapy: Perspectives of Couples and Their Therapists Connaissance de l'espoir et croissance de l'espoir en thérapie de couple : points de vue des couples et de leurs thérapeutes

Danielle Vriend Fluit

Saint Paul University

Terry Lynn Gall

Saint Paul University

ABSTRACT

This study explored experiences of hope shared by couples and their therapists within couple therapy. Four couples and their therapists were interviewed separately. Theme analysis revealed two superordinate themes for couples and therapists: “knowing hope” and “growing hope.” Knowing hope refers to a person’s understanding of hope, while growing hope refers to the experience of hope within the therapy process. Findings revealed that there are similarities and differences in how therapists and couples understand and experience hope. Yet, despite any differences, hope emerges and grows in therapy through a bidirectional process between couples and their therapists.

RÉSUMÉ

Cette étude a porté sur les expériences de l'espoir telles que partagées par des couples et par leurs thérapeutes dans le cadre d'une thérapie conjugale. On a interviewé séparément quatre couples et leurs thérapeutes. L'analyse thématique a révélé deux thèmes prioritaires chez les couples et leurs thérapeutes : la « connaissance de l'espoir » et la « croissance de l'espoir ». Dans le cas de la connaissance de l'espoir, cela désigne la compréhension de l'espoir chez une personne, tandis que la croissance de l'espoir désigne l'expérience de l'espoir à l'intérieur de la démarche thérapeutique. Les résultats révèlent qu'il existe des similitudes et des différences dans la manière dont les thérapeutes et les couples comprennent et éprouvent l'espoir. Et pourtant, malgré ces différences, l'espoir naît et grandit dans la démarche thérapeutique grâce à un processus bidirectionnel entre les couples et leurs thérapeutes.

The view that hope is an essential element of psychological well-being is not new (Frankl, 1959; Menninger, 1959). Research reveals a consistent link between hope and indicators of well-being (Cheavens et al., 2005) such as resilience and effective coping (Barnum et al., 1998; Mednick et al., 2007); lower stress, less

reactivity, and a greater ability to regulate emotions (Ong et al., 2006); and a commitment to a healthy lifestyle (Scioli et al., 2016). Given such findings, hope can represent a potential factor for positive change within the context of psychotherapy (Lopez et al., 2004).

Hope is a common factor of psychotherapy and refers to the client's hopefulness and belief in the therapy process (Sprenkle & Blow, 2004). Clients who have generalized hope may be more likely to enter therapy and to remain in therapy (Swift, Greenberg, et al., 2012; Swift, Whipple, & Sandberg, 2012). Lambert (1992) proposed that hope would account for 15% of client change. More recently, Thomas (2006) reported that therapists believe hope accounts for 27% of client change, second only to the influence of the therapeutic alliance (35%), while clients believe that hope is the most significant factor across therapeutic modalities (30%) but especially in couple therapy (33%).

Qualitative studies underscore the significance of hope as a common factor (Davis & Piercy, 2007b) that contributes to a positive outcome (Irving et al., 2004). Clients are more likely to experience a positive outcome when therapists encourage client hope as a precursor for change (Cooper et al., 2003). Specifically, clients who experienced sudden gains in cognitive behavioural therapy for depression manifested greater hope in sessions leading up to the therapeutic gain (Abel et al., 2016).

Researchers have advocated that hope is a bidirectional process between client and therapist (Larsen et al., 2013) and represents both a generalized and a particularized sphere of focus (O'Hara, 2013). While generalized hope allows for a positive but indefinite future grounded in reality, particularized hope focuses on specific outcomes and carries a strong action focus. Further, hope can exist implicitly or explicitly within the psychotherapeutic process (Larsen & Stege, 2010a, 2010b). Implicit hope is communicated through the experience of the therapeutic alliance and through the therapist's encouragement of new perspectives on life issues (Cutcliffe, 2004). In contrast, therapists provide explicit hope in statements that highlight the potential for client change, for example (Larsen & Stege, 2010b). In fact, therapist hope is essential for the enhancement of therapeutic outcomes (Dellman & Lushington, 2012; Flesaker & Larsen, 2010), with therapists playing an important role in fostering client hope (Davis & Piercy, 2007a). Therapist hope may even be a better predictor of client change than client hope (Coppock et al., 2010). Given such findings, therapists are encouraged to be the bearers of hope in therapy and as agents of hope for their clients (Lynch, 1965/1974).

