Kneeling in the Forest: Therapist Negotiations With Hope and Despair

by

Katrina Jenmorri
DVATI: Graduate Diploma in Art Therapy, from Vancouver Art Therapy Institute, 2001
Combined Honours Bachelor of Arts, from McMaster University, 1997

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Masters of Arts

in the School of Child and Youth Care

© Katrina Jenmorri, 2006
University of Victoria

All rights reserved. This thesis may not be reproduced in whole or in part, by photocopy or other means, without the permission of the author.

Kneeling in the Forest: Therapist Negotiations With Hope and Despair

by

Katrina Jenmorri
DVATI: Graduate Diploma in Art Therapy, from Vancouver Art Therapy Institute, 2001
Combined Honours Bachelor of Arts, from McMaster University, 1997

Supervisory Committee

Dr. Marie Hoskins (School of Child and Youth Care, University of Victoria)
Supervisor

Dr. Daniel Scott (School of Child and Youth Care, University of Victoria)
Co-Supervisor or Departmental Member

Dr. Antoinette Oberg (Department of Curriculum and Instruction, University of Victoria)
Outside Member

Dr. Marla Arvay (Department of Educational and Counselling Psychology, and Special Education, University of British Columbia)
External Examiner

Abstract

Themes of hope and despair are central in the care of child and youth survivors of abuse trauma. Acts of abuse can disrupt a person's hope while shaking beliefs about purpose and meaning. Part of a trauma therapist's role is to implicitly offer one's own hopeful faith in possibility to clients, especially in moments of client despair. However, trauma therapy offers a challenge to therapists, prompting us to question our own meaning frameworks. A central aspect of this challenge involves negotiating hope and despair.

Through my research I consider issues of hope and despair in practice for therapists supporting survivors of trauma, and ponder the role of narratives – beliefs and ways of being – in cultivating sustainable practice. In this study I explore the central question: 'how can therapists negotiate hope and despair in a way which fosters resilience and sustainable practice?'

This thesis interest was born from personal experience as a junior therapist struggling with hope and despair. I researched the subject through creative self-reflection followed by interview conversations with 8 more-senior therapists working with trauma survivors. Interpretation of the conversations generated the following. The participants' negotiations involve (a) re-imagining hope and despair through process and paradox, from a stance of possibility and uncertainty, and (b) re-imagining health as non-attachment, non-aversion, and engagement. In addition, the conversation/s with participants suggest/s that practitioners can maintain an engaged non-attachment through narratives for practice which (a) distinguish between suffering and pain (b) describe and encourage innate human resilience, (c) affirm the power of the relationship as a site of re-connection (d) reflect a grounded view of change processes, and (e) promote playfulness in

the process. Finally, participants develop resilience through processes of congruence – narrating their lives through (a) practicing reflective engagement with challenge and (b) infusing their practice with this learning. This process forges a connected, transformative story of (c) client and therapist as two travelers and (d) life challenges as useful teachers. In short, participants negotiate narratives which offer them a meaningful response to the challenges of therapy; these narratives reflect a desire to be of deep service for others from a position of personal aliveness and a vision of enhanced community health. Following the explication of the themes detailed above, further implications and recommendations for fostering practitioner and community resilience are provided.

Table of Contents

Abstract....ii
Table of Contents....iv
Acknowledgements....vi
Dedication....vii...

Chapter 1) Introduction....1
Chapter 2) Of Rainbows and Tears: A Literature Review about Hope and Despair in Trauma Therapy....5
Clarifying Terms....5
The Paradox of Hope and Despair in Trauma Therapy....8
The Impact of Abuse Trauma....8
Spirituality and Abuse Trauma....10
Fostering Hope with Child and Youth Survivors....11
The Development of Hope is Relational....13
Challenges for Therapists Working with Abuse Survivors....14
A Narrative of Vicarious Trauma....15
Hope, Despair, and Opportunity....16
Chapter 3) My Way of Going: Experience, Self-Reflection, and Conversation....18
An Ethic of Participation and Collaboration....19
A Place to Begin....21
A Sense of Direction....21
A Deepening Curiosity....22
Case Study #1: Self-Portrait....24
Case Study #2: Three Scenes and A Portrait....25
A Growing Curiosity....26
Movement into Focused Conversation....28
Participatory Collaboration....29
Self-Reflection....29
Developing the 'Results': How I worked with the Data....30
Ongoing Conversation/Collaboration....31
Chapter 4) An Interpretation of the Conversation....34
Diversity of Narratives....34
Negotiating Meaning/s....36
Gathering Threads of Meaning....38
Potential Pressures Placed on the Participant's Narratives....41
A) Negotiating Hope and Despair, Creating a Perspective of Aliveness and Enthusiasm....42

I) Re-imagining hope and despair through process and paradox -- hope can be a limiting belief, despair can be a fruitful possibility -- and engaging the present moment as nourishing practice........ 42
Re-imagining Hope........ 42
Limitations of a Fixed-State, Future-Oriented Hope........ 44
Grounded Hope: Engaging with Uncertainty and Possibility........ 46
The Process of Therapy as a Process of Hope Grounded in Possibility Now........ 48
Making Space for the Presence of Despair........ 51
Re-imagining Despair........ 54
Hope and Despair and Meaning Making........ 61
II) Re-imagining Health as Non-Attachment, Non-Aversion, and engagement........ 63
Flow........ 63
Health and Non-Attachment........ 66
Distinguishing Between Engagement with Despair and Attachment to Suffering........ 68
III) What Can Help Therapists Cultivate Engaged Non-Attachment?........ 71
Distinguishing Between Suffering and Pain........ 72
Human Resilience........ 73
The Power of the Relationship........ 76
Re-connection as Aliveness........ 76
The relationship and an Ethic of Collaboration........ 77
A Grounded View of Change Processes: Possibility, Response/ability, and Limits 82
Inherent Possibility of Change, and Shared, Distinct Response/abilities........ 82
Relativity and Limits in Change Process........ 84
Playfulness........ 89
B) Pathways of Resilience: Processes of Congruence........ 90
I) Narrating Lives Through Practicing Reflective Engagement with Despair Related to Life Challenges, Creating Meaning from these Events, and Infusing Practice with this Learning........ 90
The Process of Narrative Development: An Experiential Pathway for Resilience........ 93
II) Two Travellers........ 96
Chapter 5) Summary........ 99
Chapter 6) Further Implications........ 103
Recommendations........ 103
For Training Institutes and Clinical Supervisors........ 103
For Communities of Practitioners........ 105
Bibliography........ 106
Appendices........ 116
1) Invitation for Participants........ 110
2) Participant Consent Form........ 118
3) About the Participants........ 122

Acknowledgements

Loving thanks to the many children, youth, and families who have risked exploring tender parts of their lives with me; your courage has taught me deeply about hope, despair, and resilience. A warm "thank you" also to the generous participants: Carol, Guy, Heather, Janet, Leslie, Maggie, Nadi, and Tina. The gift of your stories about negotiating hope and despair has become rich support for a sustainable way of being as a therapist. Thanks also to Ilse and Giles for consistent, rich love and encouragement; your love was my first experience of hope, and it still nourishes me. Wonderful thanks also to James, for appearing at just the right moment. This graceful surprise wakens grounded possibility like first light across the mountains.

Dedication

For Marlee, Heather, and Bird.

Introduction

I came to explore the wreck.
The words are purposes.
The words are maps.
I came to see the damage that was done
And the treasures that prevail..[1].

During my 6 years of practice experience as an art therapist and crisis counsellor I have worked primarily with people who are survivors of multi-generational abuse trauma. As I approached the 5 year mark of practice, I felt myself at a crossroads of choice: needing to decide either to commit more deeply to this work or choose something else. At the centre of this dilemma lay a tangle of hope and despair, a feeling of depletion, and a curiosity about what else might be possible. Indeed, literature in the field suggests that existential themes of hope and despair compose a central paradox in the care of child and youth survivors of abuse trauma – for clients *and* therapists. Acts of abuse can disrupt a person's hope while shaking beliefs about purpose and meaning (Decker, 1993; Garbarino & Bedard, 1996; Pearlman & Saakvitne, 1995a). Therapists are called to offer implicitly their own hopeful faith in possibility, especially in moments of client despair – yet trauma therapy presents a challenge to the therapist, prompting her to question her "own sense of meaning and hope" (Brady, Guy, Poelstra, & Brokaw, 1999, p. 387; also Mahoney, 2003; Pearlman, 1999; Pearlman & Saakvitne, 1995a). Significantly, we imbue our lives with meaning through creating, telling, and recreating stories about our experiences and our

---

. [1].(From "Diving into the Wreck", by Adrienne Rich, quoted in Atwood, 2002, p. 174.)

place in the world (Polkinghorne, 1988). The narratives we carry – externally generated dominant narratives, personally created counter-narratives, and our melding of both – reflect *and* shape our lives. They comment on our experiences and play a role in *creating* those experiences through informing our perceptions and actions (Gergen, 1994, 1999). Narratives are powerful: we make sense of the past, move in the present, and imagine our futures through the narratives we create (Polkinghorne, 1988). They influence the development of our identities and our existential and spiritual beliefs about wider meaning and purpose (Gergen, 2004). Reflecting upon my dilemma of hope and despair in practice, I began to wonder – if narratives are both descriptive and shaping of experience – might the stories I tell about trauma, therapy, and possibility play a role in co-creating the way the work impacts me (which, then, affects my enthusiasm for the work and the depth of my ability to be of service)?

Challenges in the work for the therapist have often been named as vicarious trauma, secondary traumatic stress, and compassion fatigue – narratives which articulate a range of cumulative detrimental impacts of this work upon the therapist, and suggest ways of ameliorating this effect. Researchers have named a need for further investigation of strategies which help therapists reduce vulnerability to vicarious trauma (Bride, Robinson, Yegidis, & Figley, 2004; Clemans, 2004; Way, VanDeusen, Martin, Applegate, & Jandle, 2004). Considering my own experiences of negotiating hope and despair from a perspective shaped by postmodernism, constructionism, narrative theory, and radical hermeneutics, I wondered what would happen if I were to shift my focus from *reducing vulnerability* to *enhancing resilience and sustainability* of practice? Might this shift in

focus influence my feelings about the work? I was also curious whether my very narratives for practice might be able to contribute to this shift and to the experience of growth it describes.

The central question explored in this thesis – 'how can therapists negotiate hope and despair in a way which fosters resilience and sustainable practice?' – holds several layers. It is a personal exploration of the possibility of creating more thoughtful narratives for my own practice, narratives to help me negotiate hope and despair with greater resilience. Believing that other practitioners may be struggling with this paradox, this project creates an opportunity to encourage open conversation in our community of practitioners – to co-create some learning with professional elders, and share this conversation with others (who may also be seeking ways of enhancing their resilience in negotiating hope and despair, to contribute to sustainable practice). As I am linking the paradox of hope and despair with 'therapist resilience' and 'sustainable practice', I will first describe what I mean by the latter two terms before moving more deeply into an exploration of the paradox.

Resilience can be understood as "positive adaptation in the face of adversity" or challenge; it is "not a static quality" but rather "an evolving set of characteristics and processes" (Ungar, 2004b, p. 46 & 56). While an ecological model defines resilience "as health *despite* adversity", a constructionist position offers an alternate view of "successful negotiation with the environment for resources to define one's self as healthy *amidst* adversity" (Ungar, 2004b, p. 78, *my emphasis*). From a constructionist perspective, the development of resilience is complex, chaotic, and relative-contextual; both the meaning

of resilience and its pathways are personally and socially constructed (Ungar, 2004, 2004b). The construction of resilience is an ongoing process, a negotiation in which there will be ebb and flow. I consider therapist resilience to be *mutually* related with one's health, where one simultaneously influences the other – and here I am defining health as a process: the shifting quality of one's ability to engage deeply, to be present, with enthusiasm and aliveness.

I have chosen to use the term 'sustainable practice', common within fields of agriculture and international development (i.e. sustainable agriculture or sustainable development), but which is not generally applied to therapy. I use it here with layered connotations. With this term I intentionally reference practicing from a position of health ('health' defined as a process), in the midst of the challenges of trauma therapy, with longevity (*where the work can be sustained*). I also reference working in such a way where the experience of practice itself is nourishing (*where the work is sustaining*). When something is 'sustainable', the *Oxford Dictionary* suggests, it "conserves an ecological balance by avoiding depletion of natural resources" (Bisset, 2004, 1059). In this study I explore how nine therapists negotiate the paradox of hope and despair, and consider the relationship between this negotiation and processes of resilience. The findings stemming from this research suggest that simply *engaging* in this negotiation may enhance resilience, offering therapists an opportunity to develop sustainable practice.

Of Rainbows and Tears:
A Literature Review about Hope and Despair in Trauma Therapy

The soul would have no rainbows if the eyes had no tears..[2].

*

In this chapter I present a review of literature related to hope and despair in trauma therapy. I will first discuss concepts of hope and despair, considering how they are related and how they are relevant in human experience. I then review impacts of trauma on children and youth, and consider the relevance of hope and despair in recovery. Creating this foundation into the work itself provides a platform from which to discuss the challenges this work implies for trauma therapists. To articulate these challenges, I consider the discourse of vicarious trauma and discuss threads in the literature relating to therapist experiences of hope and despair.

Clarifying Terms

Hope and despair are concepts that can be difficult to articulate in words, terms which seem intimately linked with one another. Through reviewing definitions found within philosophy, theology, and allied mental health professions, one can conclude that these phenomena hold diverse meanings, which are contextually rooted. It is also possible to construct common themes across disciplines and cultures (Pilkington, 1999). For

---

.[2].(Minquass Proverb, quoted in Lewis & Innen, 2004, p. 11)

example, hope is often linked to health, growth, and transformation (Pilkington, 1999). Some theorists have described hope as a necessary condition for personal and collective change (Friere, 1992; Fromm, 1968). Medical and psychological studies suggest that hope provides something essential for survival and abundance: it seems to promote recovery from illness and contribute to optimal physical and emotional health (Gottschalk, 1985). Hope has been presented as able to improve one's coping resources during stressful situations (McGee, 1984); it may offer a motivational force to move forward in life (Stotland, 1969) through clarifying one's sense of intention for action (Pilkington, 1999) and fostering agency (Snyder, 1995). Hope is described as a quality that provides immense support for negotiating life challenges.

A second common theme in the literature is that, paradoxically, the development of hope is often intimately related to experiences of suffering; that is: "hope arises out of the same conditions that give rise to despair" (Casey, 1988, cited in Pilkington, 1999, p. 13). Some theorists suggest hope both emerges from and enables a process of seeking meaning in situations of suffering (Frankl, 1959; Kierkegaard, 1980/1849). Through motivating and enabling people to seek meaning, hope may provide a framework for pathways to change: a ground from which one can imagine possibilities in situations of hardship and start to take action (Frankl, 1959; Kierkegaard, 1980/1849; Lynch, 1965; Wu, 1972). Frankl (1959) experienced and observed this dynamic among prisoners in concentration camps during the Holocaust. He clarifies that humans do not need to suffer such extreme situations to have hope, develop faith in possibility, or forge a sense of meaning. However, he suggests that crisis situations offer a challenge to the

human psyche through which deepened hope, possibility, and meaning sometimes emerge. Frankl argues that actively nurturing these qualities can foster an inner strength which contributes to survival within situations of atrocity. This supposition is supported by recent research conducted by Parse (1999a) and her colleagues. They found that, across cultures and among both children and adults, hope is regularly described as a way to affirm meaning in the midst of adversity: hope is challenged and often heightened through difficult experiences. These findings clearly have relevance for clients and therapists moving through the challenges of trauma therapy.

The *Oxford Encyclopedic English Dictionary* defines despair as "the complete loss or absence of hope" (Hawkins & Allen, 1991, pp. 392). While some theorists suggest hope and despair are opposite points on a continuum, or antonyms (Campbell, 1987; McGee, 1984), Parse (1999b) argues that hope and despair actually exist as a paradox. A paradox is "a phenomenon that conflicts with preconceived notions of what is reasonable or possible" (Bisset & Barber, 2004, p.742), a statement that is "seemingly absurd or contradictory" (Hawkins & Allen, 1991, p.1054). Hope and despair may seem like opposites, and it might seem reasonable to assume that in a single moment a person would experience one or the other. Conceptualized as a paradox, however, hope and despair share a more complex, interconnected relationship. One comes to know the phenomenon of despair through experiencing the fluctuating presence and absence of hope. Similarly, hope and the related capacity for faith in possibility become significant in human lives in response to the existence of despair. This paradox can be seen in the following description by 'Anna', a participant in a research study exploring vicarious

trauma: "It was like a large, heavy cloak slipping over me, weighing me down, and I became draped in despair. I felt grey, empty, and hopeless. Life felt hollow and meaningless. I couldn't find joy anywhere....It was a very physical and intense feeling" (Arvay, 1998, p. 21). Hope and despair share a seemingly contradictory relationship: superficially they could be seen as opposites, yet our experience of these phenomena suggest a deeply complimentary relationship between the two.

The Paradox of Hope and Despair in Trauma Therapy

The impact of abuse trauma.

Abuse trauma is generally described as relational experiences which overwhelm a person's ability to cope in a given situation; the impact of abuse is widely considered to have cognitive, affective, and somatic components (Eckberg, 2000; Herman, 1992; Ogden, 2002; Osofsky, 2004). However, few universal generalizations can be made about what trauma is – what trauma means and what types of events are traumatizing – or about the universal impacts of trauma on children and youth. Indeed, "suffering is produced and alleviated primarily by the meaning people attach to their experiences" (Crossley, 2000, p. 541). A child's experience of trauma will be informed by the nature of the abuse, the child's relationship with the perpetrator, the child's attachment experiences and development, and the caregivers' and community responses to the disclosure (Osofsky, 2004). In addition, the experience of trauma is embedded within a cultural and historical context, such that communities create and carry situated narratives which imbue experiences with particular meanings (Boyden & Mann, 2000; Lewis & Ippen, 2004). Lewis and Ippen (2004) clarify that "[t]he cultural context phenomenologically shapes the

lived experiences of both children's development and their experience of trauma" (p.14). Within a given cultural and historical context, "an abused child is generally socialized to emotionally and cognitively respond to the event as trauma according to the guidelines of his or her culture" (*Ibid.,* p.11).

Research has suggested that relational events which *are* experienced as traumatizing can disrupt children's development of trust and secure attachment, shaping their view of the world and their place in it (Hinshaw-Fuselier, Heller, Parton, Robinson, & Boris, 2004; Osofsky, 2004). Trauma can create a "sense of a severely limited future, along with changed attitudes about people and life....the future [may appear as]...a landscape filled with crags, pits, and monsters" (Terr, 1991, pp. 13-14). However, as implied above, not all children will be traumatized by the same events, and while some children and youth experience post-traumatic stress disorder as a result of trauma experiences, some do not. In addition, researchers have found evidence to suggest a phenomenon of 'post-traumatic growth': positive changes and enhanced development stemming from reflective meaning-making about traumatic experiences (Aptekar & Stocklin, 1997; Higgins, 1994; King & Miner, 2000; Milam, Ritt-Olson, & Ungar, 2004; Parappully, Rosenbaum, Van Den Daele, & Nzewi, 2002; Tedeschi & Calhoun, 1996). Aspects of such growth may include "an increased appreciation of life, changes in life priorities," enhanced spirituality, and shifts in relationships with others (Milam et al., 2004, p. 192). Janoff-Bulman (1992) makes an important point when, in reflecting on her practice with survivors, she states:

> [i]t may seem remarkable, yet it is not unusual for survivors, over time, to

> wholly reevaluate their traumatic experience by altering the positive value and meaningfulness of the event itself. The victimization certainly would not have been chosen, but it is ultimately seen by many as a powerful, even to some extent, worthwhile teacher of life's most important lessons.
> (cited in Garbarino & Bedard, 1996, p. 474)

Given these variations in the impact of potentially traumatic experience, practitioners and researchers alike have become interested in exploring processes of resiliency, considering: 'what factors – including meaning making practices – help create pathways to experiencing post-traumatic stress and/or post-traumatic growth?' One could pose similar questions about stress and growth with regards to therapist experiences of vicarious trauma.

Spirituality and abuse trauma.

Existential-spiritual dilemmas presented by the experience of trauma are notably less discussed in the trauma literature than cognitive, affective, and somatic impacts, although this seems to be an emergent theme. Pearlman and Saakvitne (1995a) argue that "[t]rauma virtually always affects the individual's frame of reference, which includes world view, identity, and spirituality" (p. 61). Practitioner-researchers have suggested that trauma poses a challenge to spirituality: to one's hopefulness, sense of possibility, and meaning frameworks (Mahoney, 2003; Pearlman & Saakvitne, 1995a, 1995b). Decker (1993) postulates that trauma will inevitably impact a person's spiritual development. He believes that, as trauma "calls into question old perspectives, requiring a reexamination of values and core beliefs", survivors of trauma often become more concerned with seeking a sense of meaning and purpose (cited in Brady et al., 1999, p. 387). A significant body of literature supports the idea that recreating meaning and

purpose is a central task in fostering positive growth in trauma recovery (Herman, 1992; Jaffe, 1985; Tedeschi, Park, & Calhoun, 1998). Hart (2003) has argued that, contrary to common belief, even very young children ponder existential questions of personal and collective meaning, such as 'Why am I here?' and 'What is life about?' (p. 11). Coles (1990) concurs, musing: "how young we are when we start wondering about it all, the nature of the journey and of the final destination" (p. 335). He clarifies that "[c]hildren try to understand not only what is happening to them but why" (p. 100).

If trauma often prompts a deeper search for meaning and if children are capable of existential wondering, then child and youth survivors – similar to their adult counterparts – are likely to be engaged in a heightened struggle for meaning-making. Garbarino and Bedard (1996) argue that, "if the crisis of meaning and purpose cannot be mastered, it can result in psychological and physical symptoms which can become debilitating" (p. 470). As such, offering children and youth a context for exploring *and constructing* the meanings of their experiences of trauma, for considering (in developmentally appropriate ways) their existential-spiritual questions nestled therein, becomes central to their therapy.

Fostering Hope with Child and Youth Survivors

Postmodernism has offered a view of reality as perspectival, as socially negotiated and constructed (Smith, 1997). Mahoney (2003) describes the application of post-modern, constructivist philosophy to psychology:

> We are not simply the bearers or vehicles of our lives; we are also the authors. We write each moment at multiple levels, for the most part unaware that we are generating the very story in which we are living. Among other things, this means

> that psychotherapy is fundamentally an endeavor in which therapists are attempting to help clients reclaim their author-ity and write different and more fulfilling dimensions into their lives. (p. 100)

In this sense, constructivist approaches to therapy offer a stance of curiosity, allowing for a multiplicity of stories about client experience and possibility (Amundson & Stewart, 1993; Gergen, 1999). Garbarino and Bedard (1996) note there is "a growing body of evidence linking the ability to tell a coherent and *meaningful* account of one's life to the crucial variables of resilience in the face of adversity (Cohler, 1991)" (p. 469, *italics in original*). They argue that "the emergence of this ability in children and youth is *the* most important foundation for resilience" (p. 469, *italics in original*). However, postmodernism speaks of the self as fragmentary, changing, multiple, and relational-contextual (Gergen, 1999; Rivera, 1996); in such a context what does coherence mean? Can a singular narrative offer a meaningful account? Carney (2004) contemplates Holocaust survivors' narratives in light of the dominant pressure to create coherence and the post-modern challenge. She asks: "[w]hat do we do with those stories...that do not so conform" and challenges "how do we evaluate the fragmented, jumpy, scattered nature of many life stor[ies]?" (pp. 210-211). Within a post-modern framework life stories are malleable and multifaceted: we constantly recreate our narratives about our lives, and these stories generally embody contradictions (Gergen, 2004; Lather, 1991). While personal and community survival are supported by stories which foster hope and "perseverance in the face of adversity" (Mahoney, 2003, p. 165), it is important to consider that "*the developmental relevance of narrative is to be found in the way it enables the emergence of complexity*" (Daiute & Lightfoot, 2004, p. xvi, *my emphasis*). Cultivating a diversity of

narratives and complexity within narratives "may have liberating implications" (Gergen, 1999, p. 174). Developing stories "based on strengths, hopes, dreams, preferences, and new possibilities" can be an empowering experience for child and youth survivors (Sax, 1997, p. 112; also Higgins, 1994; & Madigan, 1997). Such stories may be particularly transformative when they also make room for the presence of struggle, fear, and despair as well as the existential questions that arise in that landscape.

