

Hope: Research and Theory in Relation to Solution-Focused Practice and Training

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Abstract

In this article we describe how research demonstrates that the presence of *hope* and the development and cultivation of hope plays an important role in the client change process. We propose that the concept of hope has significance to outcomes and that this requires enhanced awareness of hope in training and in practice of solution-focused brief therapy (SFBT). As educators and practitioners of SFBT, we have found that hope is mentioned in terms of the *implicit nature of hope* in SFBT literature (Dolan, 2014), but we rarely find that the essence of the idea of hope is made more explicit in teaching and practice. In this paper we address this gap by linking research findings on the concept of hope from various areas of study to both training in the practice skills and processes of SFBT. Specific focus is placed on the connections among findings in various areas of study and research on *hopefulness* to demonstrate the explicit means by which hopefulness is created, amplified, and utilized in enhancing a sense of possibility and personal agency during SFBT.

Keywords: hope, solution-focused therapy, brief therapy, practice, change

The history of science is rich in the example of fruitfulness of bringing two sets of techniques, two sets of ideas, developed in separate contexts for the purpose of new truth, into touch with one another. (J. Robert Oppenheimer, 1923/2011)

Hope is not an idea that is easy to grasp. It seems elusive and we often try to define it in terms we already know, such as optimism, confidence, motivation, and self-efficacy. In many ways, the sense of hope is an experience similar to the idea of having faith or trust. The social construction of the concept of hope can be traced back to Greek mythology. When Pandora opened the jar she was told not to open, all the evils of the world were released except for *hope*, which she captured by closing the lid. But hope later escaped. One of the questions this myth leaves with humanity is: Why was hope in the jar with all the evils of the world?

The interpretation of hope has taken two different paths. One path defines hope as the positive expectations of coming to terms with the evils of the world. Hope appears as intention and direction for our actions. Yet, others see hope as an evil, creating potential disappointment and frustration that results in despair and thus, the potential for pain and hurt. Friedrich Nietzsche (1908/2011) referred to hope as “the greatest of evils for it lengthens the ordeal of man.” (para. 71). These conflicting ideas are based upon the notion

of assessing whether or not hope is realistic in terms of actual or substantial possibilities (Snyder, 1994). When hope is based upon a practical, specific, and concrete goal, then it is about envisioning our desired outcomes. Scioli and Biller (2009) described the pragmatic perspective on hope as follows:

True hope is active rather than passive. It offers a real alternative to surrender borne of pain, suffering, or loss. It does not derive from blind optimism, or thwarted desire, or deluded fantasy. Rather, it arises from the most basic longings of humanity—among them our needs for mastery and protection. . . . It derives from our capacity to envision the future and create a better life for ourselves and our loved ones. (pp. 13–14)

Hope can, and has, enabled courageous people to not deny reality and horrific conditions, but to confront them and embrace them “with a hope born of courage and will to surmount the odds. Win or lose, their efforts [are] hardly a reflection of powerlessness. Indeed their example [reflects] the very essence of the life force” (Scioli & Biller, 2009, p. 15). They described hope as being infectious, even in the lives of suicidal clients. Quinnett (2000) noted,

Many [suicidal] patients report that . . . the single most important thing that kept them going was their therapist's faith in them [client as expert, appreciation of their situations, coping questions, focus on future]. . . . As perceived by the patients, it was the therapist's tenacious belief in a positive outcome that led to the ultimate victory over despair and the undoing of the forever decision. (p. 204)

It is this particular understanding of hope that we will explore in this article. It is essential for solution-focused brief therapy (SFBT) trainers and practitioners to maintain a sense of hope, both as a personal stance and in the skills they use: "The overall attitude [expressed in SFBT] is positive, respectful, and hopeful. There is a general assumption that people have within them strong resiliencies and can utilize these to make changes" (de Shazer & Dolan, 2007, p. 4). Hope is not limited to potentially attainable outcomes, but is important even with those facing their own death (Herth, 1990). The significance of hope in therapeutic change has been described extensively as one of the common factors responsible for therapeutic change (Hubble, Duncan, Miller, & Wampold, 2010; Linley & Joseph, 2004; O'Hara, 2010; Snyder, 1994; Snyder, Rand, & Sigmon, 2002). Importantly, a finding by Michael, Taylor, and Cheavens (2000) is seldom reported in solution-focused literature. Michael et al. examined problem-solving compared to SFBT in terms of developing a sense of hope in clients. They found the solution-focused approach to be inherently applicable to enhancing a sense of hope as compared to problem-solving models. Yet, in an informal survey of some of the well-recognized books on SFBT in our library, we found that less than half included the word "hope" in their index, and if mentioned in a text, it was only very briefly (Berg, & Szabo, 2005; Cooley, 2009; de Shazer & Dolan, 2007; Franklin, Trapper, Gingerich, & McCollum, 2012; Green & Lee, 2001; O'Connell, 2001, 2005; Pichot, 2009; Sharpy, 2007; Sharpy, Madden, & Darmody, 2012; Shennan, 2014).