To be the bearers of hope, therapists must first have hope in their therapeutic abilities and in the therapeutic process (Cutcliffe, 2004; Flesaker & Larsen, 2010; Larsen et al., 2013). Therapists need to experience hope *in* the client, hope *for* the client, hope *in* the counselling process, and ultimately hope *in* life (O'Hara, 2013). Therapists must be able to hold on to their hope for client change often in

the face of client despair (Flaskas, 2007). By holding on to their hope, therapists act as “forces of light,” enabling clients to see their potential for change (Thorne, 2002, p. 23). In contrast, therapists’ loss of hope can threaten their ability to maintain a helpful presence to their struggling clients as they come to doubt their abilities, their therapeutic approach, and the process of therapy (Moltu et al., 2010).

Yet, questions remain about how therapists communicate hope within the therapeutic process. Cutcliffe (2004) referred to the transfer of hope from therapist to client as an indirect “osmotic-like process” (p. 18). Implicitly, therapists project hope into the therapeutic process through their way of being and acting; in so doing, they create an emotional atmosphere that the client “absorbs.” Therapists encourage hope by (a) using the therapeutic relationship, (b) setting clear and concrete goals, (c) normalizing the process of therapy, (d) fostering client belief in the efficacy of therapy, (e) offering explicit hope-filled statements, and (f) highlighting new possibilities (Cutcliffe, 2004; Dellman & Lushington, 2012; Larsen & Stege, 2012; O’Hara, 2013).

First, a strong therapeutic alliance is the bedrock of client hope in counselling (Smith, 2007). Hope is fundamentally a “relational experience” (Larsen & Stege, 2012, p. 51) and is co-created through the therapist–client interaction (Ward & Wampler, 2010; Weingarten, 2010). Clients who feel cared for by their caregiver leave therapy feeling more hopeful (Cutcliffe, 2004). In turn, the growth of client hope strengthens the therapeutic alliance further (Lavik et al., 2018). Second, the introduction of clear goals and task-focused strategies in therapy conveys hope to the client (Davis & Piercy, 2007b; O’Hara, 2013). Therapists who prepare clients for therapy (e.g., discussing how therapy works) facilitate client hopefulness, a stronger alliance, and the probability of better outcomes (Ogrodniczuk et al., 2005; Rainer & Campbell, 2001). Third, therapist statements that acknowledge client experiences, normalize issues, and provide an alternative perspective on the client’s situation encourage client hope (Larsen & Stege, 2012; Ward & Wampler, 2010).

Despite the importance of therapeutic hope, few studies have investigated hope in couple therapy (Egeli et al., 2014; Ward & Wampler, 2010). Hope in couple therapy represents a more complex process as each partner may define and experience hope differently. For example, hope in couple therapy will not necessarily reflect a goal of relational improvement for both partners (Egeli et al., 2014). Hope may be harder to engender when the couple is stuck in destructive interactional cycles (Hof, 1993). To instill and grow hope in couples, therapists must create a hopeful therapeutic context through their alliance with the couple and within the couple relationship itself (Ward & Wampler, 2010). Couples experience hope particularly when they receive therapist feedback that is supportive and that highlights the strengths of both partners (Egeli et al., 2014).

Although this research is promising, further research is required on the complex and relational nature of hope within the context of couple therapy.

To this end, the present qualitative study seeks an in-depth understanding of the phenomenon of hope as it manifests and functions within the process of couple therapy. This study is unique in that it focuses on the perspectives of couples and their therapists. Research to date has focused primarily on the therapist's understanding of hope in couple therapy (e.g., Ward & Wampler, 2010). It is critical for research to explore the perspective of clients to gain a better understanding of the process of hope in therapy. One cannot assume that clients and therapists share a similar outlook on hope given their differing views on other aspects of therapy, such as treatment efficacy (Orlinsky et al., 1994; Paulson & Worth, 2002). By including the perspectives of both therapist and couple, the present study seeks to reveal the complexity of the co-creation of hope in couple therapy. Specifically, this study explores (a) how couples and therapists understand the concept of hope, (b) how couples and therapists experience hope in therapy, and (c) how hope emerges and/or grows in couple therapy.

Method

This study received approval from the University Research Ethics Board.

Research Participants

Therapists

Therapists were recruited through advertisements and through the snowball method of recruitment. At minimum, they had to be second-year master's or doctoral students completing their program of studies in counselling. Four therapists participated in the study: two men and two women, ranging in age from 39 to 59 years and all from a European Canadian background. One therapist was a registered social worker and a marriage and family therapist (MFT) with 18 years of experience, one was an MFT with nine years of experience, and two were student interns in their second year of a Master of Arts program in couple counselling. Therapists held a range of theoretical orientations.