The development of hope is relational.

The process of creating personal narratives happens through dialogue, through specific relationships situated in wider social, discursive contexts (Polkinghorne, 1988); a person's "sense of self emerges and changes primarily in relationship to others" (Mahoney, 2003, p. 7). In therapy, client and therapist explore and construct narratives for living – ideally narratives wide enough to hold the complexity of human experience, including fluctuations in hope and despair, which can support and facilitate client growth and healing. This is a *collaborative* process: "the therapeutic relationship is...one of conjoint meaning making....It is from relationships that meaning is generated" (Gergen, 1999, p. 170). Indeed, the development of hope itself is considered a relational process (Dufault & Martocchio, 1985; Erickson, 1964; Forbes, 1994; Lynch, 1965; & Vaughn, 1991), an intersubjective creation rooted in mutual empathy: "hope depends on one's loving and being loved in open community of face to face relationships" (Vaughn, 1991; cited in Pilkington, 1999, p. 23). The therapist's empathic participation is integral in the re-authoring process of life narratives that occurs in therapy: *it is the therapist's own hopeful faith in possibility which helps nurture the growth of the client's hope.*

Given that the development of narratives for living is a relational process, *what happens when the therapist's hopefulness is ragged or compromised? How/can he help another develop narratives of possibility when he enters the relationship feeling hopelessness and despair?* Ziegler (2000) offers an illustration of the dilemma:

> Sometimes I'm afraid of the dark side, afraid that I'll collapse and be useless. I don't want to acknowledge the depth of my own despair. I keep to myself the times I can only see destruction and devastation, the times I prefer depression to the grief and despair underneath. Then life's joy is trapped below a plain of misery, and it's impossible to be a purveyor of hope to the despairing, impossible to bring meaning to the meaningless. (Ziegler & McEvoy, 2000, p. 123).

This description prompts the question of choice and possibilities, specifically: how/could the therapist be present with her experience of despair and still be able to offer hope?

Challenges for Therapists Working With Trauma Survivors

Mahoney (2003) suggests that "[o]ne cannot be intimately involved in so many other lives without being challenged in the process" (p. 206). One of the central challenges of supporting people recovering from trauma involves being with the complex mixture of light and shadow in the work – the beauty and the violence alive in the world – and one's own related feelings of hope and despair, in a sustainable way. Mahoney (2003) articulates this challenge for therapists in the following way:

> [w]e are repeatedly exposed to stories of...tragedy, heartlessness, and the wilful infliction of pain. This can be a challenge to our own faith in human nature. The paradox comes from what we are asked to do as helpers....We are professionally charged with the responsibility of encouraging our clients to keep the very faith that, in us, may be under constant challenge by our work....I believe this paradox is a significant one. (pp. 196-197)

Within the literature, discussion of therapist experience of hope and despair is minimal. Where it is addressed, it is generally positioned as a component of vicarious traumatization. For example, Pearlman & Saakvitne (1995a) suggest that "[u]naddressed vicarious traumatization, manifest in cynicism and despair, results in a loss [of]...hope and the positive action it fuels" (p. 33).

A narrative of vicarious traumatization.

There seems to be increasing agreement in the literature that therapists who work with trauma survivors are deeply impacted and altered by their work (Figley, 1999; Jordan, 1991a; Mahoney, 1991, 2003; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995a; Yalom, 2000). Pearlman (1999) has articulated the impact of trauma therapy on therapists as follows:

> Those who voluntarily engage empathically with survivors to help them restore the aftermath of psychological trauma open themselves to a deep personal transformation. This transformation includes personal growth, a deeper connection with both individuals and human experience, and a greater awareness of all aspects of life. The darker side of the transformation includes changes in the self that parallel those experienced by survivors themselves. (pp. 51-52)

Pearlman and MacCann (1990) coined the term *vicarious traumatization* to describe 'the darker side' of this change process. Pearlman and Saakvitne (1995a), elaborating on this foundation, refer to vicarious traumatization as the cumulative impacts upon a therapist over time, effects which are similar to the symptoms of post-traumatic stress, resulting from empathic engagement with clients. Researchers have suggested that vicarious trauma may involve changes in one's identity, world-view, spirituality, core organizing beliefs,

relationships with others, and behaviour (Chrestman, 1999; Figley, 1995; Pearlman & Saakvitne, 1995a). Pearlman and Saakvitne (1995a) argue that this phenomenon does not signify immaturity, countertransferential reactions, or 'bad practice.' Instead, they present vicarious traumatization as an 'occupational hazard,' to some degree an inevitable effect of immersion within the realm of human suffering. There seems to be considerable agreement in the literature on this point (Arvay, 1998; Bride, Robinson, Yegidis, & Figley, 2004; Figley, 1995; Munroe, et. al., 1995; Pearlman, 1999; Stamm, 1999).

Pearlman and Saakvitne (1995a) apply 'constructivist self development theory' to the concept of vicarious trauma. From this perspective, the effect of trauma -- vicarious or otherwise -- will be mediated by personal and contextual variables. Such factors include the therapist's supports (both internal and external), situational and organizational factors (such as number and nature of clients seen, amount of variety in professional responsibilities, health of the team), as well as the social and cultural context (for example, availability of funding for programs, pervasiveness of violence in the media, attitudes towards abuse survivors, etc.) (Pearlman & Saakvitne, 1995a). Therefore, they argue, while vicarious trauma may be an occupational hazard, it is a process that shifts over time as influenced by a host of variables which mediate therapist vulnerability. From this perspective, therapists can evaluate the various risk factors in their lives, and seek ways to protect themselves from this occupational hazard to minimize the intensity of the negative effects.

Hope, despair, and opportunity.

Pearlman and Saakvitne (1995b) argue that spiritual wounding – the "loss of a

sense of meaning for one's life, a loss of hope and idealism, [and] a loss of connection with others" – is the most disruptive aspect of vicarious trauma. Brady et al. (1999) note that "this area of difficulty is one of the least explored" (p. 387). In a recent review of the literature, they found a complete absence of empirical research investigating the impact of therapy on the spiritual life of the clinician.

Some studies have emerged which *mention* connections between spirituality, the therapist's personhood, and the work of trauma therapy (Arvay, 1998; Brady et al., 1999; Clemans, 2004; Iliffe and Steed, 2000; Mahoney, 2003; Pearlman and MacIan, 1995; Raingruber and Kent, 2003; Williams and Sommer, 1999). In reviewing this research, I have noticed/constructed several common themes which suggest a more complex picture than can be readily explained through narratives of vicarious trauma. That is, a spiritual philosophy and spiritual practices may nourish a therapist's hope and soften the intensity of despair and other aspects of secondary traumatization. While a therapist's spirituality may be negatively impacted by the work – in the form of loss of hope and meaning – paradoxically, conducting therapy with trauma survivors may also offer a context and impetus to forge a deeper spiritual resilience. Developing meaning and purpose, cultivating an awareness of human resilience in general and client strengths in particular, and believing in the possibility of growth and recovery, may be factors which enhance therapist resilience in the face of secondary trauma. The experience referenced by the concept of vicarious traumatization may, when met with reflection and meaning making, itself become a 'crisis of opportunity' which clarifies a therapist's spiritual framework for the work and for life in its fullness.

Bruner (1987) reminds us that "any story one may tell about anything is better understood by considering other possible ways in which it can be told" (p.32). Within the professional literature, therapists' experiences of working with trauma survivors are generally considered from the point of view of vicarious trauma, secondary trauma, and/or compassion fatigue. The vicarious trauma narrative is *one* story about therapists' lives, which is the dominant narrative in the professional literature; however, I believe therapist experiences of trauma therapy could also be narrated in other ways. Through this thesis I offer a story with a different emphasis, exploring how therapists experience, make meaning of, and negotiate hope and despair in their practice.

My Way of Going: Experience, Self Reflection, and Conversation

Knowledge emerges only through invention and re-invention,
through the restless, impatient, continuing, hopeful inquiry human beings pursue
in the world, with the world, and with each other. (Freire, 1970, 72)

My path into this research was shaped by three threads of influence: personal experience, self-reflection, and generative conversation. Feeling a kinship with social constructionism, I believe knowledge is a co-creation, rather than a discovery (Gergen, 1999; Kvale, 1996; Schwandt, 2003). We develop understanding through becoming present in our experiences of the world, through generative conversation with others, coupled with self-reflection. I believe, as Freire's words above suggest, knowledge is

created through our willingness to step, together, into the mysteriousness of life – the unknowns, uncertainties, and ambiguities -- with integrity, which I would define as a consistent commitment to self-awareness, congruence, com/passion, and caring. Kvale (1996) argues that "[k]nowledge is neither inside a person nor outside in the world, but exists in the relationship between person and world" (p.44). It is through mindful, generative, collaborative participation in that in-between space that we can develop deep understandings of our experiences.

An Ethic of Participation and Collaboration

From the perspective of social constructionism, the process of research and the resulting texts emerge through one's whole, shifting self in active conversation with the world. This philosophy shapes my way of entering into and being with the practices of developing research and text. In therapy, the practitioner's engaged, connected presence is the instrument through which she serves another: "[t]he most important tool the art therapist or any therapist brings to the client is his or her own personhood" (Ellingson, 1991, 19). As the primary researcher exploring a topic rooted in therapist experience, which has been generated through a curiosity emerging from my own work as a therapist, it has felt important to practice congruence between these roles in terms of values and behaviour. A philosophy about the usefulness of engaged, connected presence shapes how I approach my life and, therefore, informs my practice as a therapist and as primary researcher. As I believe it is through participating deeply in life, with integrity, that we can offer a useful contribution, I have been both mindful and joyful about the ways my shifting perspectives have sculpted the research process. That is, I have not attempted to

'eliminate my bias' as the researcher, or strive for an 'objective neutrality.' As I believe reflective, collaborative processes foster learning and understanding, I have created this project as rooted in a life in communion with others. The understanding generated through this research is, therefore, a participatory co-creation. Saukko (2000) notes that "...the voices of the author and the characters are always entangled with one another and are shot through with social voices that speak through them" (p. 303). The creation of meanings offered via this thesis occurred through wide dialogue: with clients, friends, family, colleagues, and participants whose stories and ideas are themselves shaped through communion with their loved ones and communities. These layered conversations have developed in particular contexts, shaped by conscious and unconscious dialogue with social narratives and historical forces. I have attempted to hold these various elements in my own hands and to weave them together through the insights and ignorance of my own experiences and curiosities; I have fashioned an interpretation through my best ability to understand in this moment in time.

I believe this ethic of mindful participation and collaboration steps outside the traditional binary of subjectivity and objectivity, and I feel this is a source of strength within my research. This project focuses on particular people's ideas shaped by certain life experiences. The presented information is contextually specific, rooted in a specific time and place; however, I believe it has relevance for the wider community of practitioners. I have not 'arrived at knowledge' that claims 'authority'. Instead, through a social process, I have gathered some understandings and make, here, an offering of possibility. As I describe below, I have integrated multiple methods in this research: self-reflection through

art and creative writing, literature review, developing and facilitating a graduate course, conducting interviews with other practitioners, a self-interview, a conversational method for developing the 'results', and consultation with participants for an internal audit.

A Place to Begin

As mentioned earlier, I began this project with a curiosity in my own life and work as a therapist. When I turned to the literature for some input into my questions about negotiating hope and despair, the closest discussions I found were those centered on vicarious trauma. I felt affirmed by this attention to therapist process and health, however, my curiosity was not satisfied. I did not feel I was being traumatized, but rather that my work was prompting me to face questions of meaning and purpose, hope and despair, possibility and uncertainty. The vicarious trauma conversation did not seem to address my questions about negotiating hope and despair.

A Sense of Direction

Feeling the literature was not addressing the specific questions about which I was curious, I decided to explore this topic with other practitioners. van Manen (1997) argues that "[w]e gather other people's experiences because they allow us to become more experienced ourselves" (p.62). As a young therapist, I felt a need for mentoring around this area of challenge in my practice and, therefore, wanted to initiate conversations with therapists who had been practising with survivors for 10 years or more. I imagined my professional elders may have grappled with similar questions, and developed some ways of being in response to challenges, enabling them to continue in the field with longevity. Believing questions about hope and despair might also be present for other practitioners, I

wanted to gather and develop some experiential wisdom to share with our community of helpers.

A Deepening Curiosity

With this sense of direction, I returned to my own experience. van Manen (1997) points out that "one's own experiences are also the possible experiences of others"; as such, "[t]o be aware of the structure of one's own experience of a phenomenon may provide the researcher with clues for orienting oneself to the phenomenon and thus to all the other stages" within the research process (p. 54 & 57). Starting with my own experiences, I considered the challenges of hope and despair as they live in my own practice and life, first through art and then through creative writing.

The intention within this type of creative work is to 'come to know'. Rather than recording one's knowledge, one utilizes the expressive arts as ways of developing tacit (implicitly known but not yet conscious or articulated) understandings of a subject, generating images, poems, stories, and stream-of-consciousness narratives for further reflection. Douglass and Moustakas (1985) have argued that focusing into one's experience offers a useful pause in a research process: "the focusing process enables the researcher to identify qualities of an experience that have remained out of conscious awareness because the individual has not paused long enough to examine his or her experience of the phenomenon" (cited in Moustakas, 1990, p.25). Creative exploration offers a method for gathering intuited but not yet understood threads into a whole, which may provide a more richly textured rendering of the subject than would be possible through initial expository writing (Allen, 1995; Jenmorri, 2001).

I began my creative reflection with a self-portrait painting, which I worked on over several months. The completed image then became a site for further reflection, allowing my perception of the meanings gathered therein to deepen and shift over time, as McNiff (1992) clarifies: "I can never make a final statement about an image since the two of us are constantly travelling in a context of change" (p.64). This image offered an entry to the subject, and has been a companion for the journey.

Case Study #1: Self Portrait

After creating this image, I stepped into a course of creative writing to develop a clearer sense of the paradox of hope and despair as I had experienced/and was experiencing it. Oberg (2002) has suggested that 'writing as research'

> requires releasing oneself from the norms of standard research discourses that both presume and demand a separation between researcher and topic and a clear statement of topic before one can begin. One releases oneself into the flux of the hermeneutic circle (Caputo, 1987) where, by circling attentively around and

> around that which is closest and most familiar, it is possible to spin out into awareness of something more general. (In Wilson & Oberg, 2002, p.3).

Through this process of creative reflection, I learned about some of the subtleties within my experiences of hope and despair and refined my research curiosities. My creative reflections were motivated by the conviction that I was using my own experience as a site to initiate research into a subject also relevant to others in my professional community.

Case Study #2: Three Scenes and a Portrait:

Scene one.

Picture this: a therapist waits for a client in her office. The room is inviting: it is colourful and, although large, feels warm and cosy. Art supplies rest ready on the table; storybooks are stacked on the floor by the chairs. In the far corner stands a sand tray filled with soft, cool sand.

The therapist is anxious; fidgety; restless. She is eating cookies in her few minutes before the session begins. Tired, she slouches in her chair and thinks of the endless list of things she has to do. The list feels mountainous. She feels like screaming, she's so overwhelmed, but she hasn't the energy. And besides, her client will be here soon.

Scene two.

Heavy with sorrow after a session with a girl unable to make a wish on 'the wishing candle,' the therapist lies down on the floor. Beneath her, a homemade quilt covers the carpet. With her palm she strokes the soft patches of earth tones stitched whole by her mother. It's clearly been made with love, with the intention of providing nurturance: her mother's metaphor.

The therapist often wraps this warmth around the shoulders or knees of children while reading them stories. Now, though, she rests on the quilt on the floor, soaking up quiet comfort through the texture and colours, and the presence of her mother. Her breath deepens and her knotted muscles begin to relax. A tear travels the curve of her cheek.

Scene three.

Dressed in a glittering green cloak pulled from the leather dress-up box, the therapist kneels on the floor. Beside her, a seven year old girl proudly wears layers of shimmering skirts and costume jewellery: princess clothes. She names the therapist a Queen: her mother.

Woman and girl -- smiling, facing each other -- waving magical wands made from knotty driftwood wrapped in ribbons. The therapist's cheeks are rosy-glowing, her movements fluid and creative. The young princess-girl seems to revel in the focused attention and prances a little in her costume.

It's a celebration of some kind: now they sing together with exuberance and pretend to open presents.

The portrait.

A picture of a woman as the therapist.

Youthful, she stands tall, erect, feet hip-width apart. She is slender, but strong and athletic: capable. Her squared shoulders, indeed her stance as a whole, suggest a readiness for response. There is a feeling of gathered preparation in her image. Does she lean forward slightly?

She does not smile, but neither does she seem obviously sad, or angry, or scared. Perhaps she is curious; perhaps a little apprehensive. Her breath is shallow in her chest.

A Growing Curiosity

As I explored my own sense of these challenges through creative reflection, I no longer saw myself as a passive recipient of a process 'happening *to* me' – such as being vicariously traumatized by the stories I was hearing. Instead, I recognized myself as an active, meaning making subject engaging with, and thereby influencing, a shifting, sometimes seemingly contradictory process of negotiation. I began to wonder how my own stories about trauma and trauma therapy influence my work experiences..[3].

---

[3] That is, if I tell a story that trauma is devastating, recovery slow and arduous, and trauma therapy an exhausting process, am I then unable to see threads of light, joy, and growth? Does this story then lead me to feel exhausted at the end of the day, and do I communicate these beliefs to my client – through tone, gesture, body posture, facial expression, as well as words – unconsciously co-creating a narrative of client despair? If I tell myself that working with trauma survivors will inevitably wound me as a therapist, and that I should protect myself against this threat, do I come to fear engagement with children and youth in the playroom? Will I close my heart and my ears; will I silence the stories my clients need to tell? If I tell myself a counter-narrative that trauma survivors are heroes who overcome incredible hardship and develop deep spiritual awareness, do I inadvertently place pressure upon my clients to 'live up to' my construction? Might this 'hero narrative' become a limiting force, restricting contemplation of despair, marginalizing experiences of fragmentation and incoherence? Do I place a similar pressure on myself in my experiences of the work, expecting myself to be a hero and 'have it all together', thereby rejecting my own despair? Clearly this is not helpful for clients or for me as a therapist attempting to negotiate a central struggle in the work.

I emerged from this reflection with a series of clear questions to bring into conversation with others. These included: *how do we, as therapists, understand, experience, and make meaning with hope and despair in relation to our practice? How do we negotiate these dynamics in our therapeutic relationships and how do they dance in our own lives? What does it mean to hold, or nourish hope in the face of suffering? How does one remember hope and its possibility in moments of despair? How/can one (chose to) stay open to the raw presence of despair without becoming consumed, without seeking escape or defence? What is gained and/or lost in sitting with this tension? What role do our narratives play in shaping this negotiation in the work?*

After exploring literature about therapist experiences of trauma therapy and contemplating my personal experience, I created and facilitated a weekend-intensive graduate course, on 'developing meaningful, sustainable practice with trauma survivors,' for art therapy students at the British Columbia School of Art Therapy. Teaching this course confirmed the relevance of this subject in the lives of therapy trainees, young practitioners, and therapists with some experience. The process of gathering the course content, the conversations shared in the workshop, and ongoing self-reflection about my developing curiosities provided opportunities to add further questions to my list, such as: *do spirituality, curiosity, playfulness, optimism, trust and/or faith play significant roles in this negotiation? What are some of the stories, metaphors, relationships, and images which sustain therapist hopefulness, sense of possibility, and aliveness in our work? Do our stories about processes of growth, change, and healing influence how we move with hope and despair in practice?*

Movement into Focused Conversation

Feeling clearer about the layers of questions within my curiosity about hope and despair, I extended an invitation for participants. I contacted professional organizations of counsellors and therapists and asked them to post the invitation on their mailing lists. I spoke with colleagues and asked them to pass the information to their contacts who might be interested. To my delight, I received a large response of people expressing interest in the subject – including many folks simply wishing to highlight the relevance of this topic in their lives. I settled upon interviewing the first 8 practising therapists/counsellors who contacted me, who were located in Southern British Columbia, and had been practising with survivors for 10 years or more (the participants' years of experience range from 13 to 30+).[4]

I interviewed each participant once: 4 in person, and 4 over the telephone. In keeping with the philosophical underpinnings of my research (outlined above) these were not standardized interviews with set questions; rather, I developed the process of speaking with participants through an emergent methodology. I brought the questions I had generated through self-exploration and reflection to the interviews, and allowed my curiosity to be sparked and shifted by each discussion and then influence my participation

---

[4] See appendix for Bios.

in the following interviews. My focus was exploring the *subject* of therapist negotiations with the paradox of hope and despair, while the *site* was participants' narratives about their lives and experiences. The research became a 'gathering conversation,' shaped around mutable points of curiosity related to the central subject. This conversation wove through 8 'inter/views' – moments of dialogue where two people come together to co-create understandings about a subject rooted in experience (term from Kvale, 1996). Each moment of dialogue influenced the next; each inter/view was part of the wider conversation.

Participatory Collaboration

The transcripts became a continuation of the conversation. After transcribing the inter/views, I sometimes wrote a few further reflections into the texts in a different font. I emailed the transcripts to participants to offer an opportunity for response – so they could add further thoughts, and/or clarify points that may have been unclear or may have shifted since the inter/view. Some participants continued the conversation through email, sending additional thoughts and impressions, sometimes woven into the developing transcript-conversations.

Self-reflection

To reflect on my experience of the inter/views through generative conversation, I asked a friend to interview me. This practice helped me to articulate my understanding of hope and despair, therapist resilience, and sustainability as it stood in that moment. As an intentional pause in an ongoing process of meaning making, this inter/view played a role in developing the interpretation of results offered in this thesis.

Developing the 'Results': How I Worked with the Data

When I moved towards the task of formulating the research 'results,' I wanted to retain the texture of an emergent and ongoing conversation. As Gergen (1999) notes,

> if all that we take to be true and good has its origin in relationships, and specifically the process of jointly constructing meaning, then there is reason for us all to honor – to be responsible to – relationships of meaning making themselves. The quest, then, is for means of sustaining processes of communication, in which meaning is never frozen or terminated, but remains in a continuous state of becoming. (p.156-7)

My solution was to create a 'transcript' of an imagined group conversation – exploring the possibilities of dialogue if the 9 participating therapists sat down *together*. I used the transcripts of the one-to-one inter-views as the foundation for this dialogue, gathering the participants' voices around threads of resonance and points of divergence. This conversation is partially presented in the following chapter, as fragments or glimpses of conversations which lead into interpretive sections.

I made the decision not to include the entire conversation document on its own, but to use pieces of this imagined transcript as a lead-in to the interpretive discussion (presented in the next section) for ease of reading and to reduce repetition. The group conversation, with everyone sitting in the same room, in one moment in time, never actually occurred due to time constraints: in this way it was/is imaginary and fictional. However, it is also truthful in that the conversation about the subject rolled through 8 interviews with participants, and the ideas participants presented in each interview informed the understanding I brought to the interviews that followed. In the imagined dialogues participants speak directly to one another, while in 'reality' participants joined the conversation individually through speaking with me one-to-one.

