

Impressions of Hope and Its Influence in the Process of Change:

An International E-mail Trialogue

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The following conversation is the result of a common interest the three of us share in examining what constitutes effective therapy. Specifically, we wanted to explore the notion of “hope” and its contribution to the therapeutic process as “hope” is a concept that is very meaningful to each of us in our practice and in our homelands. To present our thoughts we have chosen the format of a trialogue as opposed to a position paper with the anticipation that conversation would create a generative process, allowing each of the participants to build off of the others experience and thinking. So, with this backdrop, it is through the relationship of our ideas that we seek to further our understanding of “hope in therapy”.

“The grand essentials of happiness are: something to do, something to love, and something to hope for.” -Allan K. Chalmers

MELISSA DARMODY, Dublin, Ireland: Irish people have cherished ideas of hope and possibility as much as any ethnic group. Hope has tellingly informed the Irish consciousness, impelling generations of Irish people to set sail from social hardship and religious persecution in their homeland for the four corners of the globe. This was often a perilous exodus. The ships transporting emigrants from Ireland came to be known as

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coffin ships on account of the number of emigrants who did not survive the journey. To leave your homeland and set your course to faraway lands in arduous and uncertain circumstances is an act of profound hope. It might be said that for many such emigrants they had little alternative but to leave Ireland if they hoped to find a better life. Nonetheless, it is difficult not to remark upon their optimism in upholding their hope for a better life, and risking everything for the prospect of change. The oral and musical legacy of these emigrants thrills with a narrative of struggle and yearning.

As therapists, it is crucial for us to help our clients summon hope, and draw on their desire for change, as they strike out towards a shoreline of possibilities. The concept of hope and its development is a cornerstone of effective therapeutic practice. The idea that positive change is possible, that therapy can improve client's lives, is in essence, the *raison d'être* of therapeutic practice. Why else come to therapy? Considering this, it is scarcely surprising that Lambert's findings indicated that *hope* and *expectation of change* were factors that accounted for 15% of successful outcomes (Lambert, 1992). In this context, what is notable is that this percentage is not greater. The significance of hope as a major catalyst of change within therapy, begs us to ask ourselves as therapists: "How do we cultivate hope in the people we talk to?" We cannot but acknowledge that from the outset of the therapeutic process, it is imperative that a desire to change or a hope that things can be different must exist on the part of the client. As therapists, we may assume this by virtue of the very fact that a client has made the effort to attend therapy. Even clients who are required to attend therapy actively do so because participating in therapy constitutes a more palatable alternative

than going to jail, losing a relationship, or other similarly undesirable outcomes. These mandated clients harbor a hope to retain their liberty, or to remain in their current relationship. Our job as therapists is to try to identify what the clients are hopeful for - whatever that may be - and endeavor to tap into that resource.

SCOT COOPER, Caledonia, Canada: It's interesting to me that, in a sense, my clinical experience is also telling me that the contribution of "hope" to the therapeutic process or the practice of hoping in the lives of people would have greater influence in producing successful outcomes in therapy. Certainly, as a Canadian hope is implicit to my culture. We often celebrate the mosaic of cultures and beliefs brought together by the common thread of hope for a safe and free life. It has become a part of our identity worldwide and the people I get to consult with often remind me of it whether it's in their struggles of daily life or reflected in the rich beliefs they hold dear and bring into our conversations.

The other day, I sat with a mother who listened to her 12-year-old son reflect on some of his "learning" and new understandings in regards to his fire setting and the sexual abuse he had perpetrated against his six year old stepbrother. He had come to understand the dangers of his actions; the need for safe fire practices and also reflected on the impact of his actions on his little brother. He reflected on his safety plan. The mother had been diagnosed as having a depression, was on medication, and in marital counseling for several months. After she heard her son's account, I asked her what it was like to hear her son tell his new learnings and understandings. She replied, "It gives me hope!" Now I have many questions about this particular response. How did this

“hope” come about in witnessing her son’s reflections? What are the therapeutic options available to us as therapists in order to cultivate “hope”?