Couples

To be eligible to participate in the study, couples had to be in a committed relationship for a minimum of one year and be in therapy prior to the start of the study. Once therapists were recruited into the study, they provided written information about the nature of the study to all couples presently in their caseloads. Interested couples that met the inclusion criteria informed their therapists who, in turn, contacted the researcher. One couple was recruited from the caseload of each therapist. All four couples self-identified as heterosexual and had a European Canadian background. Individuals within the couples ranged in age from 23 to 59

years. The duration of the couple relationship ranged from 1.5 to 22 years. At the time of the interview, couples had been in therapy between four and 10 sessions.

Interview Process

Therapists and couples participated separately in open-ended, semi-structured interviews. All interviews were audio recorded digitally.

Therapists

The two student therapists were interviewed at the university counselling centre while the two community-based therapists were interviewed over the phone. The duration of interviews ranged from 50 to 90 minutes. After providing demographic information, therapists responded to open-ended questions on the following topics:

1. Definition (i.e., meaning) of hope (e.g., “What is your definition of hope?”).
2. Understanding and experience of hope in therapy (e.g., “How do you understand hope in the context of couple therapy?”).
3. Specific moments of hopefulness in therapy (e.g., “Can you elaborate on a specific moment of hopefulness that occurred in therapy?”).
4. Therapist conveyance of hope to couples (e.g., “How do you communicate hope to couples in therapy?”).
5. Maintenance of therapist hope (e.g., “How do you hold onto your hope as a therapist working with couples?”).
6. Main sources of hope in therapy and life in general (e.g., “What feeds your hope in therapy and your life in general?”).

Couples

Members of a couple were interviewed together to provide a more complete picture of the process of dyadic hope, shared or unshared, between them. Three interviews occurred at the university counselling centre and one at the couple’s home. The duration of interviews ranged from 50 to 90 minutes. Couples reflected on specific therapeutic moments in order for a richer description of their subjective experience to emerge (Seidman, 2006).

Couples responded to open-ended questions on topics similar to those of the therapists: their definition of hope, their experience of hope in therapy, and specific moments of hopefulness in therapy. In addition, couples responded to questions about how hope was engendered by their therapists:

1. Identification of therapist interventions that contributed to couple hope (e.g., “Can you tell me about what kinds of things your therapist did that led you to experience hope?”).

2. Perception of therapist hope for the couple and the therapeutic process (e.g., “Did you feel that your therapist was hopeful? How did you know that your therapist had hope for you?”).

Data Analysis

This study adopted a phenomenological and inductive hermeneutical approach to interpret the collected data (Creswell, 2007; Lincoln & Guba, 1985). The specific data analytic process of thematic analysis was used as it offers a robust, systematic framework for coding qualitative data and uses codes to identify patterns across the datasets (Braun & Clarke, 2006). The first author (a) transcribed all interviews personally to achieve full immersion in the data, (b) used memoing as a means of becoming familiar with the data, (c) assigned descriptive codes to singular phrases or groups of phrases (i.e., meaning units), (d) identified emergent themes via the method of constant comparison between meaning units and the whole of the interview, and (e) refined and organized emergent themes under superordinate themes.

The processes of peer review and of member checking were used to address issues of trustworthiness and credibility of the data analysis (Birt et al., 2016; Patton, 2002). Two university professors and one doctoral candidate in the university psychotherapy program reviewed one couple transcript and one therapist transcript independently. The first author then met with the three peer reviewers to discuss and to seek consensus on the emergent themes. In terms of member checking, two couples and two therapists reviewed their interview and the emergent themes critically with an eye to determining whether the data analysis captured their experience of hope in therapy (Birt et al., 2016).

Results

Although different themes emerged for therapists and couples, they tapped into two common superordinate themes: knowing hope and growing hope. Knowing hope captures the participants’ understanding of the nature and the meaning of hope in therapy, while growing hope reveals the dynamics of the process of hope, its co-creation and growth, as therapists and couples engage in the work of couple therapy (see Tables 1–2).

Therapist Perspective

Knowing Hope

This superordinate theme was comprised of two emergent themes: hope as a “pathway of wellness” and as “opening space.” As a pathway of wellness, all therapists first spoke about hope as being essential to the determination of a couple’s well-being. Hope provides a way for couples to move from distress toward desired goals: “Hope is an energetic bridge that brings us forth into a desired reality.”