Through the process of gathering our voices, I developed a clearer sense of layered themes, subtle differences, contrasts, tensions, and contradictions. In this way the written collaborative conversation was/is not only a re/presentation of 'results' – 'results' being a still-frame moment in an ongoing, living process of understanding life experience – *it was/is also a process of developing the interpretation itself.* Writing an imaginary group conversation became the method for composing an interpretive expansion of these themes and contrasts, providing a place to explore the thematic groupings of ideas. When I broke the conversation transcript into smaller pieces, to include in this written document, the conversation groupings became springboards into an interpretative text -- from which I could move into an expansion of ideas, relating threads from the interviews to further relevant literature, and digesting these themes through the lens of my own world view.

The words used in the included fragments of conversation are generally the participants' own, with some minor editing for flow of individual passages (removing 'you know', pauses, and 'ums') and flow in the tapestry of voices, for example, where one participant says the name of another, such as 'that's interesting to me, Tina'. In the latter example, I have clearly taken creative license with the participants' voices, imagining points of interest and disagreement, based on the resonance or divergence between participants' narratives. As will be expanded upon below, making these changes prompted a need to return to collaboration with participants.

Ongoing Collaboration/Conversation

After creating the shared conversations and developing my own interpretation, I again sought consultation with participants, via email. I asked them to read the passages

from their transcript which I had selected to include in the conversation, and asked permission – given a consideration of the particular experiences referenced in those passages – to share the passages among the group of participants, also via email. Once permission was granted, I shared the interpretation document – containing these collaborative passages – among the group, asking participants to check whether they felt their presence in the text was one they could stand behind. I wanted to offer the opportunity to make changes to their passages where they felt it was necessary. As I had taken portions of the participants' texts and imagined /positioned them as responses to someone else's comments – which may or may not have felt right to them – it felt important to offer another opportunity to co-create/critique/affirm their presence in that text. I also wanted to create an opportunity for the participants to speak to whether they felt the interpretation document offered a story that reflected their own views and experiences in a way that felt accurate and meaningful to them. The feedback I received from participants affirmed the accuracy and resonance of the way I had interpreted the data.

The resulting interpretation of the conversation is a tapestry of voices: my own, voices of the participants, and additional voices from other text-based sources. These additional voices were selected primarily to deepen and expand the interpretive conversation. Sometimes the additional literature offers a point of contrast, helping to illuminate subtleties and differences in meaning. Other times these voices connect the discussion of a particular point to wider conversations occurring in the helping professions or other fields. In some instances these additional voices clarify the meaning-making

process. The resulting text is compiled through my own world view, through my own voice. Inevitably, there are elements which I have emphasized and/or de-emphasized, listened to and/or overlooked which others likely would have responded to differently.

It is important to clarify that in this research, as suggested above, I have used narrative as *a process of conversation,* not as a structural or analytic devise. I have not utilized a particular narrative approach for analysing or interpreting the data.

In the text that follows I do not intend to re/present a cohesive narrative of therapist negotiations with hope and despair. I wish to offer a view into some of the multiple tones within therapists' experiences of these issues. At the same time, I am aware of my own inclination towards resolution: my inner desire to sculpt a 'useful narrative' that will support me in my own practice and others in theirs. I have tried to be mindful of this tension as I created the interpretation of results which follows. I have attempted to resist closure, simple 'answers,' and a unified narrative of negotiation; at the same time I acknowledge the power of this inner desire and its shaping influence. I believe this tension is visible in the text.

It is important to highlight that voices are dynamic, constantly shifting and developing. The interpretation of research 'results' offered here is a still-frame moment in an ongoing, living process of experience and understanding: a pause in a continuing conversation. The text which follows offers an illusion: "it pretends to have a definite beginning and a distinct conclusion and to show the way from the one to the other. It claims to be able to steer its way through the flux;" yet all that is really offered is a moment of pause, in order to generate and encourage conversation about these themes in

therapists' lives. I "do not aim at a conclusion but an opening" (Caputo, 1987, p. 294).

AN INTERPRETATION OF THE CONVERSATIONS

Diversity of Narratives

Participants' stories about negotiating hope and despair reflect internal contradiction and congruence, as well as external diversity and commonalities. Each participant told stories about significant shifts in their experiences of hope and despair over their years of practice. Some of these narratives tell of an increasing ability to move with the challenges of the work, from a position of health and fluidity. For example, Heather commented:

> *If I were to have reflected on this subject ten, fifteen years ago, my thoughts would have been very different. I remember when I first started running sexual abuse groups I felt traumatized by the stories, and then in my second year it was kind of like I heard those stories differently. I could just hear them but I didn't embody the story in the same kind of way. Over the years I think my experience of the work has really shifted and changed. And now – and it might be because I have seen so many people move through it – it's like: it's a great thing when someone comes to therapy, when they decide that they're going to speak about what happened to them, and start to move through it.*

Heather's words narrate a process of development through negotiation with challenges in the work coupled with reflective observation across time. Most of the other participants told similar narratives. However, these seemingly linear narratives of progressive development and resilience often held within them threads describing an ongoing rhythm of ebb and flow of despair and hope within one's professional career, with distinct

moments of 'grappling with' that movement. For example, Carol spoke of the challenges of working exclusively with survivors of sexual assault, at an anti-violence agency. Feeling this specialized trauma work was "jaundicing" her view of the world she created a change to private practice. She now sees clients working through a range of issues, which she feels supports her resilience as a therapist:

> *It helps keep me centred, knowing there are many people out there who are functioning quite well and just need to come in for some booster around some difficult time...It helps keep me balanced, and it also continues to help me give hope to other people who are struggling. I think if I were seeing only people who were abused, all the time, it would be harder for me to hang on to the belief that there is, there are, other possibilities.*

The participants' willingness to notice their experience and respond to their needs for change – such as taking time off for leaves of absence, or switching from agency to private practice contexts or front line work to teaching – supports their health. Interestingly, their narratives about these changes reflect a belief that despair is a kind of wisdom; that is, participants seem to respond to despair as signpost that something needs to shift, sustaining their practice through being with and listening to their despair. For example, Tina spoke of taking a leave of absence from work for three months, as she felt depleted and burnt out. During that rest she recognized the depth of *"the toll the work was taking"* and is now feeling and responding to her need to shift from front line practice towards teaching and mentoring:

> *it's pretty clear to me that I can't continue to be on the front line like this and survive. I feel war weary. I feel ah...a lot of secondary trauma stuff. I don't want to do this anymore because I don't have the energy to go to that place of darkness, and I fear I will resist going there because it will hurt too much. And I never wanted to be a therapist who defended themselves against their clients. I don't want to do that. And I can't anymore find a place of balance. I can't find it. I think it's gone for me, to do this work in the front line. What I'd like to be able to do is share with*

> *other people 30 years of experience of what I know. That's what fascinated me about talking with you.*

The participants stories imply that, in general, developing an ability to work from a place of health is a developmental process supported by an ongoing commitment to learning from and about the work, deep attention to one's experiences of despair, responsiveness to one's needs for balance, and a willingness to create shifts as needed.

Negotiating Meaning/s

As noted above, participant narratives about negotiating hope and despair reflect points of resonance and divergence. I believe 'gathering' themes is a process of (co-creative) interpretation, rather than discovery, during which the researcher inevitably emphasizes some themes, while de-emphasizing others. As McRobbie (1991) argues, "representations are interpretations...[which] employ a whole set of selective devices...[creating] permutations of meaning" (p.126). Indeed, "[w]hat we 'look for' is un/fortunately what we shall find. The anthropologist...does not find things; s/he makes them. And makes them up" (Minh-ha, 1989, 141). The themes I have chosen to shape and articulate are those which *I* hear as particularly resonant *among the participants*, those they emphasized or seemed to repeat, as well as those which feel most meaningful to *me* as a relatively young therapist seeking to negotiate hope and despair with greater resilience in my own practice. I was motivated to return to graduate school to do a Masters in Child and Youth Care because I was uncertain I wanted to continue as a therapist with trauma survivors. Moving into my despair and uncertainty prompted a gritty

reflection on how and why I do this work. I began to articulate the challenges I feel in the work (hope and despair) and to feel curious about what else might be possible. As I developed a deeper commitment to my practice as an art therapist with children and youth, I recognized a need and imagined the possibility to nourish my practice so that it becomes sustainable and sustaining of me and my clients. This personal process influenced the way I entered the inter-views, and shaped the way I interpreted the participants' narratives.

The themes I re/present here respond to the question: 'how do/can therapists actively negotiate hope and despair towards sustainable practice?' Negotiation is used here as a process of 'finding a way through a difficulty' (Hawkins & Allen, 1991, p. 973), seeking not to avoid or step over but to create a meaningful path *through.* In my use of the word 'negotiation,' I imply an ongoing, living process, rather than one which seeks a final resolution. My research question was/is posed with a belief that active negotiation itself helps create sustainable practice. And, of course, I am implicated in this belief: I want to believe this is so, as this is the purpose of my research (for me and my community). Moreover – to return to practice (after 7 months leave of absence) I must believe this is possible.

While the participants and I create narratives of 'finding a way *through* difficulty,' in the text which follows I will also make space for a (more quiet) narrative of despair and frustration. I will reflect on the potential pressures placed on the participants' narratives, wondering: how do (these) experienced therapists narrate their experiences of despair when speaking to a younger practitioner who is trying to develop ways of negotiating hope and despair to support her resilience? I believe reflecting on this question offers

another angle from which to consider the process of negotiation, and may contribute information about forging sustainable practice through processes involved in mentoring.

From a social constructionist point of view, research does not intend to uncover The Truth or fix meaning; rather, the researcher co-creates meaning with participants (Kvale, 1990) to offer *a* way of imagining the subject, situated in a moment in time. While focussing the following discussion on particular themes, I acknowledge the presence of additional plot lines weaving through these re/presented ideas and experience. I also acknowledge that a different researcher speaking with the same or different participants in another moment in time would likely construct a different interpretation of negotiating hope and despair – and I believe there would be resonance between their text and my own. The specificity of this text (that it is located in particular lives, sharing specific relationships, and a particular conversation, in a specific moment in time) offers constructed 'knowledge' which I believe can *also* be meaningful for *others.* As will be discussed below, attending to this specificity makes it possible to develop thick understandings[5]. about therapist negotiations with hope and despair.

Gathering Threads of Meaning

The participants' ongoing negotiation with challenges in the work seems to enhance the sustainability of their practice through the development of interrelated, nourishing, core beliefs which are grounded in their experiences. These beliefs are

---

[5] Michael White (1997) distinguishes between thin and thick understandings of human experience, suggesting that thin understandings are generally formed from outside a community about people within that community and usually aim to generate universal truths. In contract, "thick descriptions of persons' actions are... informed by the interpretations of those who are engaging in these actions, and... emphasize the particular systems of understanding and the practices of negotiation that make it possible for communities of persons to arrive at shared meanings in regard to these actions. A thick

expressed in various narratives about practice, and these narratives also shape the participants negotiations with/experiences of hope and despair. In this chapter I will first discuss the stories about negotiating hope and despair that seem to help participants sustain their practice from a position of aliveness and enthusiasm, and then explore the process of experiential learning through which participants develop these narratives for negotiation. The participants' embodied narratives.[6]. seem to describe *and* enhance practitioner resilience..[7]. Participants negotiate hope and despair through narratives which (i) re-imagine hope as engagement in uncertainty and possibility in this moment, (ii) make space for the presence of despair, (iii) re-imagine despair as a (potentially fruitful) moment in change process, and (iv) re-imagine health as aliveness, fostered through non-attachment, non-aversion and deep engagement. These four elements describe and enable emotional fluidity as well as greater connectivity with self, other, and community. The participants' stories suggest it is possible to 'hold one's seat'.[8]. in despair through *narrating* a position of aliveness. Further aspects of the participants' narratives about negotiating hope and despair, which seem to sustain them in their work, include: (i) distinguishing between pain and suffering, (ii) describing and encouraging human resilience, and (iii) affirming the power of the relationship as a site of re-connection, which creates a stance of collaboration. The participants' narratives (iv) reflect and cultivate a

---

description…is inscribed with the meanings of the community of persons to which this action is directly relevant" (p.15).

.[6]By embodied narrative I mean a story which is generated through lived experience, and is rooted in experiential learning. Such a narrative is connected to emotions, physical sensations, memories, and core beliefs; it is not simply a cognitive construction.

.[7].I am not implying causality, but rather mutual influences, parallel processes, and feedback loops.

.[8].'Holding one's seat' refers to being present with one's experience (internally and in one's relationships with others) without seeking distraction or escape. The term is commonly used by western

grounded view of change -- that is: belief in the possibility of change and human resilience, coupled with an acceptance of limits and relativity in change – and (v) describe and encourage a playful way of being in the work. In addition, participants seem to deepen their resilience through processes of congruence between what they encourage for clients and the way they story their own lives. Specifically, the participants (i) narrate their lives through practising reflective engagement with their experiences of life challenges, which creates personal meaning from these events; they then (ii) infuse their work and the rest of their lives with this experiential wisdom. The process of congruence (practising a response to the paradox of hope and despair which is similar to what they advocate with clients) provides a solid foundation for sustainable practice, and lends a resonant conviction to the stories of possibility the participants weave with clients..[9]. Such congruence seems to develop the narrative of collaboration noted above, which most of the participants mentioned: therapy as a process of two travellers coming together to *"lend a hand"*.[10]. for the growth of the client, through which the therapist also learns and grows.

The final thread I wish to highlight cradles the others; the participants seem to support their resilience through developing a sense of purpose about their work, linked to intentions about effecting social change through fostering personal change in individuals, families, and communities. I have chosen not to explore this as a separate thread, but to note its presence throughout the body of this chapter.

Buddhists, such as Pema Chodron.

.[9].The thread of congruence is present, therefore, in the earlier discussions about 'core beliefs which sustain the participants in their work.' However, this issue of congruence will be explored in greater detail on its own.

.[10].Term from one of the participants: Maggie.

Before delving into a discussion of themes I will first note some of the pressures placed on the participant's narratives, speaking to the specificity of this research -- 'which stories, told by whom, to and for what audience?'

Potential Pressures Placed on the Participants' Narratives

The participants in this study are experienced therapists, speaking with a younger practitioner who is seeking to understand and develop ways of negotiating hope and despair. The participants were aware of the primary researcher's intention of learning from their experience to support her own and others' resilience, improve the sustainability of her own and others' practice, and offer this conversation in the professional community to foster dialogue. These contextual factors inevitably play a role in shaping the participants' narratives. Several of the participants framed their reasons for contributing in terms of mentoring, of wanting to help a younger practitioner; some participants spoke of wanting to warn of the pitfalls and dangers in the work. The participants' narratives are shaped through these intentions to be helpful; the emergent conversation about negotiating hope and despair is constructed through this filter.

My desire to use this thesis process as a way to reflect deeply on an issue of challenge in my practice, in order to support my ability to do this work in a healthier way, has also inevitably shaped the material. This motivation for research likely influenced the questions I asked in the inter/views and the way I asked them, played a role in how I listened in those conversations as well as the way I later recorded and then read the transcripts, and probably shapes the way I constructed the interpretation of meaning

presented in this chapter. I want this process to be useful for my own practice; I seek to create a document that is useful for other young practitioners.

In my invitation to participate, and in the inter-views, I asked the question: *'How do you negotiate hope and despair?'* and so was given narratives of negotiation. I asked questions related to *'What supports your resilience?'* and *'What helps you develop sustainable practice?'* and so received narratives about creating resilience and sustainable practice. Had I invited a conversation related to the question: *'Tell me about the despair you feel about your work,'* I would likely have received responses to participate from different therapists, and these participants would likely have offered different narratives about hope and despair.

Six of the participants chose to use their real names; as they are experienced practitioners, they are fairly visible in the professional community. These participants seemed to feel it was important to visibly stand behind their words. This choice may in some way also have inadvertently shaped their narratives about negotiating hope and despair.

A)Negotiating Hope & Despair and Creating a Perspective of Aliveness & Enthusiasm

I) Re-imagining hope and despair through process and paradox – hope can be a limiting belief, despair can be a fruitful possibility – and engaging the present moment as nourishing practice

Re-imagining hope.

Maggie: *I'm not a big believer in hope, but nor am I a big believer in despair either, anymore. I think I responded to 'the invitation to participate' because I'm not quite sure what I think about either of these. And I keep coming back to this word possibility....*My *sense of hope was illustrated last week, when I heard a couple of musicians singing about historical and current struggles in the world: issues which are depressing, despairing! The inspiration and hope within those songs was in the individual and collective stories about what humans are capable of in response. Hope, for me, would be an increased capacity to just be more fully present in my life, and at a bigger*

level: speaking up, telling stories, recovering from bad experiences to live an interesting and meaningful life. It's about telling and witnessing to the truth of those stories of despair and pain, together. That's hopeful!

Katrina: *Like hope as a way of being, rather than simply an emotion...And it sounds like you're saying your sense of hope is also about being with despair...*

Guy: *You know, I've had such mixed feelings about the word hope. On some level it means to me the sense that 'things will get better.' This could be a good thing. But on another level I really don't like the word hope, because it seems like jumping away from the present moment to the future. Having a particular hope for a client can be a kind of preconceived goal, an outcome one writes into a 'plan' and then gets attached to. When so much is really unknown! And getting attached to an outcome can put pressure on the process, limiting where it might go, as well as pressure on the relationship.*

Katrina: *Mmm, sounds like, in some way, 'not having a hope' – by that I mean giving up this outcome hoping – can free things up, helping us open to the possibility that lives in 'the unknown now.'*

Heather: *I relate to this. Usually I don't use words like hope and despair in my vocabulary. Hope has an ice-cream sound, to me, a 'rose-coloured glasses' sound. Somehow it feels lacking in substance. And it suggests what's going on now isn't and can't be good enough. I think more about aliveness and moving with life's experiences.*

Guy: *Mmmm. I understand it in terms of choice: choosing how to be with what is happening now. I try to help the kids I work with see they have choices in how they respond with their life experiences. And that feels more useful than thinking about outcomes.*

Janet: *When I read the invitation to participate, I felt 'hope and despair' sounded like such heavy topics: and the work doesn't feel so heavy to me. I really believe that coming to therapy is an act of aliveness, because it's making a step into change and possibility. And one of the ways I deal with hope and despair in therapy is that I see them as two possibilities, two emotional places that we can come from. And I wanted to put that perspective forward. I don't actually find it a challenge in my life to feel enthusiasm, to see the silver lining. My challenge is much more the hanging out in the gloom. And sometimes it's really important that you don't bounce back; sometimes it's really important that you hang out there. So, allowing myself to not be enthusiastic is my challenge.*

Literature about trauma therapy states clearly that hope is essential for survivors and for the therapists who support their recovery. Participants in this study, however, described mixed feelings about the word hope. They offered a thoughtful critique of the dominant narrative which links hope with future outcomes and predetermined fixed-state

signifiers of 'better' (such as 'happiness' or 'recovery to the way one was before the disrupting event'). Participants deconstructed and rejected future-oriented hope, arguing that this story encourages us (i.e. people) to invest our energies in a(n uncertain) redemption to come in the future, which limits our awareness of the possibilities for living with whatever is happening in this moment. Participants seemed to develop support for their practice – for their clients and themselves – through their willingness to make hope meaningful within their own world-views. The conversation/s with participants suggest/s hope can be re-imagined as a resource accessible in this moment, reframed as a way of engaging uncertainty which fosters a sense of agency through grounded possibility.

Limitations of a fixed state, future-oriented hope.

Therapists seemed in general agreement that a future-oriented narrative of hope is not a deeply sustaining support for clients or therapists in negotiating life's challenges. Maggie clarifies:

> *there is no guarantee that a better future will come! It's no use saying 'Things will get better', because that's not necessarily true. They might – but you don't know. Some clients may have huge transformations, but others may have to work really hard just to live with their symptoms. I think about terminally ill cancer patients: what does hope mean in that context? Some terminally ill people find amazing peace in the moment: in living now. Even though they are facing death and things won't 'get better,' they find a way to relate to the present, to have a rich and engaged life, in the time they have.*

Constructing hope as centred on an outcome is not of deep use, rooted as it is in grasping for certainty within an uncertain terrain: the future. Participants were clear that learning to engage with what is, in the midst of uncertainty, offers more genuine support to clients and therapists working with trauma and recovery. Participants argued that future-oriented

hoping stems from the feeling that *"what's going on now isn't good enough"* (Heather). Rather than develop a way to make 'now' meaningful, future-oriented hoping encourages people to dismiss the fertility of this moment, to escape into an imagined future, thereby missing what could be possible here. Yet, "one never lives elsewhere" (Derrida, 1981, p.12); it is in this very moment of uncertainty that we live and breathe, and only from this place – here, now – can we move.

Future-oriented hoping seems dependent upon *external* changes to bring a sense of settling or calm to a life: 'I'll be happy when I get that promotion, when my child quits drinking, when I've completed therapy'. Even if the person gets the job they are no better equipped to deal with joblessness; even if the child stops drinking the parent is no more able to deal with worry about risk. This future-hoping narrative is hollow support for life challenges, as it does not foster resilience. In contrast, participants in this study suggest that *internal* shifts towards *being able to be with what is* – including being with despair – with increased equanimity, creativity, playfulness, choice, and aliveness, offers genuine support. As future-hope invests our energy in the future, away from this moment, this story can actually limit a person's ability to (learn to) navigate the uncertainty of life – the flux that we *can* be sure of – and reduce one's sense of agency to respond to the challenges of the moment with resilience. Tina cites Michael White's concept of 'the tyranny of hope,' and provides an example of how this future-centred story of hope can constrict growth and pose harm:

> *sometimes, people in relationships where abuse is happening believe so strongly that 'it's going to be better in the future.' They have this hope that the relationship is going to be healed, or be what they want it to be, so they remain in a situation that is in many ways terribly hurtful to them. So it can be useful to question whether that type of hope is serving them, is it in*

> *their best interest? It's more commonly believed that despair can keep you from moving forward, because you feel hopeless and powerless: without a sense of future. But hope can do that. It can be a restraining belief.*

Participants seemed in agreement that a future-dependent hope could actually be detrimental to one's ability to ride life's challenges with deep resilience. Trauma therapy is challenging; both clients and therapists need support in cultivating ways of being which nourish the ability to stay with the process and return to it. Participants in this study develop narratives which re-imagine hope as "the art of living in the present moment" (Chodron, 1994, p.100), as a way to sustain their clients and themselves in the work. Such narratives help therapists 'remain open to the mystery and venture out into the flux' (Caputo, 1987, 271); guided by such stories one can learn to be with life as it is now and move forward from here.

Grounded hope: engaging with uncertainty and possibility.