The fact is that hope is not mentioned much in the SFBT literature, nor is it typically considered as a theoretical construct or field of research. This may be due to limitations with theoretical constructs in general, which may lend themselves to skepticism on the part of solution-focused writers. Further, solution-focused practitioners tend to be careful not to let (theoretical) concepts over shine the client's everyday understanding or attempts to describe their world. In the book, *More Than Miracles*, de Shazer and Dolan (2007) formulated the stance that "by paying attention to the context in which emotions happens, SFBT keeps them in their proper home which is the client's everyday life rather than making them an esoteric, mysterious phenomenon inside of the individual" (p. 149).

In this article we are not attempting to identify a mysterious phenomenon; rather, we are attempting to recognize hope within the context of everyday life. The intention is to shed some light on the use of hope in SFBT practice, literature, and training. As we stated in the beginning of this article, hope does not have only one precise definition, but it serves a purpose as a critical factor

for change. We want to propose that an understanding of the different conceptualizations of hope as well as relevant research can help to inform an effective therapeutic stance. This, in turn, can deepen the understanding on the working process of therapy and lead to effective teaching of SFBT. With this intent, we present an overview of research and theory on hope and some possible connections to SFBT.

What the Literature and Research Says About Hope

Expectations colored by hope and faith is an effective force with which we have to reckon . . . in all our attempts at treatment and cure (Freud, 1953, p. 289).

The concept of hope appears in research and studies in a number of settings, including psychology, counseling, and medicine, and its empirical research history demonstrates its significant role in successful achievements in a people's lives. The breadth of thought, study, and research on hope demonstrates that it is a significant part of successful change and managing painful life circumstances, including death.

In order to create a holistic view of hope and its relationship with SFBT, we will first describe how varying disciplines have defined and researched the concept. Investigations and discussions of hope have included strengths-based concepts such as optimism, future mindedness, and happiness. Magaletta and Oliver (1999) researched the relationships among hope, optimism, and self-efficacy. Their research found that hope predicts unique outcomes independent of optimism and self-efficacy. They considered hope to have two essential components: One is *will* or the strength of conviction, and the other is *way* or the path to follow to obtain the desired outcome (Magaletta & Oliver, 1999). Will includes the notion of futurity or future events or prospects of future events, which is reflected in the idea of desired outcomes, futures, or possibilities in SFBT.

Medical research has consistently identified hope as a factor in achieving successful outcomes. The role of hope in treatment and recovery is beneficial to medical care providers as it is thought to influence or affect treatment outcomes. For instance, hope has been evaluated in terms of patient expectations of the success of medical treatments. Frank and Frank (1991) looked at the role of placebo or the element of expectations and hope in medical treatments:

Hopelessness can retard recovery or hasten death, while mobilizing hope plays an important part in many forms of healing in both non-industrialized societies and our own. Favorable expectations generate feelings of optimism, energy, and well-being and may actually promote healing, especially of those illnesses that have a large psychological or emotional component. (p. 132)

In the field of positive psychology, hope, optimism, and future-mindedness have been found to be significant *signature strengths* (Seligman, 2002, 2011), or *virtues* that

can be inherent to an individual as well as expressed through human relationships. As a point of distinction, hope is not viewed as a talent or skill, but as an inherent virtue that presents in varying capacities. Seligman's (2011) research demonstrates that a sense of hopefulness is a sustaining factor in the face of serious life challenges and not only contributes to change, but can have self-generating change effects in ongoing daily life. This is due to its bringing about a shift toward *positivity*. With hope comes the belief that it is possible for one's life to be better, a positive stance that creates greater potential outcomes. Research in the area of positivity or happiness helps in defining the nature of hope and deepens the significance of hope. For example, Frederickson (2009) stated,