Table 1

Themes on Knowing and Growing Hope From the Therapist's Perspective

Superordinate Themes	Emergent Themes	Descriptive Codes
Knowing hope	Pathway to wellness	Essential Spiritual energy Motivator Embracing hopelessness
	Opening space	Possibility Potential to grow
Growing hope	Providing/nourishing hope	Presence Trust one's competence Trust the therapy process Hold on to personal hope Have a plan for therapy
	Witnessing hope	See couples' resilience See couples change See couples connect

Table 2

Themes on Knowing and Growing Hope From the Couple's Perspective

Superordinate Themes	Emergent Themes	Descriptive Codes
Knowing hope	Pathway to wellness	Repair hurt Rebuild trust
	Shared life	Weather challenges Envision a future Share dreams
Growing hope	Seeking/receiving hope	Therapist hope Therapist joining Therapist normalizing Therapist has a plan for therapy
	Couple connection (self/other)	Insight into self Insight into other See partner's vulnerability Allow vulnerable self to be seen Connect to each other

Therapist participants believe that “without hope, there’s no therapy.” Second, as a spiritual energy, hope exists “at the core of the individual ... It’s tied to our life purpose, our God-given purpose.” Hope has “an energetic quality” that is “life-giving” and “takes us outside or beyond ourselves into the Other.” Linked to the spiritual, hope is a relational energy embodied in the therapeutic alliance: “It’s a connection between myself and my clients ... [The therapist] longs for [the client] to find the hope and what it is that [they are] looking for, and that is a spiritual moment.”

Third, hope exists as a motivating force that inspires couples throughout therapy. Hope motivates couples to reach out to therapy and strengthens their commitment to remain in therapy and to work toward their relational well-being. “Hope is what pushes people to seek help; there’s a reason they make that first call,” while “without hope, [the couple] would stop coming, stop trying.” Therapists also reflected on the role of hopelessness as part of the pathway to wellness. Hope and despair are not in opposition but are part of the experience of what it means to be human, which eventually leads to wellness. Hope and hopelessness exist in the same moment: “I have to acknowledge that despair in the room; otherwise, the hope is just a cognitive exercise. They’re both there.”

Therapists also understand hope to be an act of “opening space” for couples to engage with new possibilities and to foster the potential to grow. “Hope, for me, is the sense that something more could be, that there’s a possibility that what is currently overwhelming or troubling won’t necessarily be ... the final story and there’s a possibility for something more.” Hope is a way of revealing new perspectives to the couple. By expanding and creating space to see, to consider, and even to act on possibility, hope reveals client potential.

Growing Hope

This superordinate theme for therapists encompasses two emergent themes: “providing/nourishing hope” and “witnessing hope.” Therapists provide/nourish hope through their presence and trust in their competence as therapists and in the therapeutic process by having a clear treatment plan and an ability to hold on to their hope. First, to nourish hope within couples, it is important to provide couples with a warm, safe, and authentic therapeutic environment for change to occur: “I genuinely like all my couples. I really do. I think they can feel that from me. They know I care for them and that I truly want the best for them.” Second, hope is projected through the therapist’s belief in their competency and the efficacy of the therapeutic process: “I hold the belief that I do have the skill and the ability to join a person, even take a person through the therapeutic process. Without that, I wouldn’t be effective or have hope in myself or for them.” Therapists held out the belief that therapy can bring change and relational growth and well-being effectively: “I believe in the process of therapy. It works. I’ve seen it ... know it. I have hope in it and where it can take my client.” Third, hope

comes from therapists being able to articulate “what therapy looks like, what it can do, and what it can’t do,” which means “being able to explain that succinctly and make sure [clients] believe it too.” Therapists rely on theoretical models as a “road map” for therapy and especially have faith in evidence-based models (e.g., emotion-focused therapy). Therapists believe that a clear direction and a concrete plan to achieve collaborative goals act as an effective way for couples to grow hope.

In contrast, therapists experience a loss of hope when therapy lacks direction or clarity: “I had this couple—I felt really hopeless with them ... they had really deep historic hurts ... I didn’t know where to start with them ... I didn’t know how to help them or even how therapy could help them.” Finally, to provide hope to their couples, the therapist has to have hope and to hold on to that hope: “Knowing that I have hope and that I can help them—that seems to be critical to helping my couples find their hope.”

Witnessing hope in therapy is the second emergent theme of growing hope for therapists. Therapists experience a growth in their hope as they witness couples’ resilience, change, and connection. Catching sight of the couple’s resilience during difficult times was a heartening and hopeful experience for therapists: “I know a lot of my couples have been through really tough things. I recognize that and I never want to forget the courage and stamina they show me, in showing up for therapy, in showing up for their lives. That gives me hope.”