Nadi: *I believe in the usefulness of hope, though. I think having a sense that things can get better is an essential force for change. Hope has to do with feeling like making an effort is worthwhile: life is worth living.*

Katrina: *Is there a difference between believing things will get better and believing they can get better? Perhaps the first involves an attachment to outcome, or a rejection of the present moment, whereas the second suggests possibility in this moment. I think we need a framework that implies our ability to create something better through lived action now. If nothing else is possible why bother? Isn't that what social justice movements are about?*

Maggie: *Yes, that makes sense to me. The belief that 'another world is possible', the feeling of doors opening to life, I can share in that sense of hope: an active hope. Arundati Roy has that poem: 'Another world is possible, on a quiet day I can hear her breathing'. Even neuroscience is telling us that you can lay down new patterns in the brain and maybe you can even build new neurons. It's not going to fix up the whole past, but we can move on from the dark, bleak, stuck places that we're in.*

Through the conversation/s with participants an important narrative subtlety surfaced: there is a difference between saying things *will* get better and that they *can* get

better. The former seems to involve (describe and foster) an attachment – grasping or clinging – to a(n) (uncertain) future, and a related disengagement from agency in the present moment. In contrast, to say things *can* get better describes and fosters a sense of possibility now: it makes space for engaging in the midst of uncertainty, in the midst of despair, and implies both opportunity and ability to create something better through lived action. This narrative describes and develops an engaged response to challenge. To say 'something else is possible' might reference a wide range of orientations to choice and agency within time, such as: 'my way of relating to the present moment could be different' or 'this action now is congruent with my wider vision of a meaningful life.' Participants were in agreement that it is important to believe things *can* get better, without relying upon stories of a particular future to make this moment worthwhile. Through perceiving a paradox of uncertainty *and* possibility one can become motivated to create a more engaged way of being now. This is a story of hope as a process, a way of being with the world. Maggie clarifies:

> *hope, for me, is in people's capacity to create change, speak the truth, find a genuine way to connect, to stand up. It's in our capacity to live a life of integrity....Hope is a process, it's not an outcome for me; I'm not hopeful about outcomes. I'm hopeful about process.*

Describing/creating hope as a process available now clearly has nourishing possibilities for clients and therapists..[11]. Hope as a process can support practitioners in learning to be with the challenges of the work from a position of integrity and health. The deepened

---

.[11] Denning (2000) notes that "[r]esearch consistently shows that a person who feels confident about his or her ability to make a change is much more likely to do so" (p. 52). If a therapist believes a client is able to engage with this moment of flux with aliveness, the client may be more likely to develop feelings of self-efficacy in meeting that challenge. Therapists are best able to co-create with clients a story that embodies 'the art of living in the present moment', more able to guide client experiments

engagement created through this kind of narrative about hope offers therapists an increased agency to respond to what is happening now, which in turn offers the potential of enhanced connectivity with self, other, and world. The participants seem to encourage this with clients and practice it in their own lives to deepen resilience for living in the midst of the flux.

The process of therapy as a process of hope grounded in possibility now.

The discussion above illustrates one way the participants negotiate hope and despair: developing narratives for practice which re-imagine hope as a process of enhancing our capacity for active engagement with the present moment. This framework clearly holds implications for how one conceptualizes the fundamental purposes and processes of the therapeutic endeavour (the 'why' and 'how'). Significantly, Heather suggests, the way a therapist experiences hope and despair in practice is

> *...tied up with what you believe people come to therapy for, what you believe the work is really about. I believe therapy is about becoming more deeply available to life again: aliveness. If there's any hope in this work, to me, that's the hope. If I didn't have this sense that there's real joy for people in becoming fully present in their lives – and that we're all moving in that direction too, in different ways – I don't think I could do the work. So perhaps that's my sense of hope.*

Heather's comment suggests resilience is enhanced when the stories which shape our way of being with the work are congruent with our stories about the heart of the work itself. If therapy is about 'coming back to life', then enhancing our own aliveness in the work, and

---

with this art form, when they also believe it in relation to themselves and practice it in their own lives.

in general, promotes resilience. Participants seem to construct stories which portray the work clients are engaged in as 'life work,' in which therapists are/must be engaged as well.

Heather's words illustrate that what we believe about therapy, the stories with which we frame our understanding of the work, shape both how we proceed and our personal experience of that process. There is a qualitative difference between describing therapy as 'enhancing aliveness' or 'processing trauma stories.' This shift has implications for the focus of therapy (the 'why' and 'how') and for therapist enthusiasm (the 'impact' of the work, and also the 'how' of the approach which influences the 'impact' of the work). A number of participants specifically stated that rehashing the details of the story of trauma can be retraumatizing for clients and unnecessarily shocking for therapists. Participants spoke of focusing less on the *details* of the story and more on the *meaning* the client made from the experience -- as it lives in their lives now -- as well as the possibilities for change. Caputo (1987) emphasizes that we create deep support for navigating the flux of life when we "deal with the loss of meaning by confronting the meaning of the loss" and the meaning of living (p.271). If therapy is about enhancing aliveness now, the details of hurt from the past are not as important as the meaning and the process in 'how one is living now' and 'how one would like to be living now'. For example, Heather spoke of considering the form more than the content, themes – such as longing – rather than details. She noted: *"This makes a very very big difference. Hearing those stories can be powerfully shocking. And I don't think it really helps clients to be telling those stories over and over again either."* *How* one listens, what one listens *for* is an active process, in which one has choice and responsibility. Participants suggest that listening for

meanings the person made and is making about an experience is more useful and sustainable as a place from which to work. Janet clarifies:

> *Over the years I discovered that believing it was important for clients to tell me their story is one thing that created burn out. Part of what has created a lot more excitement in the work for me is realizing we don't need to hang out in the story of what occurred, unless that's genuinely important to the client. It's about creating the possibility before us, not all the stuff we could bring with us.*

Cultivating a narrative for therapy that suggests people are coming to an implicitly hopeful experience enhances the therapist's feelings of excitement about the process. In this perspective, "the joy comes from getting real....Joy is not about pleasure as opposed to pain, or cheerfulness as opposed to sadness. Joy includes everything" (Chodron, 1994, p.63). Believing one is participating in a fundamentally joyful process of supporting aliveness fosters one's hope and – as grounded hope increases agency – nourishes one's ability to sustain one's work. Janet offered her point of view that, as a therapist, she is responsible for maintaining her enthusiasm for the work; this story creates her as response/able, able to respond with enthusiasm. Nadi commented that trauma therapy *"is wonderful work...if you can get on that wavelength."* Re-imagining hope as a present-centred possibility of deeper engagement seems to develop and support a 'wavelength' of enthusiasm. It is important to note that this is an enthusiasm which does not avoid or step away from despair. Heather provides an example: *"There's beauty in people becoming authentic, and something being real. Such beauty! Who wouldn't want to do that work?"* While being with one's sadness may be challenging, it can also be experienced as a relief and as strangely liberating: dropping the effort required by pretence or attempts to escape to simply 'be with' the truths present in this moment, as they shift into the next moment. To

participate in supporting another person's aliveness requires *and* stretches one's own sense of aliveness, and (ironically, perhaps) expands one's willingness to be with despair with enthusiasm. Participant stories suggest therapists can deepen their resilience through developing vocabularies of aliveness and possibility about the work, vocabularies that offer congruence between the project of therapy, the way of practising as therapists, and a way of being in life in general.

Making Space for the Presence of Despair

Tina: *My despair is rarely about the client or the relationship between me and my client. The despair comes from my own sense of hopelessness and powerlessness to make the system work in a way that will be beneficial and supportive for my clients. In that way my own sense of despair is extremely potent, you know? That sense of despair is much larger than the sense of hopefulness. It's not the despair that comes out of working with these kids, although there are times where I just... their stories are so horrific! But my experience of working directly with the kids and their families is what sustains my hope for change; it's certainly not in trying to get the system to support and make life easier for these folks. The kids are there with a purpose to change. The system isn't. The system is there to perpetrate itself, over and over and over, behaving exactly the same as an offender in the way that it deals with clients and workers. And that's where I just... [Sigh] I think 'what am I doing this for?!' It feels kind of masochistic at times, you know? Doing this work; beating yourself up.*

Katrina: *What helps you stay connected to why you do it? Or are there times when you don't...?*

Tina: *Well I think there are lots of times when I don't, when I haven't got a good answer for myself. And then I need to have conversations, regular conversations with my team. They remind me about what it is that we're doing and why we're doing it. And they have compassion for the kids we work with and the dilemmas that we face: caught between a rock and a hard place with these kids. So that's extremely important. I don't know how people do it who don't work in teams; I think that would be devastating! So that's my first line of defence: I need to be fed and cared for by my team members. The other thing I try to do is keep my life that's not in the work area, like my other life, another life.*

Guy: *For me, too, being part of a team makes a huge difference, because it means it doesn't just fall on me. And it's when I'm experiencing bottom-line despair or bottom-line questions that I need my team most.*

Katrina: *How would you characterize this 'bottom-line despair?'*

Guy: *Hmmm. Bottom line despair would sound something like: 'this world is a dangerous place where the mental health of innocent children is sacrificed by evil, sick twisted and/or narcissistic*

adults who are given the right to possess and abuse children and perpetuate this with successive generations, and that there is nothing others can do to change that.'

Katrina: *And the 'bottom-line questions?'*

Guy: *Well: can our modest efforts stem the larger tide of abuse, and violence in society? With all that we've learned about child abuse why is the legal system so bloody slow in incorporating this knowledge into their treatment of children? Is there a truly effective way to break large patterns of violence and craving for power that are so deeply entrenched in family and society life? And there would be more...*

Maggie: *Despair has been more of a life-journey accompanier, for me personally, than hope...Internally blocked pain about my own story and about my client's stories, as well as something about our planetary, existential anguish: about living in a world without much apparent future. For me, the path to hope is about the path to connectedness – for clients, therapists, and everyone in this fragmented world. From that place of really being here, we can tolerate the suffering of life and appreciate the beauty of it, without having to 'figure out' what to do -- which doesn't mean that I don't anguish like everybody else, because we live in a really broken, fractured world. Like: 'what's the most useful thing to do, and how to do it, and I'm wasting my life'...Most people who care go through something like that. And our society's so fragmented we don't have community for the most part. So with every little step we take to build that there is the possibility of deepening those widening circles of connectivity that Joanna Macy talks about. I want a different world! So it's totally hopeful, but not in a naive way that it's going to make everything better.*

Participants' narratives carried threads of despair, plot lines which spoke of times of struggle and emphasized the challenge, as well as the importance, of making space for the presence of darkness. This despair was often described as related to the systems participants interface with, systems which do not operate from a therapeutic ethos. Participants also mentioned feelings of despair stemming from perceiving the scope of the problems of violence and disconnection in the world, and wondering how to respond or whether response can help.

However, in general, threads of despair seemed quieter in the interview texts than were the themes of transformation and learning (which will be discussed further below). It is possible that threads of despair were quieter due to the approach I took (with the research invitation for participation and the interviews themselves), that is: exploring

negotiations with hope and despair. The word negotiation implies a grappling with, a coming to terms with the subject. I asked about resilience and sustainability of practice, and so this is the shape the participant responses took. In addition, it is possible participants felt a certain pressure to keep their own feelings or histories of despair more quiet, for several reasons. As noted earlier, the participants mostly chose to use their real names and are senior practitioners who are fairly 'visible' in the helping community in Southern British Columbia. Using their real names may have created a hesitancy to speak of despair for worries about seeming incompetent as therapists – the perception that sorrow and despair are a sign of 'letting oneself be overly affected' by the work is present in some form in the helping profession, despite much work to shift this misconception. In addition, it may be that the participants – experienced therapists – felt a pressure to present themselves to a younger therapist (researcher) as 'having it together', to embody the 'wise elder' role which my study somehow placed them in. That the participants in this study responded to an invitation to participate through questions about negotiation of hope and despair, the quietness about the experience of despair may reflect greater curiosity about issues of negotiation (vs. exploring despair) in their own lives at this point in time. One could argue the slant of the invitation implied a thread about transformation and resilience; perhaps this thread is what drew some of the participants to the study, thereby selecting the participants and shaping the narratives they chose to tell. In addition, as I was seeking to explore narratives of negotiation, these are the stories I asked about and listened for. It is possible that *I quieted* the narratives of despair, due to my interest in exploring narratives of resilience.

Re-imagining Despair

When asked to define despair many participants initially suggested synonyms of closure and stasis. For example, Maggie spoke of despair as a *"trapped place. The feeling that there's no way out, there's no solution...a blocked place, a boxed place. It's an enclosure; it has a fence around it"*; Heather offered that despair *"seems like a constriction, where movement is lost or awareness of that possibility is lost"*; and Nadi added that

> *despair is about giving up, feeling hopeless, feeling life is futile – believing that things aren't worth the effort and aren't ever going to get better: believing there's no chance of change. So it's connected to beliefs, but it's also an emotional state: it's heavy, kind of crushing: weighty...it just sort of knocks the joy out of you.*

After speaking at greater length about negotiating hope and despair, however, it became apparent that participants generally perceive despair as a potentially useful experience and work with despair as a process, rather than as a fixed quality. Maggie speaks of themes of struggle and possibility in the following published journal entry about group work with survivors.

> Sometimes I'm afraid of the dark side, afraid that I'll collapse and be useless. I don't want to acknowledge the depth of my own despair....There is nowhere to go but back to bare attention, to being with the darkness, just letting it be. When I do this, spaciousness grows around the dark. Then I can bear the pain and don't have to convince unhappy group members to be happy. (Ziegler & McEvoy, 2000, 123)..[12].

Maggie's words tap into themes articulated in some way in each of the interviews.

.[12].Maggie's journal entry is from an article jointly published by Maggie Ziegler and Maureen McEvoy.

Heather: *You know, I can say despair is aliveness being lost, or becoming unavailable, like a constriction: a dark and shadowy place. But, to add another layer here, engaging with despair can be fruitful.*

Leslie: *Yes! My recent experience of despair was like losing direction, like walking into a dark tunnel – I didn't know where to turn. For awhile; it was a process, really. During that terrible time I encountered a profound sense of disconnection from myself. It was like travelling to the darkest areas of my existence. But I have come through that with a great deepening: it has been such a rich, life-altering experience.*

Katrina: *I'm intrigued by the way this story presents despair as a process – framing hope and despair as processes rather than fixed states seems significant. And I'm curious about this paradox that despair can be a life-affirming experience.*

Heather: *I relate to that paradox! People often come to therapy when they are despairing; while that despair may feel awful, it's actually leading them into a change process.*

Tina: *Mmmm. I think despair is a necessary place to go before anybody who has perpetrated abuse on others can move to a place of self-forgiveness and forgiveness within the broader context: to experience themselves as forgivable within the community. First they have to connect with their despair as they look into the face of what they have done. And I think they need companionship to do that. This means therapists have to be very comfortable with descending to the despair, going there with a client. Some of the youth I work with, their self-loathing is so huge that they have tried to harm themselves: they just can't bear to live in their own skin. For somebody to be willing to sit with them in that place means to them, I think, that maybe it's not all horrible.*

Participants describe despair as something to engage with rather than avoid: *"on one level it's a pain in the neck, but it's also a friend"* (Maggie). These words suggest a radically different way of relating to despair than is common in modern 'western' society: framing despair not as an adversary to beat or overcome, but as something living, something worth getting to know, and possibly even a supportive presence who makes one's life richer. Heather noted that although despair might feel uncomfortable, often it is a spark which leads people into a change process in therapy:

> *Despair can be a 'call to change.' I don't mean being called to therapy, but to something bigger: that their life could be fuller and more alive. We could look at someone who's coming into therapy as someone with a*

> *problem, or we could understand them as someone who has started to recognize their life could be deeper..*[13].

Heather's comment touches into a theme that can be tracked throughout the conversations: our experience of despair is not a given. We make meaning of despair, our own and that of others. Experiencing despair can be a springboard for disengagement or re-connection, depending on the meaning that is made from it and the way we choose to respond through the story we develop. If this is the case, we can choose to create meaning with despair in a way which supports our growth. That is, "[e]verything in our lives can wake us up or put us to sleep, and basically it's up to us to let it wake us up" (Chodron, 1994, p.69). Guy spoke of the therapists' role of helping clients recognize and develop choices in how they respond to their experiences. Therapists have a similar personal response/ability; client despair can prompt a therapist to close or open her heart, to protect or soften. In a moment of choice, does it make a difference to story the presenting despair as fertile ground for change?

Crossley (2000) argues that "suffering is produced and alleviated primarily by the meaning people attach to their experiences" (p. 541). Although some participants *initially* defined despair as a stuck place, each participant seems to approach client despair as a moment in change, as Tina describes:

> *I really see it as the liminal*[14]*. phase in change process. I think you have to go to there to create change. You have to go to the darkness, the place*

.[13]Describing the client who comes to therapy in despair 'as someone who has started to re-cognize their life could be deeper' positions the client as active agent, as resilient know-er, and therapist as colleague rather than distant expert. This collegial story of therapy seems to nourish the therapist's enthusiasm and hope in the work.

.[14]The word liminal refers to a transitional place and implies a being 'in-between,' being "on, or on both sides of, a boundary or threshold" (Bisset, 2004, 578).

> *where you're totally confused and you can't see anything: like going into the cave. I think that's how change works.*

Viewed as a call to change or a liminal phase, despair is re-imagined as a possibly fruitful moment within a larger process of growth. What might feel like stuckness can – from a wider angle lens – be seen as an important pause in life movement, a threshold of shift and change. Describing despair as a pause rather than stuckness seems to encourage tenderness, curiosity, and deeper presence, which in turn suggest and nurture movement. The movement possible within despair can be highlighted through considering two ways of responding to sadness. Feeling sorrow, one can choose to hold the breath or to breathe into one's sadness: to withdraw or approach. Approaching through the breath automatically creates movement: muscles soften, facial features relax. As one 'lets go' in this way, the 'noise' of one's level of emotional arousal calms, feelings become clearer, and emotions can continue to move through. We can choose to breathe deeply with despair. The profound gifts in this process are clear in comments from a participant in a workshop with Joanna Macy:

> To be able to embrace our suffering and not pull back in denial or defence is a gift and one that is transforming. It pushes us, stretching our hearts to be able to hold all of life experience, not just the good or the joyful, but the difficult and the painful. And in so doing, we get to experience the great paradox of opening to the suffering, which is opening to more life and joy and love and compassion. (Macy & Brown, 1998, 101)

Buddhist philosophy and psychology speak of darkness as a paradoxical place of opportunity (Chodron, 1994; Kornfield, 1993; Welwood, 1983, 2000). Such a perspective presents the human 'shadow' and suffering as rich soil for growth: "our greatest obstacles are also our greatest wisdom" (Chodron, 1994, 108). Similarly, recent applications of

chaos theory to psychology create a narrative of despair as a reorganizing catalyst. The presence of "psychological and behavioral chaos in the self system [is] equivalent to turbulence and chaos in far-from-equilibrium nonlinear dynamical systems. ...it is precisely these chaotic, stochastic[15] processes that are the main source of the adaptive possibilities that allow organisms "to survive in the long term, to innovate of themselves, and to produce originality" (Nicolis & Prigogine, 1989, p. 242)" (Perna, 1995, 295). Janet noted that *"everything we go through gives us possibility – there's a zen saying: 'when your horse dies, walk'."* This narrative suggests that when one way of going ends there are other possibilities forward: we are less stuck than we might imagine. Indeed, through the death of the horse – and in the midst of grief over our lost companion – we rediscover our own feet on the ground. The new way forward is discovered through being present with the moment of sorrow and destabilization. It is true that not all possibilities are positive; yet, one does have some choice in what possibilities one generates and which one decides to pick up and carry forward. Participants seem to nourish their practice through appreciating despair as a chaotic presence in change process, posing risk and opportunity. When disorganization is viewed as "a natural and necessary component of reorganization in life-ordering processes" (Mahoney, 2003, p.33), approaching despair with willingness to feel and learn can become a richly life-affirming stance. Leslie referred to this phenomenon in noting that despair *"was like travelling to the darkest areas of my existence. But I have come through that with a great deepening: it has been such a rich, life-altering experience."* In this narrative, order and disorder become "complementary processes" (Mahoney, 2003, 10);

---

[15] Stochastic processes are those which are "randomly determined; having a random probability

despair becomes a useful moment in a process of growth. Viewed through this lens, client despair and therapist despair become *human* despair. Separation between client (them) and therapist (us) is deconstructed; there is no longer any need (or real possibility) to protect against client despair, as it is part of *human* experience. Kornfield (1993) suggests "...strength of heart comes from knowing that the pain we each must bear is part of the greater pain shared by all that lives. It is not just 'our' pain but *the* pain, and realizing this awakens our universal compassion" (p.75). This perspective seems to offer support for therapists caring for others who are moving through 'disorder', and supports therapists through moments of their own despair. These processes and the congruence between them build sustainable practice. Describing despair as a chaotic-reorganizing pause in a time of growth, as hopeful ground for action now, and as shared human experience seems to offer deep nourishment in negotiating challenges in the work.

Tina comments *"it's rather magical, actually, that people find a way out through crawling around in the darkness of the cave to figure it out."* In this sentence Tina narrates the mystery of the paradox, the inspiring courage expressed through exploring the cave, and the beauty of witnessing people moving through processes of change. Believing that 'being with despair is fruitful' helps therapists communicate *and* perceive the fruitfulness. Narrating the beauty of this process seems to help the therapist feel the beauty of that mystery. This is a complex system of mutual influence, rather than a linear causality: witnessing the usefulness of despair as a moment in change process -- in their own and in client experiences -- develops and maintains an embodied belief in that process; at the same

---

distribution or pattern [which]...may not be predicted precisely" (Bisset, 2004, 1032-3)

time, perceiving despair as fertile soil potentially shifts a therapist's way of experiencing client and personal despair. In moments when therapists feel their own despair stemming from the work, the belief that despair can be a fertile moment may support a willingness to be with and understand the despair. This belief and the related willingness may, ironically, offer a supportive framework for transforming that despair through a re/cognition of choice in ways of responding. This research suggests that, as therapists, we can choose to shut down in response to our despair or engage with it in a way which stretches us emotionally and cognitively – thereby promoting resilience..[16].

Tina's words cited above suggest that engaging despair *with curiosity* is a key way therapists can breathe movement into the pause of despair which might previously have felt like stuckness. Janet offers an expansion of this idea:

> *When someone comes into therapy and says 'I'm filled with despair,' if I say 'is that a good thing or a bad thing for you?'– because I don't know that's a bad thing – then I immediately create possibility. Because they can then consider it from a place of curiosity, they can consider how it's working, or not, for them. But you have to genuinely come from a place of curiosity or that doesn't work.*

The therapist's willingness to feel and narrate a place of open curiosity about despair.[17]. – a place of not knowing and ambiguity – helps the client become curious. Significantly, curiosity mobilizes willingness to experience. Not assuming the meaning of despair creates space to explore, and a stance of exploration presents a possibility that despair can be a transformative site of learning and opportunity. This does not mean the experience of engaging is a pleasurable or comfortable one. However, when clients and therapists shift

---

.[16].As will be discussed further on, engaging with despair experienced in relation to the work can be a profound experience for therapists, and it can also be a difficult process of a shattering intensity.

from fear and stuckness to willing curiosity and exploration, aliveness is fostered; when the process is alive in this way both participants are invigorated. A willingness to feel into the despair coupled with curiosity offers clients and therapists a rich ground for discovery. Therapist resilience and sustainable practice seem to be encouraged when despair is negotiated as a process of opportunity. This approach implies a way of being with clients with their despair, as well as a way of being with and learning from one's own despair as a therapist, which is different from the avoidant response to despair promoted by dominant discourses, such as 'the pursuit of happiness.' To offer/encourage an approach of negotiation, and the possibilities therein, therapists must be willing to stay open and consistently uncertain in the midst of despair. This is a challenging task.