In pursuit of answers, I would like to introduce into this triologue some of the recent ideas I have read in the hope that they may lead us to further conversation and perhaps to crystallize what may begin to constitute the scaffolding for “hope eliciting” conversations. Through the writing of Michael White, I was introduced to the notions of, and distinctions between “traditional power” and “modern power” (White, 2002). Specifically, he spoke about his understanding of modern power in Western society and my thoughts will focus on this as well. As White (2002) states, “Modern systems of power encourage people to actively participate in the judgment of their own and each others’ lives according to socially constructed norms....”(p. 43). This describes a power based on normalizing judgment. It invites people to police their own lives, measuring themselves against yardsticks of what’s perceived to be “normal”. At times, this can be a very insidious practice contributing to the categorizing and marginalizing of people.

As I see it, one of the outcomes of this practice of normalizing judgment is also to catalyze “hopelessness” in the lives of people who are subject to difficult circumstance, tragic events and traumas. Hopelessness develops as people judge themselves and their experiences as outside that which is supposed to be normal. The chasm between the meaning made of the traumatic experience and the messages of what “is supposed to be” appears so large that hopelessness takes hold and grows. For example, in reconsidering the case example of the mother noted above, she had evaluated her son’s actions and perhaps her “mothering” against society’s expectations. This served to demoralize and extinguish her hope as she came to conclusions about the kind of

mother she had been and the kind of son she has.

Perhaps another case example may serve to clarify this point. Another mother, Helena (not her real name) came to see me, as her daughter had been acting increasingly “explosive and violent” towards her and her family. She claimed that she had “tried everything” to change her daughter. Her sense of futility seemed to be clearly expressed by the tears welling in her eyes as she told her story. I began to ask questions aimed at having her describe her mothering practices: “How had she handled the violence and temper presented by her daughter?” I then tapped into her parental knowledge: “What did her mothering instincts, that only mothers have, tell her was contributing to her daughter’s struggles?” This led to a discussion about her personal coping: “What keeps her mothering, rather than just giving up on her daughter?” Helena went on to describe to me her expert knowledge of “another side” that her daughter had that she, as a mother, was aware “was there”! This was a “side” characterized by nurturance, caring, humor, and loyalty. I was curious about the effects on her mothering knowing this “other side” of her daughter. Helena spoke to these effects stating with much emphasis, “It gives me hope!” I followed up and asked her: “What gives you hope?” She responded, “It gives me hope that I haven’t completely failed her as a mother and she has some good in her!” I again followed up and asked: “How does this hope affect your mothering?” She elaborated: “It shows me that some of what I’m doing is working.” We went on to discuss more about what she found was working in terms of parenting her daughter.

I make sense of this conversation by viewing the mother’s “found hope” as tied to how she (re)evaluated herself as a mother; as doing something right. Before the

conversation she had, perhaps, come to some restrictive self-evaluation that she had failed as a mother. This self- concept was fuelled by meta-messages of normalizing judgment she experienced in relationship with authorities such as the courts, schools, and through her own comparisons to the perceived yardstick of normalcy. So is there more to “hoping conversations” than meets the eye or ear? Is one of the therapeutic options available to us in fostering “hoping” the practice of asking questions that serve to allow people to (re)evaluate their lives and experiences in a way that frees them from normalizing judgment of self, thus allowing them to make new meaning of their experience? I look forward to your thoughts.

YVONNE DOLAN, Chicago area, United States: Perhaps because the U.S.A. is still a relatively young country, Americans typically associate hope with a sense of independence and freedom to exercise personal agency on behalf of themselves and the people they love. Because our country is ethnically diverse, there are many ways of engaging in hope oriented conversations and hope driven behaviors here. As a result, many times it is necessary to explore the personal as well as the cultural and social contexts in order to fully appreciate the unique requirements of hope in any particular individual or family's life.

After reading Melissa's and Scot's comments, it strikes me that in my own country and in theirs' as well, there is more to hope oriented conversations than meets the eye. I also suspect that there is more than one kind of hope. For example, clients, as Melissa had previously described, that are court ordered into

therapy, may not be hoping for the same results (giving up drugs or illegal activities) as the court system that referred them. However, they do have the capacity to hope nonetheless and it is, of course, the job of the therapist to help them experience that hope in a way that leads to productive changes. I found Scot's quotation about "modern power" very interesting, especially because of the emphasis on the importance of finding a way to help people "actively participate in the judgment of their own and each other's lives according to socially constructed norms..." It seems to me, that a cornerstone of hope is the ability to participate and influence the daily course of one's own life. I suspect that this is related to another form of hope: the kind of hope that comes as a result of finding a way to carry on with life, or with a relationship even though things are very difficult at the moment and may or may not change any time soon. This is a kind of hope that comes as a by-product of finding a way to carry on or a reason to carry on. Oftentimes, the two are linked.