Therapists also receive hope when they witness their couples try something new, take ownership of their roles in negative cycles of interaction, articulate their needs, and change negative interactional patterns. Therapists become particularly hopeful when couples connect in a new way: “Our last session, I saw my couple really listening to each other. Man, this was a really big step ... seeing this just made me really hopeful for them and our work.” Therapists receive hope when witnessing in-session moments when couples connected physically: “A really hopeful moment in session when [a woman] was speaking of a childhood trauma and I saw [her partner] put his hand out and touch her foot to comfort her. That told me volumes right there. I saw he was still invested.”

Conversely, therapists experience a loss of hope when couples do not appear to be “getting better”: “It’s like when they’re just not getting better, and I’m really wanting them to improve, you know, and treat each other better. That’s hard.” To maintain hope, therapists adjust their expectations: “Okay, sometimes I have no idea [whether] this relationship will succeed or not—I have hope that we can explore together [and] they can learn things ... It’s not even so much hope for them to stay together as a couple but more of a hope for deeper insight and understanding.” Therapists must acknowledge the reality that some couples will not stay together and realize that hope reflects each couple’s unique truth about their relationship regardless of whether or not the relationship continues.

Couple Perspective

Knowing Hope

For couples, this superordinate theme was comprised of two emergent themes: “pathway to wellness” and “shared life.” Similar to the therapist’s perspective, knowing hope for couples reflects a pathway to wellness. Hope involves the repair of old hurts and the rebuilding of relational trust. Hope means to move toward positive change, however slow and difficult the journey: “We started in a bad place. But hope was taking these continuous baby steps in a positive direction—that’s hope. It’s getting better, little by little.” Hope is moving through the more difficult passages of life and healing the couple relationship: “Hope is not being in the same place as you were before. It’s moving forward ... It’s believing that I am healing and getting better.” Hope involves the rebuilding of trust: “Because I have a lot of trouble with trust, it’s become really important for us to work on that. So, when you ask me about hope, it’s working on trust.”

Couples also understood hope as meaning a shared life: weathering challenges together, envisioning a future together, and sharing dreams as a couple. Couples accept that struggle is a part of life and that hope exists in remaining together over the long term despite life obstacles: “Hope is knowing that whatever comes ahead we have the trust and tools to make it through ... Who knows what’s in our future ... It’s like being with this person ... we can handle things together and stick together and be happy that we’re together.” Hope exists in a couple’s vision of a shared future together and its related dreams: “Hope for me ... it’s like the realistic desire to be a couple, to get old together, you know, those dreams for my future ... It’s getting those dreams I want, like a house ... getting married next year.” Ultimately, hope keeps the couple committed to the relationship: “Hope is what pushes us ... to keep going and to keep trying. It helps us stay optimistic and determined.”

Growing Hope

This superordinate theme for couples was comprised of two emergent themes: “seeking/receiving hope” and “couple connection (self/other).” First, couples seek and receive hope from their therapist directly as well as through the therapeutic processes of joining, normalizing, and treatment planning. Couples look to their therapist for hope, especially in the early phases of therapy, and experience hope when their therapists communicate their personal hope for them implicitly or explicitly. One participant talked about receiving hope implicitly from the therapist: “I get that feeling, the way she talks—the way she looks at us—that there is hope.” Other couples receive hope from the therapist explicitly: “Yes, we know [our therapist] has hope for us. He has told us that he’s optimistic for us. He thinks we can work through it.”

Second, the process of a therapist joining with and understanding the couple’s pain creates hope and helps to solidify the couple’s commitment to therapy.

One client talked about feeling understood, heard, and safe when the therapist seemed to grasp the root of the presenting issue: “She could help us find the way out of this ... [We] so needed to hear her say that and to feel like she got it.” In contrast, when a couple feels misunderstood in therapy, they experience a loss of hope. Another client explained how the absence of hope led to a termination of a previous therapy:

[The therapist] was trying to force me to recover before my wound was completely cleaned out ... We had come in with this big fight [and] she kept pushing me to forgive him ... It made me angry. She totally didn't get it. She didn't get me.

Third, couples experience hope when the therapist normalizes their situation, letting the couple know that they are not alone. As well, normalizing the hard work of therapy fosters couple hope:

Each time we saw [the therapist], she stressed ... that we [may] leave session feeling on a high ... but it's unrealistic ... to think ... that it's just going to come naturally. It gave us hope to know that and not be discouraged.

Fourth, couples experience hope from therapist competence and from the therapist's provision of a clear direction for therapy:

For us, it was knowing, after meeting with [the therapist], that we could learn how to work through this, how to communicate. It was her saying, ‘This is what it will look like. This is what's required.’ That meant so much to us; we both felt hopeful.

In contrast, the lack of therapeutic focus, when a couple feels confused, aimless, or like they are moving in circles, hurts couple hope.