Hope & Despair and Meaning Making

Therapists can conceptualize (client and therapist) despair in many different ways, such as a sign of pathology or possibility, as stuckness or a moment in a process change. Hope and despair are complex processes. As one's stories not only describe but also shape one's experiences, the way one understands despair influences one's ability to move with it and the way it impacts one's life. How do narratives of vicarious trauma present despair? North American (consumer-driven) culture is based on a principle of distracting ourselves from discomfort in pursuit of happiness (Kaza, 2005). Achieving and

---

[17]. To do this therapists must be comfortable with the presence of despair.

maintaining happiness is seen as a viable goal, and even as a human right. Gergen (1999) describes emotions as culturally rooted experiences; Chodorow (1999) contends that "if cultural meanings matter, they matter personally" (p.170). The way we experience our emotions may be a complex blend of cultural, interpersonal, and intra-psychological meanings; *we negotiate the meanings* of our emotions, and the actions those meanings imply, through creative dialogue with the world around us. As discussed above, participants in this study suggest hope and despair are more complex and paradoxical (processes) than contemporary discourses suggest, that is: deep hope can be cultivated in this moment through willingness to be with and explore despair. Narrating hope and despair from the point of view of paradox, possibility, and process seems to open opportunities for perceiving and generating movement and agency. Shifting 'the usual pattern' of running from what is painful and, instead, *approaching* despair awakens us to the fullness of human experience, to the joy of life (Chodron, 1994, p.7). Participants' stories suggest this wider view, which challenges dominant discourse, can evoke excitement and a sense of hopefulness in the work for therapists and clients and offer a chance to learn deeply about life. As Nadi suggests, *"doing this work with trauma survivors...teaches you so much."*

Participants re-imagine hope and despair in ways that seem useful and meaningful to them, ways which help create movement and opening to life. They work with hope and despair in ways which utilize the therapeutic relationship to forge meanings that motivate and empower both participants in the interaction. This creative negotiation of meaning nourishes their practice, and fosters an engaged way of living with the challenge of therapeutic work. The research conversation suggests therapist resilience is encouraged

through such acts of conscious meaning making about challenges in the process of therapy. Gergen (1999) argues that emotions are "vocabularies of action... [and] life will be filled or emptied according to how we press them into action" (p.112). For the participants, hope and despair seem to be vocabularies of action which involve willingness to feel, genuine curiosity to explore, and motivation to imagine opportunity and possibility in, and from, this place of uncertainty. This kind of vocabulary is transformative.

II) Re-imagining Health as Non-Attachment, Non-Aversion, and Deep Engagement

When re-imagining hope (as possibility, rooted in living here now) and despair (as a potentially fruitful moment in change process), participants alluded to a particular perception of health which supports them in their work. In this narrative, health is not measured by happiness nor by achieving an end-point of recovery; rather, health is centred in aliveness, defined as deep engagement with the flux of life. Being with flux requires emotional fluidity, which implies non-attachment and non-aversion.

Flow

The participants in this study describe an understanding of health which is not about maintaining positive emotional states, but created through our ability to *consistently* be with the *wide* range of our emotional experience in the present moment and as it changes. Janet articulates this perspective:

> *Hope in my mind would be not that we stay in one place or another, but that we learn how to flow so that there's movement between the emotional states....When we reverberate in one state or another, this stuckness lessens possibility – even if we reverberate in a place like joy, or cling to a hopeful state! It's like having a whole ocean to swim in and clinging to a buoy because at least you're not going to drown! While it feels safe and*

> *comfortable there, you're missing out on so much possibility that the ocean has to offer you. So rather than aim for happy, aim for healthy.*

This narrative of health as emotional fluidity can be seen as sustaining for therapists in a number of ways. It creates an *accessible* vision, as it does not rely upon a future shift to create health. Health is promoted simply through softening into emotional experience, whatever that may be. In this narrative, enhanced emotional health is possible now and every moment. This health can be *practiced* – by clients and therapists – in this moment and the next. It's a *forgiving* narrative for enhancing resilience as there is always another opportunity to practice. There is no need, no pressure or even relevance in trying, to 'perfect' this health: the concept itself implies that *all one ever has is the process* rather than an end product. It is an *inspiring* narrative of health, because 'failures' are reconfigured into successes through intentionally gathering learning from experience via witnessing: noticing and reflecting. One can learn as much from witnessing the desire to run, and from observing the running itself, as from holding one's seat.

Through the narrative of emotional health as nonattachment, health becomes possible even in the midst of despair. This strategy for enhancing resilience meets us in the midst of the muck: you 'start where you are' (Chodron, 1994). One does not have to reject or curtail one's emotional experience, nor change what is there, in order to develop one's health. Instead, the intention is to befriend one's emotional experience from moment to moment and to welcome its impermanence, thereby *allowing it to shift* and change in response to life. Rogers (1989) notes

> The curious paradox is that when I accept myself as I am, then I change....I have learned this from my clients as well as within my own experience – that we cannot change, we cannot move away

> from what we are, until we thoroughly accept what we are. Then change seems to come about almost unnoticed. (p.17)

Despair ebbs and flows. Encouraging this movement through engaged nonattachment in response to one's practice fosters resilience and sustainability; this is an important consideration for therapists, teams, and organizations, as Nadi observes:

> *The major thing that helps me is colleagues who are emotionally open and accepting of what can get stirred up by this work. I have worked in environments where you're supposed to just stuff it and not talk about it: where if you cry you're seen as 'falling apart.' And I just think that's nonsense! I think if you stuff your feelings everything gets clogged and bogged down. And that suppression is what despair feeds on!*

Nadi suggests that suppressing one's emotional experience feeds despair, while letting one's despair (and other feelings) be present and fluid nourishes grounded hope. Nadi's words clarify that our health as practitioners is encouraged through feeling what we feel in response to the work; our health is further supported through organizational systems, relationships, and shared narratives which welcome the fullness and encourage the movement of practitioner emotional experience. My use of the phrase 'welcoming the fullness of practitioner emotional experience' refers to allowing whatever challenging feelings are present: sadness, despair, doubt, anger, frustration, disillusionment, etc., in addition to more 'comfortable' feelings like happiness, playfulness, gratitude, etc. Heather stated: *'there's real joy in people becoming more alive to life'*. Joy is in this 'fullness,' being okay with the complex, shifting mixture of pleasure and grief in the work. When therapists create narratives for practice which describe health as engagement with life, the process of encouraging and witnessing this aliveness creates a joy they too participate in. Through practicing and narrating this approach to health in response to one's own emotional life, one develops tolerance for the flux and enhances the ability to move with it. This promotes

one's personal resilience and one's ability to 'hold one's seat' as a witness for others in the midst of flux. For the participants in this study, aliveness (health) seems enhanced through deeply engaging with -- rather than protecting against – their clients' and their own emotional experiences: witnessing, connecting, and being present together. The participants place a higher value on this aliveness than on happiness, future-oriented hopefulness, or certainties. This value system seems to support their resilience.

Health and Non-Attachment

The conversations with participants reflect a shared story that creating a meaningful life here and now – 'health' – is supported through consistently letting go of attachment to remaining in particular pleasurable emotional states and aversion of uncomfortable states. This re-conception of health presents as a paradox of non-attachment/non-aversion and deep engagement. Maggie describes this paradox clearly:

> *I think that's one of the most important things for me in this conversation about hope and despair. We need to give up our aversion to our pain, because it's a clue on the map. And we need to give up our attachment to hope, our attachment to things being better. Then we can just be with the fullness of what is there, engage with it.*

From this perspective, hope and despair are just part of the mix, 'two possibilities' among many. Zimberoff and Hartman (2002) suggest non-attachment is about "living with an attitude of commitment to the path without attachment to the outcome" (p.25). The 'goal' is to commit to walking the path, and recommit with each footstep. Simply put, the 'goal' is the footstep: being present. Attachment takes us away from the path (of health), as it relies on seeking comfort through (uncertain) certainties: therapy and life in general are filled with ambiguity and impermanence. Developing the ability to be present, with equanimity, in the midst of chaos or pain can promote and support therapist health for

those working with survivors. Maggie makes a useful distinction between equanimity and detachment:

> *For many therapists, the way they manage these themes of hope and despair as they become more experienced is they learn how to shut down. They think it is equanimity, which is being present with how things are, but it's actually an abdication of caring. ...it's hard to distinguish between the two: on one level the behaviour might look the same – things aren't getting sticky, you're not getting caught in the client's pain or trauma. But, it's like, sometimes I've heard experienced therapists say 'well it doesn't bother me anymore,' and as the conversation goes on I think 'are you really there, though?'*

Non-attachment is not synonymous with detachment: non-attachment is being present and connected with what is, without grasping for certainties. Twemlow (2001) observes that the key feature of non-attachment is that it allows a person to be "fully involved with the relationship" rather than being distant, withdrawn, or disengaged (p.31). Welwood (2000) suggests that this "fresh, unpredictable nowness... [which] wakes us up from our daydreams and imaginings... [is] pulsing with uncertainty" (p.244); yet, it is inhabiting that uncertain place that makes it possible to connect with another. Interestingly, participants suggest this engaged presence, in the midst of uncertainty, fosters therapist resilience. Heather clarifies:

> *Being really present to another person is a privilege, and I think when you're in that place of being that present how could you be traumatized? How could that not be nourishing? There's no trauma going on in that moment; that's deep sharing, connection. It's real. But if you're listening to it from a distance, then it can be traumatizing. So I do think it has to do with being fully present.*

Significantly, our ability to be present is reduced when we become attached to wishing things were different than they are; "full involvement is possible because the suffering created by attachment...is observed and abandoned" (Twemlow, 2001, p.31). Participants

repeatedly drew direct links between attachment and suffering as a therapist and one's experience of health. For example, Nadi offers:

> *When I first started doing the work, when I was still in my 30s, I gave into despair a lot more easily. I would become completely drained and depressed, and I would have images of what people talked to me about that would haunt me at home. And that doesn't happen to me anymore, or very rarely. I seem to have developed the ability to let go of things...and not carry them around.*

In a published article, Maggie notes "My suffering increases in direct proportion to my intense aversion to how things are" (Ziegler, 1995, 35). It is, in part, letting go of attachments and aversions that helps therapists engage in a deep and *sustainable* way with clients in recovery. This helps both participants be with the complexity of life, rather than distancing or protecting ourselves from it.

Distinguishing between engagement with despair and attachment to suffering.

Therapists develop many supportive narratives to negotiate challenge in the work. In addition to letting go attachment to (client or therapist) hope, letting go aversion to (client or therapist) despair, participants spoke of the importance of releasing attachment to (client or therapist) suffering. This is perhaps a less discussed thread in therapist process, and relates to murky waters of countertransference..[18]. Nadi speaks to the difference between engagement with despair and attachment to suffering:

> *I think there's a difference between being with someone's despair, and feeling their despair, versus suffering for them. What I mean by this is that compassion is not about bleeding for other people. I don't believe in that. It doesn't help the client for me to suffer, so I don't let myself suffer. And I think some people have the illusion that empathy means suffering with.*

.[18]Pearlman and Saakvitne (1995) define countertransference as: "(1) the affective, ideational, and physical responses a therapist has to her client, his clinical material, transference, and reenactments, and (2) the therapist's conscious and unconscious defenses against the affects, intrapsychic conflicts, and associations aroused by the former" (p. 23).

Nadi offers a useful challenge to discourses guiding the practice of empathy. What does it mean to offer genuine support and companionship in the midst of suffering? What does support feel like for the care-giver? What is a sustaining and sustainable way of caring: when is caring draining, when is it nourishing, and what role does the therapist play in creating this experience? Nadi's words surface a question about the term 'compassion fatigue:' where does the fatigue come from? Maggie argues that

> *It's not really compassion that's fatiguing, it's hanging on...that wears us out. I always thought Figley.[19]. could come up with a better phrase, but my understanding of what he means is that it's the holding, the lack of free movement of emotion, that creates the fatigue.*

Attaching to suffering, despair, or hope, creates exhaustion. One consumes a great deal of energy through the grasping and holding implicit within attachment; attachment compromises the groundedness needed to forge a path through life challenges. In contrast, compassionate caring is *"liberating, enlightening, and energizing. It...provides a matrix for hope, almost like a cushion"* (Nadi). Participants suggest that compassion is inherently sustainable, as it is rooted in understanding, acceptance, and forgiveness (Nadi). It is not compassion that is fatiguing, but confusing empathy with 'suffering for.' Participants provided some examples of how therapists suffer for clients, from observation and personal experience:

> *I've seen people sort of take the suffering of the client and...turn it into a drama that they take on themselves. They say things like: 'how can I live in a world where this kind of thing happens?' And I can relate to this, because I used to suffer for clients, when I first started: I used to feel almost obliged to suffer. Like, if I didn't hang onto their pain and carry it around with me that I wasn't really being empathic. (Nadi)*

---

[19] Here Maggie speaks of Charles Figley, therapist and researcher who coined the term 'compassion fatigue'.

Participants noted that people (therapists and clients) sometimes get attached to framing their lives through a narrative of suffering. Nadi suggested that sometimes survivors attempt to preserve the evidence of the trauma in this way. For therapists, suffering for clients may be a countertransferential form of supporting this desire to preserve the evidence through shared narratives of suffering, or may stem from feelings of guilt for having had 'an easier life.' The therapist's 'suffering for' may be connected to an inner pressure to rescue the client, or create a sense of worth through being a 'martyr' -- these threads tap into stories and needs that may be largely unconscious, such as: 'look what a good person I am that I'm willing to suffer for others'. Whatever the reasons behind a therapist choosing to suffer for a client, participants in this study are clear that genuine empathy is a being with, not a suffering for. Nadi clarifies that suffering for the client is neither helpful for their recovery, nor sustainable for the therapist. For clients, letting go of the suffering is generally a liberating process. Clients can not let go in this way, however, if their therapists are holding on to the suffering. For therapists, letting go an attachment to narrating/carrying client's suffering reduces feelings of despair and exhaustion – but it means one must be willing to be present with the complexity one actually feels in response to the work.

This shift towards non-attachment to suffering seems intimately related to a movement *'from rescuing to supporting'* (Carol). Participants noted that rescuing was really more about the *therapist's* old stories about *needing* to 'be helpful' or 'fix problems' (to access feelings of self-worth and self-efficacy or meet needs for control or approval) than about the genuine needs of the client. Shifting to a stance of support promotes therapist

health and en/courages the work being done through the therapeutic relationship. Maggie discusses these shifts:

> *Hope for me is in our capacity to really take our place in the web of life, in a deep and meaningful way. And in taking our place, we do whatever it is we can to mend the web. But that's not the driven rescuing thing that therapists – including myself – can get into, like: 'I have to fix this so I feel better.' Instead, it's: 'oh, here I am in the midst of life, and guess what? There's work to do here. So let's do it'. And that's not rescuing, that's just kind of like lending a hand. And that's what good therapy is too. You know, you bring your skills, you bring your passion, you bring your heart, and you lend a hand to someone who needs a hand. That's not rescuing. That's like saying 'let's figure this out together, the way you've been so cut off from living deeply'.*

Maggie's words suggest that engaged non-attachment makes possible deeply resonant connections within oneself, with others, and with the wider world. Generative connection is enhanced when one brings one's whole self to the work of helping – in a peaceful, rather than pressured, way – to do what one can. In 'lending a hand' there is no frantic-ness, no forced seeking for final resolutions. Rather Maggie's words evoke an image of two people standing together in the midst of the flux: alive to what is, curious and willing to learn. This is a sustainable and sustaining story for negotiating hope and despair.

III) What Can Help Therapists Cultivate Engaged Non-Attachment?

Participants stories suggest that the presence required of therapists, which itself fosters resilience, is a skill one can develop and refine. Such presence requires one learn how to witness self and other, without tightening in fear, to meet the emotional experiences of the other with en/couragement. Participants mentioned an eclectic mix of strategies (activities they engage in) that have been helpful in learning to play this edge of non-attached but deeply present engagement, such as: meditation and mindfulness practice, personal therapy, journal writing, being outside in nature, spending time with

friends who support and challenge them, spiritual practice, clinical supervision, team meetings, and reading about historical figures who have survived and made meaning from tragedy. Beyond activities, the participants carry central understandings – narratives they have developed – which help them hold their place with clients moving through despair. It is these narratives upon which I will focus here. Participant stories seem to distinguish between suffering and pain, describe and encourage human resilience, and affirm the power of the relationship as a site of reconnection, which creates a theme of collaboration. These narratives reflect and cultivate a grounded view of change, expressed in a belief in possibility and limits in change process, and describe and encourage a playful way of being in the work.

Distinguishing between Suffering and Pain

Deep engagement involves becoming present with self and other in the midst of flux. To be present without feeling a need to run or rescue, it seems helpful to narrate the difference between suffering and pain. This helps one recognize that we can learn to experience our pain without creating additional suffering. Nadi illustrates the point:

> *Suffering is...like having emotional pain about your pain! A person who's in physical pain can just be with the pain and get on with the rest of their lives, learn to put the pain in the background.... Or, you can feel sorry for yourself, focus on the pain all the time, complain about it constantly and allow it to limit you. You can choose to get really into despair and anger and become attached to having this pain, attached to your resistance about how it shouldn't be there – and that's what makes you suffer! It's not the pain itself that makes you suffer: it's all the other stuff you do with it!*

Teaching another how to be with pain without creating additional suffering is part of the support and challenge a therapist can offer a client. To help another learn this strategy for resilience, the therapist must be willing to be with his own pain without creating additional

suffering around it. Increasing one's tolerance for being present with one's own pain, and pain in general, enhances one's resilience as a practitioner and one's ability to be effective in one's work. This way of being encourages *agency* through recognizing and accepting pain and creating a way forward through an engaged response with this moment as it is.

Human Resilience

Another sustaining narrative involves human resilience and capability. The participants make a point of noticing, describing, and fostering client strengths and innate resilience. Janet illustrates:

> *Another big piece of what has helped over the years was recognizing that my clients have survived incredible things, things that I don't know if I could have survived. They've got incredible strengths! What they really need is someone who acknowledges the strengths they already have!*

Believing in client resilience nourishes feelings of possibility for therapists. It requires and communicates trust of the client and their ability. Heather commented that therapists provide safety, as in: a safe context for the client to take risks, to explore their experience and experiment with different ways of being. To offer this type of safety, to support clients in their exploration and experiments with hope and despair, therapists must take the risk to trust human resilience – believing they (as the therapist) are resilient enough to hold their own place in the flux to offer that safety, and that the client is resilient enough to be with and move through the flux. "We teach our clients to risk aliveness by taking such risks with them" (Mahoney, 2003, 11). Paradoxically, perhaps, narrating human resilience supports the development of (therapist and client) resilience in the challenges of the work.

To foster client growth and nourish the sustainability of our practice we must take the risk to believe in resilience. It may seem peculiar to describe trusting resilience as a risk: an anecdote will clarify. Helping a person learn to ride a bicycle requires risk for both participants. The one steadying the seat, while the rider climbs on and finds her balance, must let go her hold on the bicycle to allow the person to ride forward. Both must trust the rider's ability to pedal and balance; both must trust her ability to fall gently; both must trust her ability to get back on the bike to try again. The risk and opportunity involved in trusting resilience is expressed in the following lines from Rumi's sacred poetry: "Birds make great sky circles of their freedom – how do they learn it?/ They fall,/ and falling they're given wings" (Rumi, 1997, p.243).

A narrative which risks human resilience is strengthened profoundly when it is rooted in experience, in lived and storied appreciation of one's own resilience. That is, to develop resilience we must believe in our resilience; experiencing our resilience develops both the belief and the resilience itself. As will be explored in more depth further on, participant experience suggests that approaching one's own despair, engaging with it and moving through it, provides an opportunity to feel and create a narrative of one's own resilience (for clients and therapists). Tina provides an example of how this belief, rooted in personal experience, offers her support in the midst of challenges in the work:

> *Moving through my own experience of utter darkness has made it possible for me to genuinely step into the darkness with someone else and not fear getting lost in the darkness. I know I won't lose touch with the light, because I've come through such profound darkness before. And I think that is a risk and a fear therapists can have about going into the darkness as a witness – getting lost there – and it's a fear that can hamper a client's process. It's a huge thing to dare to go there each day in one's work, but I think it's necessary. You know: you ask your clients to be open with themselves and with you, but I don't think they can really do that unless*

> *you're really open....They're not going to go to that place in their own heart, if the person they're sitting with isn't prepared to go there.*

As Tina clarifies, an embodied narrative of resilience can sustain therapists in the challenges of their work, helping them communicate with greater depth their belief in human resilience to clients. This was a common theme expressed by participants. The therapist's embodied belief is necessary to co-create living narratives of client resilience.

Participants' stories suggest that therapists' can create support for themselves in their work through appreciating that both client and therapist bring deep capabilities to the table and that resilience is enhanced through connected relationship. Carol clarifies the importance of narrating client resilience: *"In the early years, when I was first doing this work, I felt a tremendous responsibility: that I was holding the fate of my clients in my hands at some level. And I think if I had maintained that sense I never would have been able to continue."* When a therapist genuinely believes in client resilience they know they are not solely responsible for the journey: they are working together with another creative and resilient human. Heather argues that *"if you really believe in the resources you're building together, that they are going to help that person negotiate the life they're in right now"* it's possible to relax one's worries about the conditions of that life that are outside one's (direct) circle of influence. Narrating human resilience, and believing that the work done together is enhancing resilience, makes the process feel more hopeful and helps therapists sustain their enthusiasm for the work. If the therapist does not believe deeply enough in human resilience to *trust* the client's resilience, how can the client build their own sense of resilience, agency, and efficacy within that relationship? If the therapist does not believe in

her own resilience, how is she to meet the challenges of the work, how can she 'hold her seat' in the midst of the flux?

The Power of the Relationship

Re/connection as aliveness.

As suggested above, the participants describe narratives for practice which reflect/create belief in the power of the therapeutic relationship as a support sustaining them in their negotiations with hope and despair. Leslie offers this description of her feelings about the therapeutic relationship as the site where resilience is fostered: *"I believe very deeply in resilience, that it is inherent in all of us but needs certain conditions to grow. And I think the relationship with another caring person, a person who will be with them in that journey as they choose to share it, really does help. I value and trust the power of that relationship."* This narrative about the centrality of a caring relationship in promoting growth and resilience is deeply significant. Herman (1992) has argued that "[t]raumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others" (p.51). She adds that "[t]he damage to relational life is not a secondary effect of trauma, as was originally thought. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community" (*Ibid.*). Abuse trauma occurs within relationships, impacting one's experience of self-in-connection at a fundamental level; the therapeutic relationship offers a challenging opportunity for transformation of meaning and experience. The participants argue that negotiating hope and despair is intimately tied to forging deeper connectivity to self, other, and world, *for both clients and therapists.*

For clients, a central aspect of recovery is the work of reconnection to self, other, and community (Herman, 1992). Becoming more present with one's own experience makes it possible to step into deeper connection with others; at the same time a "secure sense of connection with caring people is the foundation of personality development," building feelings of trust in self and world as well as belonging to community which sustains people through life challenges (Herman, 1992, 52). To support clients in this work of reconnection, and to practice sustainably, therapists must cultivate their own connections with self, other, and world. In this narrative, the heart of the path of recovery for clients and the therapist's path of negotiating sustainable practice (through hope and despair) is a shared and parallel journey. Stamm (1995/9) points out:

> ...where is the hope amid this much suffering? I believe it is in the nurturance of the individual within the sustenance of community....Interdependency does not substitute the group for the individual but weaves the individual with the group in such a way as to increase the individual's and the group's tolerance for the task of living. (p. xvii)

The belief in the power of connectivity appeared in each interview conversation as a core belief supporting the participants in their negotiations. Maggie illustrates: *"the way through despair for me has always been about reconnection."* The conversation/s with participants clarify that the therapeutic relationship is, on a basic level, a place of perceiving, exploring, and fostering that re-connection to life. This is so for both client and therapist, as will be explored below.

The relationship and an 'ethic of collaboration.'