I think this is nicely exemplified in Scot's case example of Helena, the mother with the daughter that had been acting increasingly "explosive and violent" towards family members. She came to Scot because she has already tried everything to improve the situation with her daughter, and initially she did not seem at all hopeful. However, when Scot asks her how she manages to *carry on* with her mothering, i.e., what keeps her mothering rather than giving up on her daughter, she begins to name many resources that give her hope for the future.

As therapists, in many cases, we have been trained to think that we should focus primarily on emotions when trying to elicit hope. Oftentimes, it is assumed that negative

emotions must be purged before there will be "room" for hope and other positive emotions. I find it interesting that in both Melissa's and Scot's examples that there are no explicit discussions of emotions and yet an idea of hope is definitely evoked. This makes particular sense to me based on my clinical experience working with trauma survivors.

In my 25 years of treating traumatized people, I have found that, in the aftermath of crises attempting to elicit hope by dissecting negative emotions or trying to rev up positive ones risks being therapeutically ineffective at best, and disrespectful at worst. This is not to say we should avoid discussions about how clients feel -- far from it. Rather, talking with clients about what they are doing and how they are coping provides not only a framework for them to talk about how they feel, but a real life scaffolding for the eventual construction of more positive emotions. Hope follows action, rather than the other way around. Helping clients become aware that what they are doing -- even if it is "merely" coping and "just" getting by -- can be the first step towards rebuilding a sense of their own agency and control. Scot's case example of working with the mother when she was at her wits end and after trying everything with her daughter is a nice example of this.

I first began thinking about the healing power of inviting clients to make their own judgments about what they needed to do or continue to do or resume doing to feel better and the "hope implicit" quality of this, when I was a young therapist-in-training, working in a shelter for abused and runaway teenagers. Every one of these kids had experienced severe and prolonged abuse, and virtually all suffered from acute post-traumatic stress. My job, as an all-night staff person, was to help them get to sleep--an

almost impossible task because my clients knew sleep as a realm of nightmares and flashbacks. Talking with them about their traumas just heightened their distress and asking them "positive" questions--about what they wanted to do with their lives, what they liked, what would make them feel safer--didn't engage them.

Desperately casting around for a solution, I began to ask more specific questions about the immediate future: "What would you like to do tomorrow? What do you need to get that done? How will you know tomorrow night that you had a decent day?" Several said they wanted to contact brothers, mothers, or friends to find out if they were okay. Others said they wanted to go outdoors and that they'd been cooped up inside for too long. Still others said they wanted to wash their hair, take a bath, and get clean clothes. This doesn't sound like therapy, nor does it provide much in the way of emotional breakthroughs. However, it worked. Talking about practical, immediate plans calmed them down and helped them sleep. I believe that the practical details of their lives reminded them that they were more than their traumas, and gave them concrete realities that, at least momentarily, jostled them out of their inner turmoil.

Drawing on my shelter experience, I work with traumatized clients to help them identify actions they can take to keep going. But sometimes, traumatized clients no longer have a sense of who they are and why they should continue living--except they feel they have to go on for the sake of their kids, their grandchildren, their spouses, or even the person they have lost. Many clients, who cannot imagine going forward for themselves, can summon up some last dregs of strength on behalf of those they love. And that is, perhaps, yet another kind of hope.

It seems to me that hope is contextual. It needs a place to roost. Asking a mother

what gives her reason to keep mothering, what she sees in her daughter that gives her hope, what she is doing as a mother that she wants to continue, creates a context: a place for hope to nestle in. I believe that hope-eliciting conversations are those that invite the client to create a context for hope within his or her responses. I will be curious what Melissa and Scot think about this.