Fifth, growing hope for couples involves couple connection: gaining insight into oneself and into one's partner, seeing the partner's vulnerability and allowing one's vulnerability to be “seen” by the partner, and ultimately having the ability to connect. Hope for change grows as partners arrive at new insights into their relational patterns and into the residual impact of past familial relationships within the couple relationship:

And I don't know if it was the moment, or that I was already emotional and vulnerable, [but] then I realized that I haven't forgiven anyone. Ever ... I haven't forgiven [my spouse] for anything ... So, coming to that, that gives me hope for my future.

Further, couples revealed that having new knowledge of their partner's perspective and reactions prompted them to feel hopeful: "His outward reaction towards me was not what it was actually looking like—there was something else going on for him that I wasn't seeing. That was hopeful for me that I was learning more about him."

All four couples indicated that seeing their partner's vulnerability and experiencing their moments of vulnerability contributed to their hope in therapy: as one participant noted, "When I saw [my spouse] being honest and vulnerable about certain things ... that was really significant to see her like that." In turn, his spouse responded: "Yes, when I saw that too from [him], and that was hopeful at least for me to see." Witnessing a partner's vulnerability evoked tenderness and a desire to take care of the partner: "Knowing all these things leaves me hopeful that I can be a good partner for her."

Correspondingly, partners talked about how revealing their vulnerabilities led them to experience hope for the couple relationship: "I usually don't let anyone see that side of me ... It was hopeful to know I could go there." Finally, couple hope grew as each partner felt more connected physically and emotionally to the other: "I liked holding her hand. It made me feel close to her ... tell her that I will try to be there for her." The spouse responded:

It's like a promise of support. Okay, you have a closer bond because you're facing each other, here you really have to look at the person and say what you have on your mind or in your heart ... I'll support you and whatever happens, I'll be there.

Discussion

Superordinate and Emergent Themes

The present study revealed two superordinate themes of knowing hope and growing hope that capture therapists' and couples' understanding of hope and describe the process of creating and building hope in couple therapy, respectively. Both therapists and couples know hope as a pathway to wellness. While participant therapists consider hope as essential to the therapeutic process and a motivator of couple change, couples conceptualize hope more concretely as the healing of their relationship. Past research provides support for the therapist (Cutcliffe, 2004) and a couple perspective (Ripley & Worthington, 2014).

Similar to previous research (Kortte et al., 2012; O'Hara, 2013; Snyder et al., 2002), both therapists and couples in the present study understood hope as action oriented, agentic, and goal focused. These findings support Snyder et al.'s (2002) theory of hope as a goal-oriented cognitive construct. For example, a key component of hope for couples was the idea of having shared dreams to work toward in life. Yet, this study presents hope as going beyond the cognitive domain

and so expands Snyder's conceptualization of hope. Specifically, the present study revealed that hope reflects not only a cognitive process of goal setting but an emotional and relational process as shared by the couple and revealed through their experience of increased connection, personal and relational insight, and expressed vulnerability.

Therapists also know hope generally as an act of opening space for future possibilities and the potential for couple growth while couples again conceptualize hope in more tangible terms—as living a shared life that embraces (general and specific) mutual dreams. The therapist's view of hope as possibility and growth is well established in the literature (Hullmann et al., 2014; Miceli & Castelfranchi, 2010).

What couples remind therapists is that hope is not an individualized cognitive process of goal setting but an experiential process of “hope for us”—a moving forward together in their life as a couple, dealing with life challenges that arise, and working toward shared dreams. Similarly, Ward and Wampler (2010) wrote about couple connection as a significant component of hope. Couples share their life journey, make meaning of their life, and stay hopeful, regardless of whether goals are met or not.

Therapists and couples in this study talked about hope as evolving throughout therapy—hope emerges and grows between therapist and couple. At the same time that therapists see their role as the bearer of hope, couples look to their therapists to provide hope. Therapists provide hope explicitly in communicating their expectations for the couple and the therapy process, and they communicate hope implicitly through their presence and empathic response to couples' needs, their belief in their competence as therapists, the efficacy of therapy, and their setting of therapeutic goals. These results support previous research on the explicit and implicit communication of therapist hope (Larsen & Stege, 2010a, 2010b; O'Hara, 2013; Ward & Wampler, 2010). In turn, couples experience the growth of hope within the context of specific therapist interventions such as joining with and normalizing client despair. Such interventions led couples to feel a sense of relief, encouragement, and motivation concerning their situation. Others (e.g., Hof, 1993; Larsen & Stege, 2010a) confirm that such interventions assist couple hope in therapy. In contrast, therapist misunderstanding or lack of empathy can threaten client hope and may trigger premature termination of therapy (Bartholomew et al., 2017).