Hope comes into play when your circumstances are dire—things are not going well for you, or there's considerable uncertainty about how things will turn out. Hope arises precisely within those moments when hopelessness or despair seems just as likely. . . . Deep within the core of hope is the belief that things can change. No matter how awful or uncertain they are at the moment, things can turn out better. Possibilities exist. Hope sustains you. It keeps you from collapsing into despair. It motivates you to tap into your capabilities and inventiveness to turn things around. It inspires you to plan for a better future. (p. 43)

In a similar vein, Shade (2001) noted that "hope functions to energize and sustain the self as it reconstructs itself in the teeth of trying circumstances. As such, it marks a *particular* form of integrating the self which focuses on *growth* and the *expansion* of abilities" (p. 11).

Dew and Bickman (2005) stated that a person's positive expectations and hope for a better life converge and become synergetic by influencing each other over the course of life changes. The future-oriented practice to be discussed here is one method that encourages hopefulness (a positive emotion) by emphasizing possibilities and specific, positive desired outcomes or goals which are in turn associated with increased hopefulness. Frederickson (2000) explored the many ways that positive emotions—including joy, contentment, hope, and happiness—need not be prolonged to have an impact on a person's negative thoughts, emotions and feelings. Momentary experiences of positivity build strengths and resiliency beyond treating negative emotions and even when the person is in pain or despair.

Thus, positive emotions can lead to creative recognition of exceptions and other potential skills, which in turn can lead to positive changes in clients' lives (Frederickson, 2000; Frederickson & Joiner, 2002).

Research indicates that hope is an expression of a person or client and not a result of an explicit expectation or request of the clinician. Hope is not offered, demanded, or interjected into the work. Instead, it forms within the building of a relationship based on the clinician's ability to recognize human strengths and possibilities. Cutcliffe (2004) stated,

[The] inspiration of hope is bound up with the formation of a connection and a relationship between client and counselor; with counselors' "caring with" and use of personal skills and exceptions "caring about" the client [and] . . . with establishing the human-human connection, and the *projection of hope and hopefulness from the counselor to the client*, through the spiritual connection. (p. 61)

Hope is thus enhanced when the relationship established in the therapy session is a meaningful interpersonal relationship of caring and appreciation. In part, the practitioner's demeanor and faith in the strengths of the human spirit contribute to the sense of hope within the relationship, as well as particular skills built into the SFBT process. Such skills include creating client-directed and desired outcomes as well as specific concrete goals and actions to achieve those desired outcomes. Solution-focused practice is an excellent example of what Snyder (1994) described as an

interpersonal enterprise aimed at teaching clients how to build or recapture hope in their lives . . . [and] emphasize that the positive, goal-directed changes have occurred because clients made them work. . . . The client needs to take credit . . . [and] the client's insights that such . . . genuine, caring, and trusting relationships with the therapist . . . can be attained are a source of sustained hope as they leave psychotherapy. (p. 296)

A concept that may come to mind in relation to hope is *confidence*, but confidence is different; it is not interchangeable with hope. Confidence is about "feeling certain about doing something and hope is to desire or to want something to happen or be true and think that it could happen or be true" ("Confidence," n.d.). As noted above, the research on hope suggests that it is part of the change process. Though similar to constructs such as optimism, confidence, and positive expectation, hope is an independent construct. In terms of counseling, hopefulness, expectations, sense of personal agency, and potential alternative pathways to a resolution can lead to early client improvement and subsequent gains toward clinical outcomes (Feldman, Rand, & Kahle-Weobleski, 2009; Goldstein, 1962; Ilardi & Craighead, 1994; Peake & Ball, 1987; Wilkins, 1984). For example, when a client links hope to a process of change and to a desired outcome, the possibility of successfully achieving outcomes increases (Wilkins, 1979, 1984). Further, research supports the link between hope and achieving long-term and lasting change after counseling, as evidenced by a high correlation between hopefulness and life satisfaction (Donaldson, Csikszentmihalyi, & Nakamura, 2011; Duncan, Miller, Wampold, & Hubble, 2010; Groopman, 2004; Seligman, 2011; Snyder, 1994).