MELISSA DARMODY, Dublin, Ireland: After reading your comments I am struck by several aspects of what you both have said. I am particularly drawn to Yvonne's comment that we are looking for "a place for hope to nestle in". How do we create this place or space in the minds of the people we talk to? There were several points you both made that I think highlight how we might start to encourage hopeful conversations. First of all, I felt that Yvonne's point about hope being the "ability to participate and influence our lives" is very important. In order to have a hopeful vision for the future, we need to feel like we can actively contribute to that future in a positive way, in the most difficult situations. I remember once going to the funeral of a two-year-old girl who died of a brain tumor. During the funeral the mother of the child read a letter to the community asking for its support in building their lives again. She talked about what it would take for the family, the parents and three surviving children, to be able to live through this tragedy and find their way again. She spoke of remembering the child who died, while slowly returning to work and school and trying to, day-by-day, resume a life. This is an example of people looking for hope, in the most desperate of situations, through being able to actively influence their lives, asking for help and support from their community. Perhaps, we could also define this ability to influence our lives as wanting to

have *control* of our lives. If we talk to people about how they would be able to feel more in control of their lives, this might help them to actively “do” things that would make them more hopeful.

In addition, I was very interested in Scot’s idea of (re)evaluating people’s lives with them. Often people will describe an event as damaging or hurtful, yet if we can help them to (re)evaluate these events as “*learning*” it might allow them to define their lives differently and be hopeful about their abilities in the future. I feel this is very significant: to be able to help people (re)evaluate themselves and events. I thought Yvonne’s comments on letting clients make judgments about their lives tied in nicely to Scot’s concept of (re)evaluating, in that, if we are able to have conversations with people that highlight that they *have* managed, this might help people to feel they have been in control in the past. We can also start to have conversations with people about how they might have control in the future; what they can actively do to feel like they are in control of their own destiny. These actions, no matter how small, might be the building blocks to having hope that something can be different in the future. For example, if a young woman comes into therapy after the end of a relationship and defines herself as “unworthy” of love and a relationship and further thinks she has nothing to offer and therefore will never have another relationship in her life, this leaves her in a very unhelpful place. However, we can help her to (re)evaluate that relationship and learn from her participation in that relationship which might help her to step into a better future. Perhaps, she was actively contributing to an unhealthy way of communicating in the relationship. If this young woman is able to shift her thinking into what she has done well and learn from what she has done wrong (less well) she may be able to paint a

more hopeful picture of the future because she will have the knowledge and skill to actively influence a relationship in the future (taking control of her life).

So these are my two main thoughts so far: creating hopeful conversations can be done by (a) (re)evaluating and (re)defining past events into “learning” experiences and (b) talking to people about influencing their lives (taking control) of the future by participating in some type of action or behaviour.

SCOT COOPER, Caledonia, Canada: At this juncture in our conversation I am finding I have more questions. In particular, I am drawn to the process of conversing with clients in a way that has them "identify actions they can take to keep going" and the notion that sometimes this is on behalf of another person, such as a loved one. To me, this is the process of "goaling" that is, facilitating a process to develop possibilities (Walter and Peller, 1996). However, we have also been discussing asking interventive questions that perhaps build a context for "hoping" and elicit a sense from clients that they have some control in their life or some personal agency despite what has gone on. From my perspective, the latter is a very different process where the therapist is using various kinds of questions such as coping questions, hypothetical future questions, and reflexive questions (Tomm, 1987) as intervention prior to establishing possibilities.

It also occurs to me, having seen her work several times, that sadly despite my best efforts, I could never imitate Yvonne's therapeutic style but I have my own distinct style of participating in a therapeutic conversation. I experienced Yvonne's presence or personal style as exuding warmth, safety, concern and faith that things will improve. Is there something in the way Yvonne, as an individual, presents herself or crafts her

therapeutic presence that is more “hope eliciting” and implicit to her personal style? I remember seeing a videotape of Yvonne consulting with a woman who had experienced severe trauma and abuse. Before entering the therapy room Yvonne asked the client, who was already seated, if she had found the right room. The client assured her that she had and that she was expecting her. Entering the room, perhaps as opportunity would have it, Yvonne's earring fell off. The client then graciously picked it up and handed it back to her. What struck me about this interaction was that even before “therapy” had begun, this woman had experienced herself as useful, and having some control as she helped Yvonne locate herself and collect the stray earring. My sense was that this interaction had a very calming effect on the client and set in motion an interaction that created the context for hope to develop. This interaction seemed like such a natural part of Yvonne’s personal and genuine style.