Jordan (1997) points out that: "both people draw nearer each other in the empathic moment in a way which expands their sense of human community" (p.145). The

therapist's ability to co-create connection with clients, to help them reconnect to life with greater aliveness, is made possible through developing this same deep connection with oneself. Developing one's ability to be empathic with oneself, one becomes more able to offer empathy with others (Jordan & Walker, 2001). Through negotiating hope and despair in our own lives we become more able to facilitate this process with clients: "one cannot form an empathic connection to the many levels of another unless one has established an empathic connection to those levels in oneself" (Firman & Gila, 1997, p.247). As we stretch into the challenge of meeting clients in the midst of hope and despair, *we also* become more alive, *our* tolerance for the challenge of living is also enhanced, and *we also* feel more connected to human community. Herman (1992) argues that

> The reward of engagement is the sense of an enriched life. Therapists who work with survivors report appreciating life more fully, taking life more seriously, having a greater scope of understanding of others and themselves, forming new friendships and deeper intimate relationships, and feeling inspired by the daily examples of their patients' courage, determination, and hope. (p.153).

The participants in this study expressed similar beliefs, as Nadi illustrates: "*for me it's been an opportunity to develop a deeper inner life and more sense of connection in my relationships, a sort of broader view of reality*". Participants were clear that, in their experience, *healthy practice is fostered through re-cognizing both therapist and client as nourished through the therapeutic relationship*. The contract places client growth at the centre (Jordan, 1997); at the same time, however, stretching to connect with a client in trauma therapy is a process which inherently sparks and demands the therapist's own growth. Yalom (2000) clarifies:

> ...it is the relationship that heals. Therapeutic change ensues from a genuine, authentic engagement, and that, by definition, implies mutuality. Therapists facilitate change in the patient [*sic.*] and, in the process, are themselves changed....therapists are perpetual students on a never-ending voyage of self-discovery (p. 250)

That the therapist derives support for growth from the connection does not take away from the client's process, rather this phenomenon speaks to the power of authentic, growth-fostering relationship: when two people step into deep presence together, meeting in the midst of the flux, both are challenged, stretched, and nourished. The therapist's growth supports the client's process: her narrative of growth and the nourishment it fosters makes possible her ability to be present with clients from a stance of health. Furthermore, when a person (e.g. the client) can see that their expression of experience has moved and taught another (e.g. the therapist), they see themselves anew, and, moved in response, they step more deeply into connection with themselves, with the other, and more deeply into the possibility of connection with the wider community.

Some participants mentioned a process of actively narrating the ways they are nourished through the engagement as a practice promoting resilience. Heather provides an example: *"noticing even the smallest thing that nourishes you, maybe: 'what a courageous smile'....as soon as you open up that place inside of you, you've allowed yourself to relax and become more present. So you're there with the person differently. And they can feel that, and feel more open."* Seen from this angle, the therapist's willingness to narrate and feel nourishment through the relationship supports the client's growth and deepens the therapist's ability to negotiate hope and despair, sustaining her in her work. To collaborate in fostering another's growth means to be willing to participate, to be willing to grow.

Maggie describes a meta-narrative of this process, alluding to the shared journey of moving through despair into deeper connection, the mutual process of nourishment that occurs through participating in the relationship, as well as the way healing spreads outwards:

> *I think when we allow and move through despair, we come to a place of knowing ourselves better, and a being in deeper relationship with others, and then really taking our place in the human community, and the wider planetary community... it's like a homecoming. And from that place of really being here [we are]...able to tolerate the suffering of life and appreciate the beauty of it, without...having to figure out what to do: things just make more sense, are more clear, from that place of deep interconnection. So every little step we can build that reconnection there is the possibility of deepening and widening those circles of connection and community..*[20].

Considered through this story, the generative, collaborative relationship shared by client and therapist is implicitly hopeful because it is meaningful: it contributes to 'widening circles of connection and community' that spread outwards into the world. Mahoney (2003) argues that the "client-therapist relationship provides a special context for vital experiments in living. For many clients, that relationship also becomes a transformational crucible in which they can risk exploring new ways of relating to themselves" (p.15). He adds that the impact of this relationship can deepen over time, and spread outwards into other lives touched by the client:

> Even when it lasts for only one or a few sessions, the therapeutic relationship can become a lifelong source of compassion and encouragement that exerts an influence not only on the client but

---

.[20].Citing this concept of 'Widening circles' Maggie references work by eco-psychologist, Joanna Macy. See, for example: *Coming back to life: Practices to reconnect our lives, our world.*

> also on the people whose lives are touched by that client. One clear...moment of understanding and caring can ripple across endless lives and generations. (Mahoney, 2003, 15)

Carol spoke of the importance of *"finding what it is that feeds you in the work"* in terms of meaning and noted that, for her, *"it's this sense of incredible privilege for being invited into other people's lives and being able to make a contribution, make some kind of a difference."* Here, Carol makes a point that was present throughout the conversations with participants: through making a contribution to change in people's lives one encourages and supports social change on a wider scale. Participants seemed to find nourishment in these narratives of collaborative contribution. Carol clarifies: *"If I didn't have some experience of knowing I was making a difference it would be extremely difficult to keep doing this work. Because what would be the purpose in it? Life has to have some sense of purpose."* Narrating the generative, transformative power of the relationship sustains therapists in their negotiations with hope and despair. If hope is in connectivity and experiences of community, then becoming deeply present with clients as members of the human community on a shared journey of re-connection to life is a sustaining stance for therapists and clients.

White (1997) refers to such a stance as shaped by an 'ethic of collaboration.' He argues that this ethic shifts the therapeutic model from a mutually disheartening stance of control, and "recasts effective action as that which is determined and taken in partnership with others" (p.198). As "trauma robs the victim of a sense of power and control", a collaborative, cooperative approach to relationship becomes essential in trauma recovery (Herman, 1992, 159). A stance of shared journey, an ethic of collaboration, has implications for one's perception of change processes:

> Rather than action that is measured by its success in the achievement of sought-after ends in a time-frame that is specified ahead of the initiation of this action, the ethic of collaboration recasts effective action as...the steps that contribute to...a foundation of possibility in person's lives in the time that is required to take these steps. (White, 1997, p.198)

The participants' narratives of collaboration imply, and make possible, a grounded view of change – both of which help them build sustainable practice, enhancing their resilience to negotiate hope and despair.

A Grounded view of Change Processes: Possibility, Response/ability, and Limits

The participants in this study describe a grounded view of change. Their grounded view of change involves a strong belief in the inherent possibility of change and a sense of shared but distinct response-abilities, coupled with a stance of engaged nonattachment which helps them perceive and appreciate relativity and *limits* in change process. Such a grounded perception of change seems to offer support in holding one's seat in the midst of the flux, sustaining practitioners in their work.

Inherent possibility of change and shared, distinct response/abilities.

Participants described narratives reflecting the possibility of change at any age, and the fruitfulness of therapeutic process in fostering change. They developed these beliefs through witnessing change over the years as a therapist and experiencing it in their own lives in the midst of challenge. Nadi comments that experiencing and witnessing change in others has *"engendered a lot of hope...for myself, for other people, and in general....it's the deep belief that change is possible at any age. You just need faith and determination."* She added: *"I believe I bring that feeling and that attitude into my work with survivors."* At the same time as

narrating this possibility of change and growth, participants spoke of understanding therapist and client response/abilities and the limits therein.

Participants suggest that, while the therapist co-creates a context for growth and offers her skills and passion to help facilitate that process, the clients are the ones generating changes in their own lives. Although the therapist has a contributing influence, the clients hold the pacing, motivation, and implementation in their own hands. Leslie reflects:

> *I remember a wonderful way of describing therapy, using the term 'to cure' as in 'to ripen'. I have carried it with me because I believe in it. I see therapy as providing conditions for the curing – the ripening – to occur. And concentrating on providing those conditions creates an opportunity for the child or youth to do what they need to do.*

When the therapist concentrates her energy on that which is her responsibility, the client is more able to do the same. Mahoney (2003) argues that this sense of shared and distinct responsibilities in change process is essential to a collaborative approach to therapy. He notes that "[t]he client is the primary agent of change. She is the resident expert on herself and what she is experiencing. Besides being the primary actor and monitor of what is happening in her life, she is the one who bears the burdens and the blessings of her choices" (p.19). The narrative about shared and distinct response/abilities seems to enhance sustainable practice, as it helps therapists hold that engaged non-attachment and approach the relationship from an ethic of collaboration (both of which have been discussed above as contributing to therapist resilience in negotiating hope and despair). In this narrative of shared and distinct response/abilities clients are seen as agents and their agency is en/couraged: therapy "is not something done *to*" clients "but *by* them"

(Mahoney, 2003, p.19). In short: "The work of changing – indeed, the work of living – cannot be done on one's behalf by another person" (*Ibid.*).

Clarity about shared and distinct response/abilities is helpful for clients and supports therapist health. If a therapist believed she were responsible for *making change happen,* she would quickly become frustrated and depleted, while the client would be discouraged from becoming more response/able in their own lives. Narrating shared and distinct responsibilities, accepting and respecting the limits within their own response/ability, allows therapists to be more peaceful with the process and allows clients to develop their agency. Carol clarifies the importance of this grounded vision of change: *"In the early years, when I was first doing this work, I felt a tremendous responsibility: that I was holding the fate of my clients in my hands at some level. And I think if I had maintained that sense I never would have been able to continue."* Not only is it exhausting for the therapist to consider herself solely responsible for client outcomes, it also deprives the client of developing her self-efficacy and agency. Being clear about the division of responsibility supports client process and practitioner resilience, enhancing the sustainability of their collaborative efforts.

Relativity and limits in change process.

In addition to developing a grounded narrative of the possibility of change, participants spoke of the importance of re-cognizing relativity and limits in change *process* in order to develop sustainable practice. Specifically, they spoke of considering *change as both possible and relative for each person*, as Maggie points out: *"Some clients may have huge transformations, but others may have to work really hard just to live with their symptoms."* The participants' stories referenced layers of consideration: a client's history, inner and

interpersonal resources, commitment to and/or interest in the process, as well as their ecological context for change. Participants also spoke of considering limits related to the time available and the context in which the work occurs; time pressures and external mandates for change were described as a site of potential frustration by some of the participants. If one only has 10 sessions together, narratives of the change possible to initiate in those sessions must be mindful of that time context while knowing that the client can carry forward seeds planted together in those sessions. To wish the amount of time could be different, and focus one's energy on that wishing can create additional despair for therapists. Developing a contextualized story for change, a story rooted in the time one has and the work that can be done within those limits, is freeing. When the system one works within poses time limits, and change agendas, therapists have choices to make: accept those limits and work within them, attempt to create change with those limits, struggle against those limits to a degree that feels sustainable, or leave that system for a context which is more congruent with one's own beliefs about change process and one's time preferences and/or more flexible and welcoming of difference. Participants also seemed to develop support through recognizing change is not necessarily a linear progression, noting that change will continue after the time in therapy elapses, and being mindful of developmental elements in change processes. Carol clarifies how these threads work for her:

> *one of the things that really helps in working with children and teens is recognizing that a lot of what I'm doing with them is hopefully creating a positive experience of counseling so that when they're ready to do deeper work, they will come back – as an adult. Because I think there's only so much you can do at a child or teen level. And again, it depends on what they've been through. But anybody who's experienced multiple abuses and so forth: you're not going to deal with it entirely as a child or a teenager! There's just no way....you can help*

> *them experience greater self esteem, self confidence, build some life skills so that the choices they make over the next few years will be as positive as possible. And that when they are ready to do the deeper work they won't be opposed to it.*

Through the conversation/s it appears that narrating possibility coupled with limits and relativity in change helps therapists gear the work towards the current edges for change and appreciate the depth of the work being done. Asking 'what are the possibilities and limits for change here, now, in this context, for this person, within the time we have?' is not about constraining the process; rather, the assessment makes it possible to discern edges for growth. Discerning these borders enables an exploration and expansion of those edges in a way that respects the contextual limits.

Participants also noted that recognizing the often gradual pace of change is a very useful support in holding one's seat in the midst of the flux. Tina offers an illustration:

> *I've learned to be more patient with change, because I have developed a much deeper understanding of the time that it truly takes to change: it doesn't happen quickly. And in a lot of ways it can't and shouldn't happen quickly. I've come to understand how absolutely essential time is to qualitative change in people's lives. And it's also important to understand the depth of courage and tenacity it takes to make those kinds of changes in your life. Huge.*

Guy spoke of the metaphor of 'planting seeds' – quite popular in therapeutic communities – as a useful reminder of the time needed for change to occur: that in therapy the therapist and client plant seeds that may sprout at a later date. Mahoney (2003) offers a subtle shift to the community narrative of the therapist planting seeds, arguing that the client is the seed, the soil, and the primary gardener (not the soil in which the therapist plants and nurtures seeds); the client plants and nurtures her seeds, while the therapist offers herself in service to 'lend a (skilled and passionate) hand' in this process.

At any rate, becoming more patient with change implies a relaxing of expectation and pushing; this non-attachment to change following a certain path or pacing seems to offer deep support for practitioners and clients. Such narratives help us recognize and respect *a particular* client's rhythm, remind us to 'get out of the way' and let the client work their changes in a way that is meaningful to *them*, reassure us that seeds may be germinating below the surface of what is currently visible, and help us honour the simple-intensity of 'small' change moments – moments that speak of meaningful shifts in a person's way of living and experiencing life. We can understand the simple-intensity of small changes from the point of view of chaos theory, and the principle of 'sensitive dependence on initial conditions' – an "inescapable consequence of the way small scales intertwine with large" is that small changes can have drastic effects on the long-term behaviour of a system, such as a butterfly wing moving an air current in one part of the world eventually becoming a large wind storm in another part of the world (Gleick, 1987).

This discussion brings us back to the thread of non-attachment from a slightly different angle. Participants described striving to recognize and appreciate moments of change in client process without becoming attached to seeing change, without expecting the client to sustain that change, and without attaching their own value to client change. Through such attachments, hopes can become agendas for change closing possibility in the process, reducing movement and fluidity, and generating frustration and despair. For example, speaking from the context of his own struggles, Guy commented that therapists may place pressure on the client to take up their vision of change and feel frustrated if/when they do not achieve this (the therapist's) preconceived goal. Through narrating the presence and

limits of responsibilities – their own and their clients' – in client change processes, therapists are more able to focus their energy on what *is* within their power to influence and shape, to encourage clients to develop their agency to take care of what is in their hands to shift, and to let go the focus on what is beyond control. Recognizing and appreciating the limits in change makes the possibilities meaningful, as those possibilities are then grounded in a person's potential for growth in that moment in time. Participants spoke of these shifts as offering deep support in negotiating hope and despair. Cultivating engaged non-attachment with client change pacing and outcomes, coupled with a belief in the inherent possibility of change at any age reduces despair. Re-cognizing the significance and depth of the contribution one can make – that *'one can make some difference'* (Carol) – and accepting the limits, enables meaningful engagement with the process as it is, in a way which seems to sustain the therapist in his work and is sustainable over time.

Herman (1992) has spoken about possibility and limits in terms of integrity, which she frames as an essential developmental task for therapists; "Integrity is the capacity to affirm the value of life in the face of death, to be reconciled with the finite limits of one's own life and the tragic limitations of the human condition, and to accept these realities without despair" (p.154). She argues that integrity, woven as it is with an appreciation of possibility and limits, is the foundation for restoring trust in relationships; in turn, integrity and trust make up the relational fabric which "regenerates the sense of human community which trauma destroys" (*Ibid.*). This is to say that an appreciation of possibility and limits in human change are core components in clients' passage through trauma recovery.

Similarly, this grounded narrative of change supports practitioner resilience in the face of despair and enhances the sustainability of their practice with survivors.

Playfulness

Cultivating playfulness is a further quality which seems to help the participants hold their seat in the midst of the flux of hope and despair. The participants spoke about a playful way of being with life as a deep support for being present to the challenges in this work – for clients and therapists. Janet expresses this theme succinctly: *"it's like, the problems are big enough, and the work is hard, but being able to laugh enriches the connection and also helps give hope. If you can laugh there's playfulness and there's got to be hope."* Caputo (1987) concurs: "all this seriousness needs an antidote, lest we perish from it" (p.290). Heather emphasizes that this playfulness is a key edge of the work in therapy with survivors; people who have experienced trauma often *"need to renegotiate their relationship with play."* Cynicism can be a response to the work when therapists are struggling with despair or related issues of sustainability. Playfulness can help counteract this phenomenon. Caputo (1987) challenges that "all this talk of the abyss and openness to the mystery must be understood as the willingness to stay in play with the play. The question always is whether and how, hearing the movements of that play, we are able to join in it.... The play is all" (p.293). Therapists and clients are involved in parallel processes of the challenge to negotiate the flux of hope and despair through playful, consistent engagement. Narratives for practice which cultivate playfulness seem to support our ability to be present in a sustainable and enthusiastic (i.e. sustaining) way.

B) Pathways of Resilience: Processes of Congruence

I) Narrating Lives through Practicing Reflective Engagement with Despair Related to Life Challenges, Creating Meaning from these Events, and Infusing Practice with this Learning

Leslie: *In my own process of recovery from illness I went through a period of desperation, where I was terrified of the feeling of despair and didn't want it anymore. I attempted to run from it, avoid or distract. And I couldn't get away from it: it came into my dreams, interrupted my sleeping patterns, it was just there! I went to a woman who counseled people through trauma, and she said: 'You have to go to it. You have to sit with it, be with it, in order to transform it into something else.' And while I understood that from my own work, somehow I hadn't realized I was running from it like that. So, that awareness helped me turn around and face it, really look at it and practice being with it: breathing through it, drawing it, talking about it. And, gradually, that shifted and I was able to change the energy around it. And then it became the gift.*

Katrina: *How would you describe the nature of that gift, of being with the despair in that way?*

Leslie: *I kind of see it as my self, all that I am, being a reservoir and the experience of despair dredged it out somehow, it opened me, there was more of an opening within. It broadened my capacity to understand and sit with people. Many years ago my father died, and it too was a wonderful gift once I moved through the loss of him, the grief of the loss. Then I had the capacity to understand and empathically connect with people on a much deeper level. So, I felt... broader; bigger inside. [laughing] It's just this felt sense in my body, that... I'm different. I'm very different now.*

Nadi: *I really resonate with your story! I went through sexual abuse as a child, so did my sister, and those experiences really made their mark on both of us. Going through my own process of change in young adulthood, of becoming clear about my intention to heal, facing my despair with deep level determination, working to get back in touch with my core self – it was a process, but I was able to do it! And then I knew it was possible for other people: people really can change. I know that from my own experience, in an embodied way. And witnessing my sister's process of change was also really profound for me. She got really trapped in a world of drugs and alcohol, and it took her longer, until she was 40, to acknowledge her experience, face her despair, and get professional help. She went for therapy and stopped drinking, and it's been many years now that she's been sober. And that has been just huge in my life: witnessing her growth has engendered more hope than anything else! Hope for myself, for other people, and in general. It's the deep belief that change is possible at any age. You just need faith and determination. And I believe I bring that feeling and that attitude into my work with survivors.*

Katrina: *I'm moved by the beauty of this story, the aliveness of that feeling of possibility. It's like that deep experience of meeting and moving through your own feelings of despair – for yourself and your sister – becomes a touching stone, about the inherent potential for change. And it sounds like: through being with our own despair we can develop a courageous way of being, and at the same time this way of being helps us show up to support others in despair and encourage them to become more present too. And their courage requires and inspires our courage. It's beautiful and challenging.*

Leslie: *And the shift is so deep. Returning to practice after recovering from my illness I felt a different sense of calm with others' despair. There was a lack of fear, somehow, to witness it in others and sit with them with it. Like a different capacity to hold them while they experienced their despair. Looking back, I think it would have been quite different before. I would probably have attended to things on a more superficial level without really knowing it. I think I wouldn't have really known what to do; I would have encountered my own confusion. And I wouldn't have attended to the body, to the visceral quality of despair, in the same way.*

Tina: *A number of years ago, in my early work with people who are violent, a youth I worked with committed a murder; actually, he killed a child I had worked with previously in another context. It was a trauma that totally turned my life upside down! Somebody else described it as 'Your life is a deck of cards and it just got thrown up in the air, and the whole entire deck is on the floor in a hodge-podge.' And I had to come to terms with myself as a therapist and myself as a person – how do they fit? I'm very different than the way I was before. And I think that was the precipitating event. I had to see that just because I cared for the kid who murdered the other kid doesn't make me the murderer. You know, when that young fellow killed the child I had a sense somehow that I could understand so intimately why he had done that, what had influenced him to commit that murder, and that I may have under the same circumstances done that same thing, and that terrified me! It was like he'd captured my soul and I couldn't get it back. Like I lost a part of myself.....I don't know if I'm making any sense.*

Katrina: *I think you are. It sounds like you're speaking of the ways that this work challenges the therapist very very deeply and intimately. And some of those are terrifying and dark and very difficult, like experiencing one's own human potential for violent crime. You mention that you're very different after that experience, that it changed you.*

Tina: *Well I think I finally figured out that I can stand beside folks in their darkest places and I don't get lost. I get hurt, but I don't get lost. I don't lose that piece, that essence of me, anymore. It doesn't disappear on me. It's a piece I walk away with, knowing that I'm going to be okay, regardless of how awful the stories are, and the experiences are, and the pain that these people have. I can be there and cry with them and I'm not lost in it.*
Because there was a point when I realized that I wasn't lost. I was different, but I was still here.

I heard a guy speaking on CBC once, talking about working with adult men who had murdered. And he talked about that idea of joining with the murderer, knowing that you're not any different, you're capable of murder too. And it was fascinating for me to hear somebody else talking about having stepped into that place of becoming aware that you were capable of that kind of heinous crime and still being able to step back into your own soul and your own body and your own mind, and forgive yourself for that. I think you have to come to that. I definitely had to forgive myself for not being able to protect and somehow prevent the one from killing the other: like somehow I felt responsible for that. I wasn't but I felt it.

A central foundation for practitioner resilience and developing sustainable practice involves congruence, that is: the participants seem to narrate their lives through a willingness to be present and reflective with their experiences. This is the very process

which therapists en/courage with their clients. The participants display a commitment to engage with those life experiences that demand they stretch in response; that is, they find a way to *approach* their (personal and professional) experiences of challenge and *engage deeply in reflection* to actively make meaning. Through this process they seem to develop enhanced understanding about themselves, human experience, the practice of relationship, and processes of change. In addition, it is through reflective presence and meaning making practice that participants forge the narratives which offer them such sustenance. Leslie illustrates this process: *"at a certain point I said: "what can I learn about this? What can I learn about myself? What can I do with this? And that was very hopeful, to begin to look at it that way. Rather than 'Why is this happening to me?!' instead to wonder: "what can I gain from this?'"* The conversation/s with participants consistently surfaced the theme that through approaching challenges we become able to actively contemplate meaning and negotiate a response; participants were clear that this practice deepens their resilience in the face of despair and sustains the health of their ability to be of service. Through this process participants develop narratives about resilience rooted in life experience. The participants consistently seem to pour this experiential wisdom into their practice, thereby nourishing themselves and their clients and sustaining their ability to return to the challenges of therapy practice.

The themes presented in the discussion above present elements of this experiential wisdom. As suggested in the preceding sections, the practice of reflective engagement holds many nourishing possibilities for therapists, including: greater connection to life and aliveness, strengthened trust in human resilience and capacity for change, a deeper understanding the role of the therapeutic relationship, enhanced ability to be present with

others' suffering, and deeper resonance in communication about hope. My emphasis in the following section is not on the particular threads of learning but on the *process* of developing those beliefs, through exploring several examples.

The Process of Narrative Development: An Experiential Pathway for Resilience.