The process of *client self-generated change* has been studied, and findings have demonstrated that individuals

often can overcome problems without counseling and the change is then attributed in part to the virtue of hope for the future (Kroll, 1988; Prochaska, DiClemente, & Norcross, 1992). In fact, Lambert, Shapiro, and Bergin (1986) demonstrated that approximately 40% of potential clients recover on their own. Additional research focusing on pretreatment change has demonstrated that between the time an appointment has been scheduled and the first session, 60% of cases improved in terms of the presenting problem (Lawson, 1994; Weiner-Davis, de Shazer, & Gingerich, 1987). The improvements seen are the result of the client's effort to make things better. The decision to call for an appointment and follow through is only the first sign of the client's attempts to make things better. It is part of a future-directed pragmatic action of personal agency that is being acted out by the client. Hope is this implicit sense of expectation that things can be better. It is the expression of hopefulness formed around this goal that helps drive change for the better.

Steve de Shazer's last contribution, before his untimely death in 2005, was a collaboration with several renowned solution-focused writers and practitioners (de Shazer & Dolan, 2007). In this text, he noted that when using a scale of *worst* to *best* (0 to 10), sometimes clients feel so overwhelmed by their experience that "it seems impossible to create a sense of things moving in the right direction, or even that things have stopped moving in the wrong direction" (de Shazer & Dolan, 2007, p. 66). He stated that at that point "we set up a 'hope scale': If 10 means that you have all the hope in the world that things will get better in the future and 0 means no hope at all, where are you on that scale?" (de Shazer & Dolan, 2007, p. 66). The client then places herself at a "0." During the ensuing narrative with this client, a colleague of Steve then stated, "No hope. But—what are you doing here? The client then responds, 'I have to try!'" (de Shazer & Dolan, 2007, p. 66). Additional questions revealed that she was at 100 on a scale of 0 to 100 on wanting to try, and on a scale of how much effort she was willing to give, she responded "a million." De Shazer and Dolan (2007) noted that "without hope, you don't seek help" (p. 66). Yet, in the example, the client did *not* consider her experience as that of "hope." The elusive nature of hope in a tangible sense is not always expressed in a definitive manner by the client, nor is it explicitly consistent or available. Yet, we believe that this client demonstrates that hope is *not* the same as determination, drive, confidence, or motivation. The fact is that these descriptions can appear to be compatible with hope—and may appear to resemble hope when scaled or measured—but are not the same. If asked to consider hope, as in the example given, the assumption is that the client will respond in terms of *hope*. However, if they are aware that their experience is one of *determination* and *drive* to make something happen, but *not* hope (believing "hope" to be passive), why would they give you a measure of hope? As the client above stated, *this is not the same as hope*. Motivation has more to do with achievement and being persistent about the effort. This woman exclaimed, "I have to try!" and was *not* expressing hope. Research has demonstrated that, most importantly, "hope is distinct from

optimism by being an emotion, representing more important but less likely outcomes, and by affording less personal control" (Bruininks & Malle, 2005, p. 327).

The significance of hope in therapeutic change has been explored further by research on the common factors resulting in change. Research on common factors and, specifically, hope in creating change has been extensive (Hubble et al., 2010). In both the fields of physical illness and emotional problems, the idea of hope has always lurked as an element of positive outcomes (Linley & Joseph, 2004; Snyder, 1994; Snyder, Rand, & Sigmon, 2002).

Within the theoretical framework of strengths-based practice, Weick and Saleebey (1995) stated the following:

Hope, dreams, talents, or capacities of individual members and the family unit can be a means to energize the family to resolve current difficulties.

. . . By exploring coping patterns with previous difficulties, experiences with positive episodes or past successes, and hopes and dreams of family life, you can activate family strengths and engender a greater commitment to goals and problem solving. (as cited in Hepworth, Rooney, Rooney, & Strom-Gottfried, 2006, p. 469)

The practice of SFBT shares very similar values as the *strengths-based perspective* in the orientation taken, the nature of the helping relationship, and the process of the work. SFBT practice can be understood as a way of operationalizing the strengths-based perspective because this perspective comprises a set of theoretical and ethical principles rather than a practice model (Blundo, 2009).

McKeel (2012) described the research conducted on the client's experience during SFBT. He listed several research outcomes that point to SFBT enhancing one's sense of hope and expectations of accomplishing desired outcomes (Bozeman, 1999; Corcoran & Ivey, 2004; Dine, 1995; Jordan & Quinn, 1994, 1997; Quick & Gizzo, 2007; Shilts, Rambo, & Hernandez, 1997). Bozeman (1999) reported that clients in solution-focused treatment expressed significantly higher expectations of realizing their desired outcomes than those participating in a medical model-based study on pathology and problems and their origins. Quick and Gizzo (2007) studied participants in SFBT group therapy and found that group members reported being more hopeful about obtaining their desired outcomes and attributed this to the SFBT practice methods used in the group. For example, one participant in the study stated that he now saw that the solution to his problems "might be an accumulation of small everyday victories that are known, doable, and within my grasp. Just keep doing what works, no matter how small" (Quick & Gizzo, 2007, p. 78).