I have been introduced to some of the research coming from Brief Therapy Training Centres-International² that has started to highlight these questions further. The faculty at BTTC-I are in their 6th year of conducting a client-centered, qualitative research design that strives to elicit structured feedback from consumers of service regarding their view of the quality of the therapy they receive after every single session. The primary instrument to gather the client's feedback is the Session Rating Scale, Version 3, designed by Lynn Johnson and later revised in collaboration with Scott Miller. In examining emerging trends in client feedback, interim data on the post session questionnaires indicates, quite consistently, that once a positive therapeutic alliance has been established, clients are rating increases in their hope before rating increases on “agreement on goals and tasks”. In a personal correspondence, James Duvall

(February, 2003) reported the following,

“The sequence of rating is consistently reported as alliance, then hope, then goals and tasks. Further, this increase in hope seemed to be connected to greater variability in therapists’ personal style than variability in the model used”.

So what does this suggest? Perhaps one way to understand this is that increases in perceived hope are more related to non-specific therapeutic factors such as therapists’ personal style, how they craft their presence, their inflection, tonal quality, and timing of questions, rather than the specific model that is used or quality of goals established.

This directs my attention, once again, to the impact of therapists’ personal style and the way they engender hope that works within their style. My sense is that despite one's best efforts to join with and assist the client to move forward in his or her life, clients have their own style as well and that this interacts with the therapist’s style producing "fit" or "misfit". I would like to more closely examine the commonalities, if they exist, between therapist’s personal style or non-specific therapeutic factors that serve to elicit hope. Do conversations that elicit hope have more to do with one’s appearance, tonal quality, use of silence, ability to emote empathy, timing, synergy, etc? Certainly, when I observe some of the very experienced and highly skilled therapists such as Yvonne, Insoo Kim Berg, Wendel Ray, and Michael White there are striking similarities in how they present themselves in regards to their gentleness, seemingly technique-free practice, and pace, regardless of the therapeutic perspective they practice. One of the similarities that also stands out for me is that they all seem to work from similar

epistemologies. Perhaps that has an influence as well.

The data also suggests to me, that before one can move on to co-creating goals and tasks there has to be a perceived sense of hope. The client needs to have a sense of being afloat in the ocean of life before moving on in a direction towards wellbeing. It speaks to me of the need to "go slow", to respect the pace of change and the process of life. I think this is what we have alluded to earlier in our conversation, in regards to the use of questions to highlight control, personal agency, and new ways to view self or events (re-evaluating experiences) in the face of life shattering traumas.

YVONNE DOLAN, Chicago area, United States: While hope, as Melissa and Scot suggest, may indeed be fostered and strengthened by empowerment, influencing and/or taking control of one's life, it is perhaps most at risk in response to life experiences one can not or could not control, such as a leader's decision to go to war despite the objections of citizens, or the aftermath of an irreversible loss. How exactly does one begin to make a place for hope in those situations? It seemed to me, that Melissa and Scot's responses suggest some additional answers to that question.

I was deeply touched by Melissa's story of the mother of a 2-year-old daughter who had died. This is a very rich and evocative example and I found myself returning to it over and over again. Certainly, as Melissa suggests, that act (of reading the letter and asking for support in finding one's way again) can be appreciated as an example finding hope by taking control of one's life. However, it occurred to me that there is an additional layer of meaning involved in this story. I want to suggest here that perhaps the mother's *act* of reading the letter and asking the community for support is, in itself, a

way of implicitly communicating (suggesting?) hope because the request for support implies a belief that the community has something to offer and that this something is likely to be helpful.

Whether or not that hope will be fulfilled is still unknown, but the act of asking for help is “*hope friendly*”. It is an example of “hope implicit” behavior. In addition, being part of a community, especially if one knows it to be supportive, is also likely to be a “hope friendly” environment. On the other hand, experiencing oneself as alone and isolated may be less hope conducive. Intuitively, it would seem that hope grows more easily in a context that involves relating to someone (or something?) beyond oneself and acting somehow on that relationship. For example, as Scot suggests sometimes people carry on after terrible things have happened, in part, because they hope that carrying on with life will somehow benefit their loved ones, or even their descendants.

Melissa and Scot both spoke about re-evaluating people’s lives with them, as a means of creating hope, and this too made sense to me, particularly in the respectful and appreciative contextual tradition of Narrative Therapy. Here again, I found myself returning over and over again to the real life examples they had mentioned and it seemed to me that, here also, there is another layer, an implicit layer of meaning that is communicated by one’s behavior (in this case, the therapist’s).