Nadi experienced a number of tragic life events in a short span of time, including deaths of several loved ones and her own life-threatening cancer diagnosis. Speaking of the impact of these events, Nadi comments:

> *Those experiences, on the surface, seem really terrible. But what I've learned from them, from going through them, is that I do have this ability to stay present for whatever life gives me. And that there's something really enriching about being able to do that. What I appreciate about the experience is that it profoundly deepened my sense of life. And it engendered hope, knowing that I can deal with whatever happens. I can be here for it; I can go through it and stay alive: I mean, stay present, stay awake through it all! And that is incredibly hope-engendering! And it's informed my work a lot. A lot. I've had a shift where I feel more able to help people see that being emotionally healthy, healing emotionally, is not about being happy all the time, but being able to have confidence and hopefulness that whatever comes – whether it's good, bad, ugly, sad, scary, wonderful – that it's possible to ride it through.*

Going through her own experiences of tragedy and managing to stay present and engaged has enriched Nadi's experiential narrative of her own resilience, profoundly deepened her beliefs about human resilience, and illuminated her convictions about the meaning of health. This learning has powerfully influenced her understanding of her role in the relationship and her beliefs about the purposefulness of that endeavour. Knowing she can stay awake through such intensity and knowing the benefits of doing so helps her have immense faith in the same process for others. This is not an intellectual understanding of the process of becoming alive within the flux, but a lived and living narrative.

Through Nadi's description a process of learning and personal/professional development – indeed, a pathway of resilience – becomes apparent. This process is characterized by a combination of engaging and responding with challenge, spending time reflecting upon the meanings of the experience to consider the growth opportunities presented through the experience. This offers a way to negotiate hope and despair through building resilience in the midst of chaos. Leslie described her own willingness to enter this process, when she experienced a life-threatening illness, as *"facing"* despair. Her language describes turning towards or standing closer to get to know. Through facing her despair and reflecting on the experience, Leslie learned deeply about fear and vulnerability in processes of change as well as the power of becoming present in that place of intense uncertainty. Her experience suggests that when we are willing to be with our pain and despair, willing to create personal meaning and integrate the learning in narrative form, we nourish an affirmed connection to life. This process offers useful learning about the complexity of human change processes, deepening our empathy for clients as they struggle through recovery.

When therapists process their own experiences of despair and then pour their learning into their practice, developing narrative tools to support their clients and themselves in this challenging work, they create a potent practice of congruence: living the processes they advocate for their clients (engagement with life, commitment to becoming more present with what is, making meaning that supports one's health, and increased connectivity with self, other and world). This congruence itself seems to be a factor of resilience which builds sustainablity of practice: therapists can see that this practice works

from their own lived experience. Leslie illustrates in discussing her recovery through despair:

> *A key factor was the transference of hope from a counselor that I saw. Her confidence in my recovery gave me the strength to believe in it for myself. This has been a tremendous experience for me. Tremendous. It has deepened my understanding of despair and hope, and the therapist's role in that. And I believe that I take that into my practice now. You see I really know that transformation is possible, and I know the therapist's hopeful presence can play a very key role in that. This experience of despair has been an incredible gift.*

In Leslie's experience, facing and making meaning with despair offered her a deepened faith in the process of therapy and in the usefulness of the therapist's presence in that journey. This narrative supports her in her work with survivors: it offers a felt sense that her work is meaningful, that her presence makes a difference.

When therapists practice congruence they are more able to *embody* their narratives of possibility in sessions with clients, communicating *and generating* their deep belief through their way of being. I believe clients can feel this depth of understanding, through resonance, when a therapist who practices this congruence says "it's useful to be with this despair" or "it's possible to explore this cave and move through this tunnel." When the therapist is willing to experience her own passage through the cave of despair and narrate the meaning of this journey in her own life, she can offer support rooted in deeper trust, greater curiosity, and less fear. This inevitably enhances the service she can offer others traveling through similar places in their own lives as Chodron (1994) clarifies: "Only to the degree that we've gotten to know our personal pain, only to the degree that we've related with pain at all, will we be…willing to feel the pain of others...because we will have discovered that their pain and our own pain are not different" (p.4). In addition, when a therapist is consistently willing to integrate his own passages through despair, he is more

able to sustain himself in the midst of darkness with others, through lived and living stories of possibility.

II) Two Travellers

> *I've found that, in the thick of it all, when someone is in a great deal of pain, it's not what we know intellectually with our theories that's going to help. I think it's being with them in a different way: being fully present with them in the midst of their pain. ...And I've experienced these incredible connections with people – deep deep deep connections – in the midst of their struggle. And it's incredibly energizing when you go through it. And I feel so grateful... (Leslie)*

As suggested throughout this chapter, participant narratives about negotiating hope and despair contained a theme of clients and therapists sharing a common human journey. This story is characterized by a movement towards greater connectivity, deeper appreciation of the possibilities in this moment, and increased ability to be with, learn through, and make meaning about the challenges of life. The narrative of a shared path clearly fosters collaboration, grounded hope, agency, and resilience -- for *both* participants. This narrative requires that therapists be willing to perceive clients as the primary consultants and experts about their own experiences. In addition, therapists must be open to learning from their clients and from their own experiences of struggle and pain. This narrative promotes 'humility' and connectedness, qualities which sustain us in our practice. Stamm (1999) clarifies:

> I have to believe that I can make a difference; that I can honor that existential obligation to choose light. I also must remember that the darkest of my incomprehensible darkness is my own deception. A deception that tells me the world is all darkness or that I, alone, am the light.
>
> Discernment comes from my hope and my community.
>
> ...I believe that for those of us called to perceive the darkness and the light the world looks very different than it does to others. For we see clearly the

> darkness. Together we must stay rooted, looking with hope toward the horizon for dawn's first light. (pp. xii-xiii)

Gergen (1999) notes that experiences of pain are socially constructed and negotiated: "pain requires interpretation, and the way we subsequently live our lives depends significantly on this interpretation" (104). Frank (1995) has suggested that the narratives through which we describe our experiences of suffering profoundly shape our way of being. He proposes that 'quest narratives' enhance personal resilience as they position suffering as a profoundly skilled teacher of the deepest aspects of human experience. Engaging with our pain as therapists, from the perspective of 'learning for living,' may enhance our tolerance for the flux inherent in life, within and outside the therapy room: if we believe pain is a teacher we may view despair as a worthwhile challenge, an old, wise friend. It is useful to remember that, if "the developmental relevance of narrative is to be found in the way it enables the emergence of complexity" (Daiute & Lightfoot, 2004, p. xvi), and if cultivating a diversity of narratives and complexity within narratives "may have liberating implications" (Gergen, 1999, p. 174), therapists need to create interpretations of our experiences of pain which *open* rather than close meanings – narratives which offer us depth and multiplicity in possibilities for living. Quest narratives are not necessarily simple 'hero journeys' or 'happily-ever-after' tales which follow a progress plot and resolve in a tidy conclusion. If the participants stories can be referred to as 'quest narratives' this is a type of quest that is ongoing: a life-long journey to create a meaningful life of integrity in this moment. And the next.

This narrative of a 'shared human journey' seems a profound resource for the work as it implicitly brings us into a felt sense of community, which has been described as

a central passage through despair. Significantly, "community cannot take root in a divided life. Long before community assumes external shape and form, it must be present as a seed in the undivided self: only as we are in communion with ourselves can we find community with others" (Parker Palmer quoted in hooks, 2001, 127). A pathway into deeper resilience begins with our way of showing up in our own lives, relating to our experiences with honesty and compassion: approaching our pain with loving care. It begins with this very step into life.

barn's burnt down –
now
I can see the moon..[21].

Summary

.[21] Masahide; http://www.poetry-chaikhana.com/M/Masahide/index.htm;. October 19, 2005

> *Being awake is hopeful, and when we're awake to ourselves and awake to our clients, awake to the world, I think we have more resources inside and more sense of connection...to ourselves, our clients, the possibility of community, and the landscape – which is another place of integration. (Maggie)*

The conversation with participants suggests that negotiating hope and despair is a process that requires and encourages aliveness and enthusiasm. Participants critique dominant discourses which position hope as a future outcome and despair as stuckness; they re-imagine these concepts through process and paradox. Hope and despair become two interrelated possibilities, liberated from the traditional dichotomy of good and bad. Deep engagement with the present moment is narrated as the seat of a grounded, active hope which supports and fosters aliveness and agency: helping clients and therapists negotiate despair now. Participants strive to make space for despair, their clients' despair and their own, to sit with it and move through it. Despair is re-imagined as a useful moment in a wider process of change, a time for reconnecting to life and making meaning. Approaching despair becomes an experience of health, a way of breathing into the challenges of life from a place of strength, and an opportunity to stretch in response. Creating narratives to encourage and support this deep presence seems to help the participants step into and move through the flux, learning deeply about themselves and walking more fully into communion with others.

Participant negotiations with hope and despair are supported through forging a middle way between attachment and aversion: an engaged nonattachment. Cultivating this stance requires a willingness to witness one's experience, and an ongoing commitment to

return – again and again -- to one's experience in the midst of the flux. Chodron clarifies: "helping yourself or someone else has to do with opening and just being there....But it's a continuous process. That's how you learn. You can't open just once" (Chodron, 1994, p.59). Participants described a number of narrative themes that sustain them in the midst of the flux of hope and despair, such as: distinguishing between suffering and pain, trusting and articulating human resilience, appreciating and naming the power of relationship, and practicing an ethic of collaboration. Participant experiences suggest that therapists create support for engaging in the midst of the uncertainty and pain through articulating a grounded narrative for growth processes: one which respects the inherent possibility of change, understands shared yet distinct response/abilities, and assesses relativity and limits or edges for change. Additionally, participants note that narratives which help us engage *playfully* with the process deeply support our ability to sustain ourselves in our work.

Practicing reflective engagement with challenge is an accessible, demanding, and expansive pathway for enhancing resilience and sustainable practice. This way of being encourages learning and growth and develops *embodied, living* stories to support therapists in their work. This practice of hope is generated through being with intersections of uncertainty and possibility; this practice of reflective engagement fosters a sense of agency, self-efficacy, and resilience. When we practice this kind of congruence between what we encourage with clients, how we approach the therapeutic relationship, and how we live with flux in our own lives we nourish ourselves and our practice. Congruence lends depth to our stories for living; approaching our own life challenges –

those encountered in the therapy studio and outside – with a reflective, engaged curiosity allows us to practice/learn/speak more deeply about living a life of integrity. Being willing to engage, rather than reject, the complexities of our own experiences we fertilize our enthusiasm for the intentions of the therapeutic process. We can infuse our practice and our lives with the learning that emerges: much like a gardener *consistently* tends the earth. We bring ourselves into the richness of community when we commit to allowing the process to affect us: being deeply moved and stretched by the courage and tenacity, the pain and joy of the journey towards greater connection and aliveness which we share with those who seek our companionship in therapy.

By emphasizing processes of opening to the moment and engaging with the mystery, I do not mean to construct processes of closing as inevitably unhealthy. Participants were clear that a key component of sustainable practice involves *knowing when to take time out for resting and replenishing.* Several participants had returned from recent leaves of absence, one was beginning a leave, another had recently decided to shift career focus from psychotherapy to eco-psychology group work, and one was contemplating leaving front line work to shift into teaching others about sustainable practice. I too began a leave of absence as I started the interview process, and as I complete the thesis I have just recently returned to work after 7 months 'rest.' The project is rooted in this pause, and has itself been a moment of stepping back from practice for reflection, a 'retreat' which is simultaneously a stepping more deeply into engagement with the flux, with my practice, and with the wider community which sustains me.

Listening for our needs for change and respecting when it is time to shift in relation to the work makes deep engagement possible: we must feel nurtured and cared for in order to be able to offer this support for others. Our narratives for sustainable practice must be wide enough to encompass our own need for rest and shift. Sometimes, stepping away from practice is a deeper opening to the mystery of being of service for others, as Mahoney (2003) argues: “we may be simultaneously open and closed at different levels...expanding and contracting in multiple ways in every moment” (p. 25-6).

The heart of the challenge is less about negotiating hope and despair and more about negotiating life and aliveness. Commitment to the path without attachment to the outcome; living each moment in the midst of uncertainty; growing together through deep engagement, with each footstep encouraging our aliveness, and reconnecting to life through the willingness to become more present in relationship: these are the issues before us. The therapeutic contract places client growth at the centre, and the two participants lend a hand to support the client’s healing. But inside those roles are two human beings – both of whom are moving through the terrain of creating a meaningful life in the midst of the dance of light and shadow. I believe a narrative of collaboration is profoundly supportive of sustainable practice, shifting the impact of the work on our hearts, minds, and souls. I believe it helps us enter the therapeutic endeavor from a position of health, to offer ourselves to co-create some difference in the life of another, knowing these challenging shared moments will also make a beautiful difference in our own lives if we allow it to be so.

Further Implications

> *I don't think I've ever had a conversation about hope and despair together with other therapists. I've certainly had conversations about hope in different sorts of ways, but not hope and despair like this, ever. Ever. And it's very good to talk about it, and speak with colleagues about it. Because it's so important. (Leslie)*

Negotiating hope and despair is rarely discussed in the literature, and is little discussed in training programs. Researchers have argued that programs training therapists have an *ethical duty* to prepare trainees for meeting the challenges of the work. The participants suggest, and I believe, that *practicing* therapists also benefit immensely from considering issues of hope and despair, resilience, and sustainability. A central implication of this study is that, through self-reflection, and through conversations about how we negotiate challenges in the work, we gather and generate wisdom to nourish our practice, relationships, and communities. If we choose to offer ourselves in service of another's healing, we have a responsibility to nurture our health and aliveness. We can and must create space for participating in these conversations.

Recommendations: For Training Institutes and Clinical Supervisors

Programs training therapists must start to develop course work focussed on exploring practitioner resilience and issues of sustainability. The approach to content needs to allow and encourage honest, curious dialogue about negotiating hope and despair, as well as practices and processes of fostering therapist aliveness and enthusiasm. Trainees need opportunities to consider the material academically *and* experientially. Clinical supervisors can also encourage reflective exploration with practitioners. Visual journals and other forms of post-session art offer a deep resource in developing one's ability to learn from one's experiences in therapy (Jenmorri, 2001). To

better support the development of sustainable practice among new professionals, training programs must become more comfortable with allowing/helping students explore and narrate their 'edgy' experiences in their work. Considering issues of *relationship*, rather than simply focussing on client processes, offers a more balanced way to learn about the challenges of therapy and a richer ground for developing sustainable practice. For this to become more integrated within training programs, pressures associated with the (false) dichotomy of success and failure must be addressed. Learning through reflective negotiation and collaborative approaches to mentoring offers useful models for promoting conversation about challenge, conversation which genuinely supports folks talking about edges of struggle in practice.

Trainees also need to learn about processes of change in a way which offers them an opportunity to develop their own grounded narratives through exploring complexity: uncertainty/possibility, shared/distinct responsibility, and assessment of growing-edges/limits. In addition, the conversation with participants suggests that encouraging trainees and practitioners to consider the role of despair and uncertainty in processes of growth, re-integration, and re-connection. Similarly, exploring hope from the perspective of deep, active presence could offer a chance to support students in negotiating challenges of the work. Instructors and supervisors would offer trainees a useful resource through attending to the issue of nonattached engagement -- nonattachment to hopes and goals, to suffering, coupled with nonaversion to pain. Trainees need to be engaged holistically through experiential learning processes which help them come to know and articulate the difference (as they experience it) between nonattachment and disengagement, between equanimity and indifference. Mindfulness training would be a

useful addition to programs helping students to develop sustainable practice.

Instructors and clinical supervisors can support the resilience of students through co-creating contexts for learning which foster participants' willingness to: experience the fullness and fluidity of their emotions, open to uncertainty, and reflect upon their ways of being with a felt sense of personal agency. In addition, this research suggests that trainees could be supported through discussion of the ways the process can nourish client *and* therapist health. Asking trainees to contemplate and story their sense of meaning and purpose in the work, and providing opportunities for engaging young practitioners in community in a connected, meaningful, way, are also essential supports for developing sustainable practice.

For Communities of Practitioners

As noted earlier, Stamm (1995/9) has argued that hope is created through "the nurturance of the individual within the sustenance of community….Interdependency does not substitute the group for the individual but weaves the individual with the group in such a way as to increase the individual's and the group's tolerance for the task of living" (p.xvii). As a community of practitioners we can nourish our resilience through small actions which foster genuine connection among practitioners, and through initiating conversations about active engagement with the full complexity of this moment. We can en/courage one another. When mentors step forward to nurture and challenge young practitioners in the community, to develop deeper practices of engagement, the entire community of learners are nourished and our health is strengthened. I lend my voice to the call for sharing collective wisdom to develop living narratives of possibility, helping sustain our practice and enhance our aliveness – as human beings in the web of life.

Bibliography

Allen, P.B. (1995). *Art is a way of knowing: A guide to self-knowledge and spiritual fulfillment through creativity.* Boston: Shambhala.

Amundson, J., & Stewart, K. (1993). Temptations of power and certainty. *Journal of Marital and Family Therapy, 19* (2), 111-124.

Aptekar, L., & Stocklin, D. (1997). Children in particularly difficult circumstances. In J. W. Berry, P. R. Dasen, & T. S. Saraswathi (Eds.), *Handbook of cross-cultural psychology: Vol. 2. Basic processes and human development* (pp. 377-412). Needham Heights: MA: Allyn & Bacon.

Arvay, M. J. (1998). *Narratives of secondary traumatic stress: Stories of struggle and hope.* Unpublished doctoral dissertation, Department of Psychological Foundations in Education, University of Victoria.

Atwood, M. (2002). *Negotiating with the dead: A writer on writing.* Cambridge: Cambridge University Press.

Bisset, A. (2004). *Paperback Oxford Canadian Dictionary.* Oxford: Oxford University Press.

Boyden, J., & Mann, G. (2000). *Children's risk, resilience and coping in extreme situations: Background paper to the consultation on children in adversity.* Oxford: Refugee Studies and Centre for Child-Focused Anthropological Research.

Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice, 30* (4), 386-393.

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice, 14* (1), 27-35.

Bruner, J. (1987). Life as narrative. *Social Research, 54*(1), 11-32.

Caputo, J. D. (1987). *Radical hermeneutics: Repetition, deconstruction, and the hermeneutic project.* Bloomington: Indiana University Press.

Calhoun, L, G., & Tedeschi, R. G. (1999). *Facilitating post-traumatic growth: A clinician's guide.* Mahwah, NJ: Lawrence Erlbaum.

Campbell, L, (1987). Hopelessness: A concept analysis. *Journal of Psychosocial Nursing and Mental Health Services, 25* (2), 19-22.

Carney, S. K. (2004). Transcendent stories and counternarratives in Holocaust survivor life histories: Searching for meaning in video-testimony archives. In C. Daiute & C. Lightfoot (Eds.), *Narrative analysis: Studying the development of individuals in society* (pp. 201-222). Thousand Oaks, CA: Sage Publications.

Casey, B. L. (1988). Hope, suffering, and solidarity: The power of the Sabbath experience. *Dissertations Abstract International, 50* (05), 1336-A.

Chodorow, N. J. (1999). *The power of feelings: Personal meaning in psychoanalysis, gender, and culture.* New Haven: Yale University Press.

Chodron, P. (1994). *Start where you are: A guide to compassionate living.* Boston: Shambhala.

Chrestman, K. R. (1999). Secondary exposure to trauma and self reported distress among therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self care issues for clinicians, researchers and educators,* 2nd ed., (pp. 37-47). Lutherville, MA: Sidran Press.

Clemans, S. E. (2004). Life changing: The experience of rape-crisis work. *Afflilia, 19* (2), 146-159.

Cohler, B. (1991). The life story and the study of resilience and response to adversity. *Journal of Narrative and Life History, 1,* 169-200.

Coles, R. (1990). *The spiritual lives of children.* Boston, MA: Houghton Mifflin Co.y

Crossley, M. L. (2000). Narrative psychology, trauma and the study of self/identity. *Theory & Psychology, 10* (4), 527-546.

Daiute, C. & Lightfoot, C. (2004). Editor's introduction: Theory and craft in narrative inquiry. In C. Daiute, & C. Lightfoot (Eds.), *Narrative analysis: Studying the development of individuals in society* (pp. vii-xviii). Thousand Oaks, CA: Sage Publications.

Decker, L. R. (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology, 33,* 33-46.

Denning, P. (2000). *Practicing harm reduction psychotherapy: An alternative approach to addictions.* New York: Guilford Press.

Derrida, J. (1981). *Positions,* trans. Alan Bass. London: Athlone Press.

Dufault, K., & Martocchio, B. C. (1985). Hope: It's spheres and dimensions. *Nursing Clinics of North America, 20* (2), 379-391.

Eckberg, M. (2000). *Victims of cruelty: Somatic psychotherapy in the treatment of Posttraumatic Stress Disorder*. Berkeley, CA: North Atlantic Books.

Ellingson, M. (1991). A philosophy for clinical art therapy. In H.B. Landgarten & D. Lubbers (Eds.), *Adult art psychotherapy: Issues and applications.* (pp. 3-20). New York: Brunner/Mazel.

Erickson, E. H. (1964). *Childhood and society,* 2nd. ed., New York: W. W. Norton.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York: Brunner/Mazel.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 3-28). New York: Brunner/Mazel.

Firman, J. & Gila, A. (1997). *The primal wound: A transpersonal view of trauma, addiction, and growth.* Albany, NY: State University of New York Press.

Forbes, S. B. (1994). Hope: An essential human need in the elderly. *Journal of Gerontological Nursing, 20* (6), 5-10.

Foucault, M. (1988). The political technology of individuals. In L. Martin, H. Gutman, & P. Hutton. (Eds.), *Technologies of the self.* Amherst: The University of Massachusetts Press.

Frank, A. (1995). *The wounded storyteller.* Chicago: University of Chicago Press.

Frankl, V. E. (1959). *Man's search for meaning.,* 3rd. ed., New York: Beacon Hill Press.

Freire, P. (1992). *Pedagogy of hope: Reliving pedagogy of the oppressed.* New York: Continuum.

Fromm, E. (1968). *The revolution of hope.* New York: Harper & Row.

Garbarino, J., & Bedard, C. (1996). Spiritual challenges to children facing violent trauma. *Childhood, 3,* 467-478.

Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction.* Cambridge, MA: Harvard University Press.

Gergen, K. J. (1999). *An invitation to social construction.* London: Sage Publications.

Gergen, M. (2004). Once upon a time: A narratologist's tale. In C. Daiute, & C. Lightfoot (Eds.), *Narrative analysis: Studying the development of individuals in society* (pp.267-286). Thousand Oaks, CA: Sage Publications.

Gleick, J. (1987). *Chaos: Making a new science.* New York: Penguin Books.

Grottschalk, L. A. (1985). Hope and other deterrents to illness. Annual meeting of the American Psychiatric Association. (1984, Los Angeles, CA). *American Journal of Psychotherapy, 39* (4), 515-524.

Hart, T. (2003). *The secret spiritual world of children.* Maui, HI: Inner Ocean Publishing.

Hawkins, J. M. & Allen, R. (1991). *The Oxford Encyclopedic English Dictionary.* Oxford: Clarendon Press.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror.* New York: Basic Books.

Higgins, G. O. (1994). *Resilient adults: Overcoming a cruel past.* San Francisco: Jossey-Bass Publishers.

Hinshaw-Fusilier, S., Heller, S. S., Parton, V. T., Robinson, L., & Boris, N. W. (2004). Trauma and attachment: The case for disrupted attachment disorder. In J. D. Osofsky (Ed.), *Young children and trauma: Intervention and treatment* (pp. 47-68). New York: The Guilford Press.

hooks, b. (2001) Community: Loving communion. In *All about love: new visions.* (pp. 127-144). New York: Perennial.

Iliffe, G. & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15* (4), 393-412.