This study also highlights the transmission of hope as a bidirectional process for therapists. Therapists bring hope to therapy but also receive hope through their witnessing of couple growth. Therapists feel encouraged when witnessing members of a couple take risks, try new communication styles, or gain awareness of themselves and of their partner. Additionally, the creation of hope within the couple relationship is a reciprocal and mutually influencing process. The process of self and partner insight heightened couple hope and set the stage for greater

connection and commitment. Greater awareness of self and other allowed couples to have a broader perspective and to recognize greater possibility and choice in their relationship. O'Hara (2013) and Larsen and Stege (2012) talk about the process of self-reflection in couple and individual therapy as an avenue toward hope for a better outcome. Couples who can get into their "partner's shoes" will experience an increase in hope (Ward & Wampler, 2010, p. 222), while a couple's choice to embrace vulnerability in therapy will build hope further (Egeli et al., 2014).

Flow of Hope in Couple Therapy

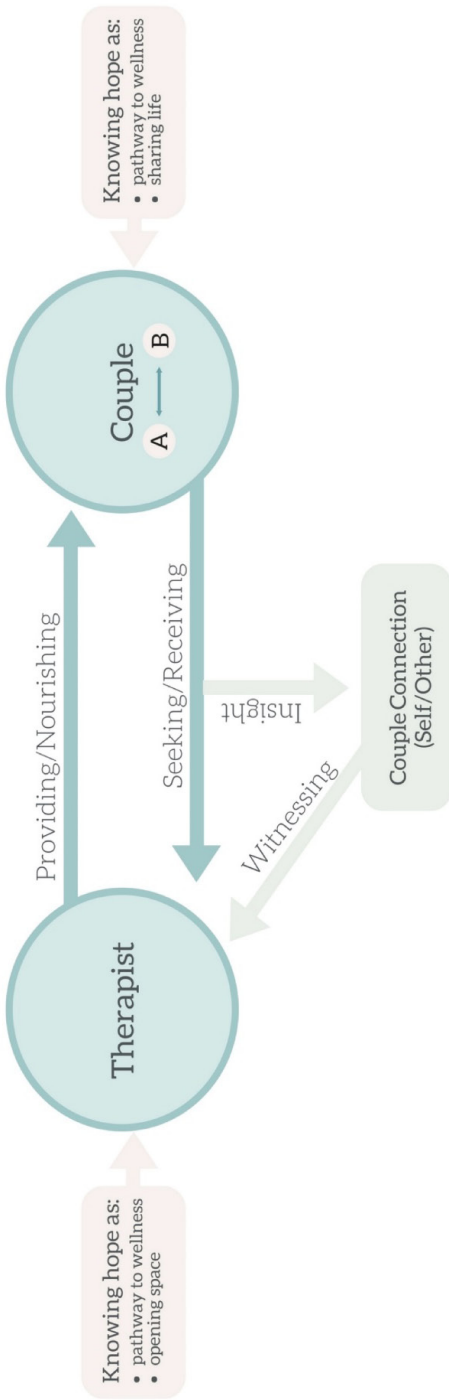
Based on the results of this study, a relational model of therapeutic hope in couple therapy is proposed. This model presents an integration of the perspectives of therapists and couples on how hope emerges and grows in couple therapy (see Figure 1). Hope originates in each individual yet also develops, changes, and flows within the therapeutic relationship. Rather than therapists being solely "responsible for hope" (Cutcliffe, 2004, p. 177), this model illustrates the bidirectionality of the transfer and cultivation of hope (Larsen et al., 2013).

First, therapists and couples enter therapy with a pre-existing sense of what hope means. These forms of knowing hope are subjective conceptualizations based on previous life experiences, world views, memories, theoretical influences, and other influences (Bruininks & Malle, 2005). Just as clients bring unique contexts from their own lives, therapists come to therapy with preconceived ideas about key concepts, particularly when working with common factors (Blow et al., 2007; Larsen et al., 2014). Clients' and therapists' subjective worlds meet and weave together to create a meaningful and unique therapeutic interaction (Singer, 2005).

In this process, therapists need to understand that different perspectives on a concept like hope can create obstacles or opportunities in therapy, thus potentially influencing treatment outcomes (Keeling et al., 2010). Therapists cannot assume when asking (or not asking) couples about their hope that they are referencing the same set of ideas as their couples. Further, couples may present for therapy with different levels or understandings of hope or mixed agendas of hoped-for outcomes, thus at times making shared couple hope a complex and potentially unattainable entity. That said, therapist acknowledgement that hope coexists with hopelessness (Flaskas, 2007) and that hope is born from adversity and suffering (Wong, 2009) can create space for hope to emerge in the process of couple therapy despite complex trauma or historic hurts.