It seems to me that therapists asking people about their lives in an appreciative way, in itself, is a “hope implicit” act because the therapist’s appreciative questions imply that there is something *valuable* there -- otherwise why talk about it? On the other hand, I worry that *not* asking about the future, (even the very immediate future in the case of someone recently traumatized) is potentially hope damaging because the

implication could be “your future is not worth talking about.” Asking about the future and discussing the client’s desires and preference for the future in an appreciative way implies that there is, at least, the possibility (a reason to hope?) of things getting better or at least being okay. Furthermore, we are implicitly communicating that there is going to be a future, thereby communicating the therapist’s faith that the client will find a way to survive the current problem or crisis.

Like Scot, at this point in the discussion, I now have even more questions than I did in the beginning. Certainly, re-evaluating one’s life with a supportive therapist and harvesting what can be learned is a potentially “hope friendly” activity. However, when this results in the client feeling more hopeful (and I believe it often does) it seems to me that something additional is being communicated. Does the re-evaluative discussion somehow carry an implication that the future will possibly be better or at least more survivable or “okay” as a result of what is learned from this re-evaluating of one’s life? I suspect it does, and what intrigues me, is how is this communicated directly and indirectly, or explicitly and implicitly?

And now, this leads me to another question: What happens (even if the context is pleasant, respectful and appreciative) if the therapist talks and asks *only* about the past, and does not ask about the future. Could this also send an implicit message, such as: “Your future is not as significant, important (or valuable) as the past?” If so, what would likely be the consequences regarding the client’s sense of hope? This can get pretty complicated hope-wise, because, as Milton Erickson used to point out, we communicate meaning both by what we don’t say, as well as what we do say, as well by our facial expression and body language. So I think I had better stop and reflect for a while.

There is a lot about this hope business that I don't know. What gives *me* hope about carrying on as a therapist trying to kindle hope nevertheless, is the fact that I know I am not in this alone. I am very grateful for the contrasting ideas of colleagues like Melissa, Scot, and others. While despair flourishes in isolation, hope is often re-invigorated by community. I am profoundly grateful that I am not in this discussion, or for that matter, *in this field* alone!!! The fact that there are many of us (in our psychotherapy profession) and that we can potentially all be of help and support to each other gives me hope for the future.

I will look forward to Melissa and Scot's thoughts about hope as we continue the shared journey.

SCOT COOPER, Caledonia, Canada: Well, my original hope in participating in this dialogue was to be part of a generative conversation building upon the experiences and ideas of my colleagues, with an aim to be thinking differently than when we began. My sense is I have reached that destination through this process; unfortunately we must bring this discussion to some sort of closure – for now anyway. I have appreciated coming to know that hope transcends borders and cultures. It is an idea that has persevered through our histories, is alive within each of our countries, and is a part of each of our practices; brought to us by the people we are privileged to consult with. For some it is much more difficult to access, elusive and injured but nevertheless it hibernates waiting to be awakened.

In reflecting on our conversation, several means by which to catalyze, engender, and participate in the awakening of hope in a therapeutic conversation have been highlighted for me. In particular hope is developed not only through precise questioning but also through the implicit communications of our personal style. These “hope friendly” communications, whether they be through “appreciative inquiry”, a quiet faith that things will improve, or a curiosity about ones future, are a part of the meta-message of all we do in a therapeutic encounter and certainly play an integral part in effective practice.

Hope is a notion with the power to set the stage for change and to evoke desperate courage from individuals, families and communities when overcoming terrible traumas and events. The thoughts about “connection to a hope friendly environment” opened my eyes to new avenues of inquiry and attention in regards to countering the hopelessness of isolation and disconnection not only in the lives of the people we see but in our own practice. I could not have arrived there without Melissa’s warming story calling for community support and the meaning Yvonne connected to it.

Two of my original questions were concerning what would constitute the scaffolding of a “hope eliciting” therapeutic conversation and what were the therapeutic options available to us in the process of therapy. I will let our readers come to their own impressions of this, as perhaps they will find themselves struck by different aspects of the conversation given their unique culture and history. I hope we have provided the grist for the mill for an on-going consideration of hope

and its influence. It is certainly a thought that can change a life and perhaps the world.

Thank you both to Melissa and Yvonne for sharing your provocative thoughts and stories. I truly look forward to revisiting this discussion in a few years' time. In the meantime, I would invite our colleagues to continue the conversation, sharing their ideas, experiences and impressions after reading this triologue. Please feel welcome to post your comments on the Brief Therapy Network web page, www.brieftherapynetwork.com in the "roundtable forum".

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