Jaffe, D. (1985). Self-renewal: Personal transformation following extreme trauma. *Journal of Humanistic Psychology, 25* (4), 99-124.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma.* New York: Free Press.

Jenmorri, K. (2001). *Pausing to reflect: Exploring the therapist's process through post-session art.* Unpublished Graduate Thesis in Art Therapy, Vancouver Art Therapy Institute.

Jordan, J.V. (1991). Empathy, mutuality and therapeutic change: Clinical implications of a relational model. In J.V. Jordan, et al. (Eds.), *Women's growth in connection: Writings from the Stone Center.* (pp. 283-289). New York: The Guilford Press.

Jordan, J. V. (1997). Relational development: Therapeutic implications of empathy and shame. In. J.V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Centre.* (Pp.138-161). New York: The Guilford Press.

Jordan, J. V., & Walker, M. (2001), Applications of relational theory: A spring institute at the Justice Institute of British Columbia. New Westminster, B.C., March 22-24, 2001.

Kaza, S. (2005). *Buddhist writings on greed, desire, and the urge to consume.* Boston: Shambhala.

Kierkegaard, S. (1980). *The sickness unto death.* (V. Hong & E. H. Hong, Eds. & Trans.). Princeton: Princeton University Press. (Original work published 1849).

King, L. A., & Miner, K. N. (2000). Writing about the perceived benefits of traumatic events: Implications for physical health. *Personality and Social Psychology Bulletin, 26* (2), 220-230.

Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life.* New York: Bantam Books.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing.* Thousand Oaks, CA: Sage Publications.

Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern.* New York: Routledge.

Lewis, M. L., & Ippen, C. G. (2004). Rainbows of tears, souls full of hope: Cultural issues related to young children and trauma. In J. D. Osofsky (Ed.), *Young children and trauma: Intervention and treatment* (pp.11-46). New York: London.

Lynch, W. F. (1965). *Images of hope: Imagination as healer of the hopeless.* Baltimore: Helicon Press.

Macy, J. R. & Brown, M. Y. (1998). *Coming back to life: Practices to Reconnect our*

lives, our world. Gabriola Island, BC: New Society Publishers.fds

Madigan, S. (1997). Re-considering memory: Re-membering lost identities back toward re-membered selves. In C. Smith and D. Nyland (Eds.), *Narrative therapies with children and adolescents* (pp.338-355). New York: The Guilford Press.

Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy.* New York: Basic Books.

Mahoney, M. J. (2003). *Constructive psychotherapy: A practical guide.* New York: The Guilford Press.

Masahide. (2005). 'the barn.' *Poetry chaikhana: Sacred poetry from around the world.* Retrieved October 19, 2005, from http://www.poetry-chaikhana.com/M/Masahide/Barnsburntdo.htm

McGee, R. F. (1984). Hope: A factor influencing crisis resolution. *Advances in Nursing Science, 6* (4), 34-43.

McNiff, S. (1992). *Art as medicine: Creating a therapy of the imagination.* Boston: Shambhala.

Milam, J. E., Ritt-Olson, A., & Unger, J. B. (2004). Post-traumatic growth among adolescents. *Journal of Adolescent Research, 19* (2), 192-204.

Minh-ha, T. T. (1989). *Woman, native, other: Writing postcoloniality and feminism.* Bloomington: Indiana University Press.

Monroe, J. F., Shay, J., Fisher, L., Makary, C., Rapperport, K., & Zimering, R. (1995). Preventing compassion fatigue: A treatment team model. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 209-231). New York: Brunner/Mazel.

Nicolis, G. & Prigogine, I. (1989). Exploring complexity. San Francisco: W. H. Freeman & Co.

Ogden, P. (2002). Integrating cognitive and somatic interventions: Sensorimotor Psychotherapy. Unpublished manuscript. Sensorimotor Psychotherapy Institute Work in Progress.

O'Hara, M. (1995). Constructing emancipatory realities. In W. T. Andersen (Ed.), *The truth about the truth: De-confusing and re-constructing the postmodern world.* New York: Harper/Putnam.

Osofsky, J. D. (2004). Introduction: Different ways of understanding young children and trauma. In J. D. Osofsky (Ed.), *Young children and trauma: Intervention and treatment* (pp. 3-9). New York: The Guilford Press.

Parappully, J., Rosenbaum, R., Van Den Daele, L., & Nzewi, E. (2002). Thriving after trauma: The experience of parents of murdered children. *Journal of Humanistic Psychology, 42* (1), 33-70.

Parse, R. R., Ed. (1999a). *Hope: An international human becoming perspective.* Sudbury, MA: Jones and Bartlett Publishers.

Parse, R. R. (1999b). Hope: A lived experience of human becoming. In R. R. Parse, (Ed.), *Hope: An international human becoming perspective* (pp. 1-8). Sudbury, MA: Jones and Bartlett Publishers.

Pearlman, L. A. (1999). Self care for trauma therapists: Ameliorating vicarious traumatization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators,* 2nd ed, (pp. 51-64). Lutherville, Maryland: Sidran Press.

Pearlman, L. A., & MacCann, I. L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress, 3*, 131-149.

Pearlman, L. A. & MacIan, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26,* 558-565.

Pearlman, L. A. & Saakvitne, K. W. (1995a). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W.W. Norton & Company.

Pearlman, L. A. & Saakvitne, K. W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York: Brunner/Mazel.

Perna, P. A. (1995). Regression as chaotic uncertainty and transformation. In A. Combs & R. Robertson (Eds.), *Chaos theory in psychology and the life sciences* (pp. 295-304). New Jersey: Laurence Erlbaum Associates.

Pilkington, F. B. (1999). The many facets of hope. In R. R. Parse, (Ed.), *Hope: An international*

human becoming perspective (pp. 10-44). Sudbury, MA: Jones & Bartlett Publishers.

Pipher, M. (2003). *Letters to a young therapist: Stories of hope and healing.* New York: Basic Books.

Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences.* Albany, NY: State University of New York Press.

Raingruber, B. & Kent, M. (2003). Attending to embodied responses: A way to identify practice-based and human meanings associated with secondary trauma. *Qualitative Heath Research, 13* (4), 449-468.

Rivera, M. (1996). *More alike than different: Treating severely dissociative trauma survivors.* Toronto: University of Toronto Press.

Rumi. (1995). *The essential Rumi.* Translated by C. Barks & J. Moyne. New Jersey: Castle Books.

Sax, P. (1997). Narrative therapy and family support: Strengthening the mother's voice in working with families with infants and toddlers. In C. Smith and D. Nyland (Eds.), *Narrative therapies with children and adolescents* (pp.111-146). New York: The Guilford Press.

Schwandt, T. (2003). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In Denzin, N.K. & Lincoln, Y.S. (Eds.). *The Landscape of Qualitative Research.* 2nd. ed. (pp. 292-331). California: Sage Publications.

Smith, C. (1997). Introduction: Comparing traditional therapies with narrative approaches. In C. Smith and D. Nyland (Eds.), *Narrative therapies with children and adolescents* (pp.1-52). New York: The Guilford Press.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counselling and Development, 73,* 355-360.

Stamm, B. H. (1999). Preface to the second edition. In B. H. Stamm (ed.). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators,* 2nd. ed., (pp. ix-xiii). Lutherville, Maryland: Sidran Press.

Stotland, E. (1969). *The psychology of hope.* San Francisco: Jossey-Bass.

Saukko, P. (2000). Between voice and discourse: Quilting interviews on anorexia. *Qualitative Inquiry, 6* (3). 299-317.

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering.* Thousand Oaks, CA: Sage.

Tedeschi, R. G., Park, C., & Calhoun, L. G. (Eds.). (1998). *Post-traumatic growth: Positive changes in the aftermath of crisis.* Mahwah, NJ: Lawrence, Erlbaum.

Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148* (1), 10-20.

Twemlow, S. W. (2001). Training psychotherapists in attributes of 'mind' from Zen and psychoanalytic perspectives, part II: Attention, here and now, nonattachment, and compassion. *American Journal of Psychotherapy,* 55(1), 22-39.

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society, 35* (3), 341-365.

Ungar, M. (2004b). *Nurturing hidden resilience in troubled youth.* Toronto: University of
Toronto Press.

van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy. 2nd edition.* London, ON: The Althouse Press.

Vaughn, S. B. (1991). Intersubjectivity as the ground of hope: Psychoanalytic and theological
perspectives. *Dissertation Abstracts International, 52* (3), 970-A.

Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence, 19* (1), 49-71.

Weddon, C. (1987). *Feminist practice and poststructuralist theory.* Cambridge, MA: Blackwell

Welwood, J. (1983). Befriending emotion. In J. Welwood (Ed.), *Awakening the heart: East/west approaches to psychotherapy and the healing relationship.* (pp. 79-90). Boston: Shambhala Publications.

Welwood, J. (2000). *Toward a psychology of awakening: Buddhism, psychotherapy and the path of personal and spiritual transformation.* Boston: Shambhala Publications.

White, M. (1997). *Narratives of therapists lives.* Adelaide, South Australia: Dulwich Centre Publications.

Williams, M. B., & Sommer, J. F. (1999). Self care and the vulnerable therapist. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* 2nd. ed., (pp. 230-246). New York: Brunner/Mazel.

Wilson, T. & Oberg, A. (2002). Side by side: Being in research autobiographically. *EducationalInsights,* 7(2). no page numbers.

Wu, K. W. (1972) Hope and world survival. *Philosophy Forum, 12,* 131-148.

Yalom, I. (2000). Afterword to the perennial edition. In. Yalom, I. *Momma and the meaning of life: Tales of psychotherapy.* (pp. 247-255). New York: HarperCollins.

Ziegler, M. (1995). At the edge of a cliff: Excerpts from a therapist's journal. *Treating Abuse Today, November/December,* 31-37.

Ziegler, M. & McEvoy, M. (2000). Hazardous terrain: Countertransference reactions in trauma groups. In R.H. Klein & V.L. Schermer (Eds.). *Group psychotherapy for psychological trauma.* New York: Guilford Press. (pp. 116-137).

Zimberoff, D.& Hartman, D. (2002). Attachment, detachment, nonattachment: Achieving synthesis. *Journal of Heart Centred Therapies, 5*(1), 3-94.

Appendix 1: Invitation for Participants
KNEELING IN THE FOREST: EXPLORING TRAUMA THERAPISTS' NEGOTIATIONS WITH HOPE & DESPAIR

An invitation to participate in a creative, conversational inquiry.

Hello, my name is Katrina Jenmorri. I'm interested in sharing conversations with therapists who work with child and youth survivors of abuse trauma, who have done this work for at least 10-15 years. Through 1 or 2 conversational interviews participants will explore how they experience and negotiate dynamics of hope & despair in their practice. I became curious about this topic through my experiences as an art therapist supporting children and youth who have lived through abuse (please see below for a larger bio). I am currently completing a Masters degree in Child and Youth Care, at the University of Victoria: this inquiry is my MA thesis project.

WHY THIS PROJECT?

Hope and despair are central issues for clients and therapists in therapy with abuse survivors. Acts of abuse can disrupt one's sense of hope and shake one's beliefs about purpose and meaning in life. Therapists are called to hold hope and faith in possibility, to implicitly offer these perceptions, especially in moments of client despair, and help clients cultivate their own sense of hopefulness about their lives. However, aspects of trauma therapy – ie: repeatedly hearing stories of human cruelty – can pose a challenge to a therapist's own felt sense of meaning and hope.

This study will explore: how do we, as therapists, negotiate dynamics of hope & despair in practice?

- How do you experience and understand hope & despair in relation to your practice? How do you move with the shifting flux of these emotions in your work? What do you gain and/or lose in sitting with this tension? What does it mean to you to experience, hold, or nourish hope in the face of suffering? How do you remember hope and its possibility in moments of despair? How/Can you (choose to) stay open to the raw presence of suffering without becoming consumed, without seeking escape or defence?

This topic is scarcely written about in the literature (usually only as a mention in articles on vicarious trauma) and is rarely discussed in training programs. Researchers have argued that programs training therapists have an ethical duty to warn trainees about the challenges of the work and prepare them for these challenges. I believe practicing therapists can also benefit from sharing ongoing discussions about negotiating hope & despair. This creative inquiry is a means to co-create and gather reflective knowledge to then share with our community towards encouraging wider conversation.

TIME COMMITMENTS AND PROCESS:

The participation time commitment will run from approximately 3.5 to 8 hrs, depending on participant interest, spread out over several 'sittings'. Potential participants will engage in a brief, screening phone conversation, to ensure a fit with the project focus. Those who do participate in the inquiry will meet with the researcher for 1 or 2 audio-taped interviews, of 1 to 2 hrs duration each.

The interviews will begin with a brief, written focusing exercise then move into a semi-structured conversation about the topic. This conversation will use image making and creative writing as tools for reflection, constructing meaning, and creating knowledge (no "artistic ability" or previous art experience is

necessary: creativity is simply another way to generate, explore, and integrate thoughts, feelings, and perceptions). The images will be photographed.

Once the audio-tape has been transcribed, participants will be offered the opportunity to review their interview materials and offer further written or verbal comments. A second interview (in person, by phone, or by email) may be requested for the purpose of clarification or reflection on emerging themes. The researcher will synthesize and re-present the gathered knowledge in a thesis, using a creative approach. All participants will be given a summary of results stemming from the inquiry, and invited to read a copy of the thesis if they wish.

Appendix II) Informed Consent for Katrina Jenmorri's MA: CYC Research Project, 2005

KNEELING IN THE FOREST: EXPLORING THERAPISTS' NEGOTIATIONS WITH HOPE & DESPAIR

Introduction

You are being invited to participate in Katrina Jenmorri's thesis research study, as part of the researcher's Masters Degree work in Child and Youth Care, at the University of Victoria. This research explores the question: "how do therapists (working with child and youth survivors of abuse) experience, make sense of and/or negotiate dynamics of hope and despair in their practice?" I am interviewing 3-5 therapists who have been working in this field for 10-15 years or more.

Why this Research is Useful

The research will benefit therapists through generating conversation via presentations and publications of the research material. This research is initiated with an intention to spark and continue conversation in the professional community, providing experience-based understandings about negotiating hope and despair, offering examples of how therapists grapple with this tension, and potentially generating reflections about creating and maintaining sustainable therapeutic practice. Dynamics of hope and despair may be a central struggle in the work for many therapists, yet is scarcely written about and is little discussed in training programs for therapists. Researchers have argued that this is an ethical concern: programs training therapists have an ethical duty to warn trainees about the challenges of the work and prepare them for these challenges. This research is also a step towards this ethical imperative, gathering narratives from practitioners who have stayed in the field long-term to share with other therapists, with an aim to open discussion towards strengthening our community of carers.

Participant Involvement

Participation in this study is voluntary. A guiding priniciple of this research, as required by the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans, is that your consent to participate in this study is given freely. In addition, from the perspective of personal and professional ethical conduct and integrity, it is very important to me, the primary researcher, that your participation is truly voluntary. As your signature on this form connotes voluntary participation, please take a moment of reflection to make sure you are chosing to participate without any perceived pressure or manipulation. If we -- as primary researcher and coresearcher/participant -- have a prior connection or relationship of some kind, it is particularly important to be mindful about ensuring voluntary participation. If you have any questions about voluntary participation at this point, and/or would like further time to reflect upon this before making a decision about participating, and/or would like to discuss this point at any time during participation in the research process, please let me know.

It is important to clarify that you may withdraw from the study at any time without any negative consequences; if you chose to withdraw, your data will not be used but will instead be destroyed. You may also decline to answer any questions posed during the research process.

Your involvement as a participant in the research process is as follows:

- Participants will engage in a brief initial conversation (by phone and/or email) with the researcher (which by the point we are reading this consent form together has

already occured), during which the research project will be outlined, while time commitments, possible risks, and personal supports will be discussed, and any questions you may need to ask for clarification will be answered. We will then set a meeting time for the interview, and decide upon a location based on what is most comfortable for you.

- At the outset of the interview, participants will complete a 10 minute writing task to focus their thoughts. The interview will last approximate 1 to 2 hours, and will include a short (half hour) visual art reflection which will be photographed by the researcher. The interview itself will be audio taped, and participants may ask for the tape recorder to be turned off at any time. After the interview has been transcribed by the researcher, participants will have the opportunity to read over their transcript, consider their written and visual reflections, and make further comments (verbal or written) if they choose. The complete time commitment will be a minimum of 3.5 hours and a maximum of 8 hours.

There is no compensation for participation in this study.

Benefits and Risks Associated with Participation

Participation in this study holds possible benefits and possible risks. Research suggests that speaking about/reflecting on one's experiences as a therapist can enhance one's self-awareness, self-care, and provide useful insights into one's professional identity and practice. However, it is important to realize that speaking about one's experiences of hope and despair in therapy may also lead participants to feel stressed, fatigued, or emotionally uncomfortable. Vicarious trauma is a real impact stemming from trauma work, where the therapist experiences symptoms that parallel those of the trauma survivor; these feelings may be referenced or stirred up in talking about one's experience of hope and despair.

To prevent and/or minimize possible risks in participating in this research, the researcher and participant will create a personalized self-care plan for during and after the interview. The researcher will also place a follow-up phone call the day after the interview. During the interview, if you feel stressed or fatigued and would like to turn off the tape and rest, we will; if you wish to stop the interview and reschedule (or not) your wishes will be respected. In this event we would discuss what sort of support you need and desire and I would assist you, if needed, in locating that support.

Confidentiality

The researcher will make every effort to make your participation in this study as confidential as possible. I will treat the information you share with me as confidential, and will respect your confidentiality throughout the research process, in the write up of the material, and in any future presentations of the research.

The data will be stored in a private residence. The interview tapes and transcripts, as well as the written reflection and photographs of your visual reflection, will be kept in a locked filing cabinet, and computor files will be password protected. Your name and any identifying information will be altered on all paperwork except this document; you may choose any pseudonym you like. You will also have the opportunity to alter, add tpp, or remove data from the transcripts after the interview if that is important to you. The only people who will have access to the 'raw data' will be myself and my 3 committee members. I will ask you to create a short bio about yourself for the thesis; please alter any identifying or revealing details, to maintain your confidentiality. All primary data will be

destroyed after three years.

There are some limitations to confidentiality in this study, however, given the third party recruitment which may have led you to participate and the small sample population. Someone else may have told you about the study and passed along my contact information; that third person will not know whether you have chosen to contact me, nor whether or not you have become a participant. However, given that the community in which we work (trauma therapists working with children and youth in Southern, Coastal BC) is relatively small, and given your potential visibility in the community, it is possible that some people may be able to imagine you as a participant in the study. Together, as outlined above, you and I will create precautions to make your participation as confidential as possible, through altering any identifying details in your text and bio. It is important to be aware that despite these efforts, some people may guess about your participation in the study.

The focus of this project is on therapist experience; however, you may need to make reference to your experiences with clients in order to explore the research question. If so, please alter any identifying variables about clients and refer to the person by pseudonym.

Use of Data

As mentioned above, the research material will be used for a written thesis with an oral presentation, towards a Masters in Child and Youth Care at the University of Victoria. The researcher asks your consent to use the data for public educational presentations for other therapists and/or counsellors and for published journal articles, reports, and/or book chapters. In all of these contexts the chosen pseudonyms will be used and every effort will be made to continue to protect your confidentitiality. If my research is used for teaching educational workshops, or for book chapters, I may be paid for my time, teaching, and/or writing.

Further

A copy of this consent form will be left with you, the participant, and a copy will be kept by myself, Katrina Jenmorri, the researcher. I will gladly attempt to answer any questions you might have about the research process or procedures to ensure that such procedures are clear to you, the participant.

A summary of the research results will be offered for your interest.

Questions or Concerns?

If you have questions or concerns, you may contact me, the researcher, at (250) 595-5474 or indigotwilight@shaw.ca; you may also contact my supervisor, Dr. Marie Hoskins, at (250) 721-7982 or mhoskins@uvic.ca. To verify the ethical approval of this study, or raise any concerns, you may contact the Associate Vice-President Research at (250) 472-4545 or ovprhe@uvic.ca.

Consenting Signatures

I_____________________ give my consent to participate in Katrina Jenmorri's research about negotiating hope and despair, knowing that the time commitment will be a maximum of 8 hours of my time, and knowing that this research will be written into a Masters
thesis, presented orally at the University of Victoria, and is intended to be shared in the

wider community with other practitioners and trainees through educational presentations and publications. I understand that I can withdraw my consent at any time. I understand that there may be both benefits and risks associated with my involvement, and will make the necessary self-care plans and precautions to minimize the possible risks.

Signature: ______________________________ Date: ________________________

Appendix III) About the Participants

Katrina Jenmorri is a painter, dancer, yoga teacher, and certified art therapist who recently began working as a Child and Youth Mental Health Clinician for the Ministry of Children and Family Development in Pemberton, BC. Previously she worked as an art therapist with a First Nations community on Southern Vancouver Island, supporting child and youth multi-generational abuse survivors using multimodal creative and body-centred forms of therapy. Katrina also worked for a while as a Children Who Witness Abuse Counselor and transition house crisis counselor, in a rural community, and as a group facilitator and crisis counselor in a women's drug and alcohol harm reduction program in Vancouver's Downtown Eastside. Katrina has worked in the social services field for 6 years.

Maggie Ziegler has worked for 30 years in the trauma field as a clinician, consultant and educator. She has also been involved in social and environmental movements, and in recent years has been co-facilitating retreats designed to access and deepen our relationship to all life. She has a deep interest in a socially radical psychotherapy that integrates ecological consciousness.

Carol Reiter is a counselor in private practice, specializing in working with survivors of abuse trauma. She sees mostly adult survivors, but also works with children and youth. She has been in private practice for 18 years in the Okanagan, and previously worked for an anti-violence agency counseling sexual abuse survivors, for 2.5 years.

Leslie Fletcher has been an art therapist for 18 years. Currently she works with children who have been sexually abused on Vancouver Island, in a supportive agency setting. Recently Leslie experienced a near fatal illness, which strengthened her experiential understanding of hope and despair. She describes herself as an optimist by nature, and her work is rooted in strengths-based and resilience approaches.

Tina Rader is a social worker working in the field of child welfare and forensics for almost 30 years, with 23 years experience working with First Nations communities. She has a special interest in family work. Tina has been a coordinator of a youth forensic team on Vancouver Island for 13 years. Her therapeutic framework is grounded in Narrative ideas, though she also incorporates anything which might be useful for her clients. Currently she works with youth involved in the criminal justice system and their families, mostly in rural and remote areas.

Heather Dawson is an expressive arts therapist in private practice in Vancouver. She has almost 30 years experience supporting children, youth, and adults, through expressive and body-centred psychotherapies. She has worked as an instructor at the Vancouver Art Therapy Institute and the Justice Institute of British Columbia, as well as a counselor in a sexual abuse centre, a family therapy centre, and in a hospital setting.

Janet White is a therapist in private practice in the Okanagan. She holds an undergraduate

and graduate degree in Child and Youth Care and has been practicing for about 25 years. A portion of her work has been with child survivors of abuse trauma, though she maintains a balanced practice of people seeking help and support for a variety of concerns. Janet currently teaches for a Child and Youth Care Department at a post-secondary institution.

Nadi is a counselor with over 18 years experience working with survivors of abuse, trained as a counseling psychologist, and currently working with adult male survivors of (primarily) childhood sexual abuse. She has also been involved in offering training for younger clinicians supporting survivors.

Guy is a counselor trained as a social worker, originally from the States, with almost 15 years experience working with child and youth survivors of sexual abuse. He has also completed training in art therapy, which he weaves with play therapy and cognitive behavioural counseling approaches in his work. He sees clients in an agency setting in Victoria, and is an avid guitar player performing Jazz around town with other musicians.