These provisional understandings of hope serve to engage therapists and couples in the beginning stages of therapy. Therapists play an important role at this stage by providing hope for couples. Whether using the word "hope" directly or communicating hope more implicitly, therapists are the bearers and sharers of hope at a time when couples may have less hope. It is the role of therapists to open space for couple hope to emerge through their caring presence and active

Figure 1
The Flow of Hope in Couple Therapy



use of empathic interventions (e.g., normalizing). As couples receive hope, they begin to take personal and interpersonal risks. They seek greater connection, gain insight into self and partner, and move toward a shared vulnerability. Simultaneously, when therapists witness couples' resilience and connection, they experience greater hope.

Thus, the transmission of hope continues as increased therapist hope stimulates greater commitment to helping the couple move toward healing their relationship. This flow of hope, between therapist and couple and between partners of the couple, continues as the sessions unfold.

Limitations and Strengths of the Study

In terms of limitations, first, this study relies on the retrospective self-report of participant experiences in therapy and thus may not be fully accurate. Second, the sample was homogeneous in terms of culture, religion, social background, and sexual orientation. The concept of hope in therapy may differ across cultures and sexual orientations. Third, being cross-sectional, this study provides only a snapshot of hope rather than follow the trajectory of hope across time. Fourth, the therapist participants differed in experience, two being relatively novice therapists and two being more senior therapists. It could be that novice and senior therapists may vary in how they understand and experience hope in their work with couples. Fifth, there may have been discrepancies in the results of therapists as two interviews were conducted in person while two were conducted over the phone. Finally, interviewing both members of a couple together may have affected the responses given by each member. Social pressure or unhealthy couple dynamics may have influenced the openness of partners and their willingness or unwillingness to disagree with each other. As well, one partner may take the lead in the interview (essentially dominating the discussion) while the other partner may reveal less.

Despite these limitations, this study had significant strengths. First, this study included two perspectives on hope in therapy—therapist and couple. Previous research has tended to focus more on the viewpoint of the therapist, leaving the clients' voices silent. Including both therapist and client perspectives allows for a clearer picture of the relational process of hope in therapy. Second, although the diversity of experience among the therapists could be considered a limitation, participant diversity typically is a key component embedded within the recruitment process of qualitative studies (Seidman, 2006). Qualitative findings are strengthened (rendered more credible) when themes are found to emerge across participants, notwithstanding participant diversity in key characteristics, as was the case in this study. Diversity in the competence level of the therapists in the present study allows for a broader perspective of the concept of hope to emerge. Third, the interviews focused in detail on specific in-session moments in therapy, allowing for a richer description of the process of hope to emerge. Finally, in using couple interviews, the researcher was able to witness the complexity of

the relational process of hope within the couple system in real time. The couple interview reveals the process of how each partner's understanding and experience of hope in therapy interacts with the other's, and thus, how hope is co-created within the couple relationship.

Conclusion

The present study highlighted hope as a relational process in therapy between partners in the couple as well as between the couple and the therapist. Therapists communicate hope implicitly through their presence and explicitly through direct interventions (e.g., normalizing). Couples seek and receive hope from their therapists, especially in the early phases of therapy. As couples grow in their hope, they begin to take risks in therapy: sharing their vulnerabilities and reaching out for mutual partner support. In turn, therapists experience growth in their hope as they witness couples changing—hope that they take back into their ongoing work with the couple across sessions. In summary, this study underscores the need for therapists not only to understand their clients' conceptualizations and experiences of hope in therapy but also to remain aware of their understanding of hope and how it influences the emergence of couple hope positively or negatively throughout the process of therapy.

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About the Authors

Danielle Vriend Fluit received her doctorate from Saint Paul University and is currently an assistant professor in the Marriage and Family Therapy program at Trinity Western University. She is a practising registered psychotherapist.

Terry Lynn Gall is a full professor teaching and providing clinical training in the M.A. and Ph.D. programs in Counselling, Psychotherapy, and Spirituality at Saint Paul University. Dr. Gall has conducted extensive research on the role

of spirituality in coping with various life stressors including breast cancer and child sexual abuse.

Address correspondence to Danielle Vriend Fluit, Marriage and Family Therapy Program, Trinity Western University, 7600 Glover Road, Langley, BC V2Y 1Y1. Email: Danielle.Fluit@twu.ca