Making Hope More Explicit During SFBT Training and Practice

By recognizing hopefulness as a direct consequence of solution-focused collaborative conversations and

constructive questions, educators and practitioners can become more acutely aware of this effective experience and learn to recognize the means of initiating hope in clinical practice. So, how does an experienced SFBT practitioner or educator make hope more explicit in terms of conscious awareness during work with clients? We propose that one important factor is for educators and trainers to educate themselves and their students on the findings related to hope and the processes that enhance sense of hope using SFBT skills.

The basic SFBT concept of *when things are better* is associated with self-generated goals and acts as a catalyst for developing a sense of hopefulness and making changes toward the client's desired outcomes. Yet, Shennan and Iverson (2012) discovered that when listening to a client, hope offers an important start in discovering what the client wants to achieve (i.e., the desired outcome). Rather than initiate the session with the question, "What needs to happen for this to be useful to you?", a client suggested that asking about hope would be a more useful approach. From then on, BRIEF's (former Brief Family Therapy Center in London) work shifted to initiate solution-focused work with the question, "What are your *best hopes* from our work together?" According to Shennan and Iverson (2012),

A person can have hopes or ambitions quite independently of any problem, and beginning with a focus on the client's hopes led to further adjustment in practice that took us beyond the problem (and therefore the solution) altogether. Up to this point, we had been defining the miracle as "all the problems that bring you here are gone." As the discontinuity between hopes and problem removal became clearer, the framing of the preferred future became the realization of the client's best hopes, and a more seamless flow was established: What are your hopes from our work together? [Client response] To be able to get on with my life. [Therapist] Suppose a miracle happened...and you were able to get on with your life in the way that you wish to. What's the first thing you would notice about yourself? (p. 287)

We have found that many solution-focused practitioners easily recognize hope when in a personal discussion of practice, and would claim it to be present; yet, comments about hope are less likely to be made explicitly as a significant element of the practice in texts and thus, in training or practice. In the informal survey of 11 of the well-recognized books on SFBT taken at random from our library, we found that four included the word "hope" in their index, but it was only mentioned very briefly in the text (Berg, & Szabo, 2005; Cooley, 2009; de Shazer & Dolan, 2007; Franklin et al., 2012; Green & Lee, 2011; O'Connell, 2001, 2005; Pichot, 2009; Sharry, 2007; Sharry et al., 2012; Shennan, 2014). In an interview, Yvonne Dolan (2004) discussed the idea of hope as implicit in SFBT practice. John Sharry's (2007) text presents some of the research by Snyder, Michael and Cheavens (1999) and Lambert (1992),

describing outcome research on psychotherapy, which demonstrated that approximately 15% of outcomes are the result of the instillation of hope. Green and Lee (2011) wrote a section on hope as well as a separate section on motivation and self-determination, suggesting a difference in these concepts. Further, Leslie Cooley's (2009) text provides a small example from the Asay and Lambert's (1999) study on the importance of hope in outcomes with student groups. Finally, de Shazer and Dolan's (2007) text has one reference in the index to the "hope scale" discussed above. Given the significance of hope in research on change and the sparse explicit attention in SFBT texts, it is our contention that hope deserves more attention in the literature, training, and practice.

Hope is a significant, although elusive, element in SFBT practice and outcomes. Future-oriented questions as well as focus on potential exceptions and desired outcomes are generative of hopefulness which, in turn, generates possibilities for change. The concept of hope contributing to change is most often referred to in general terms and is not related to specific skills or constructive questions used in solution-focused practice. Lopez et al. (2004) stated,

Hope finding, bonding, enhancing, and reminding are essential strategies for accentuating hope. *Hope finding* can strengthen client's expectations that the therapists can and will help them. Bolstering client's expectations for assistance simultaneously may instill hope in change and enhance their therapeutic bond between client and therapist. *Hope bonding* is the formation of a sound hopeful therapeutic alliance; it grounds the client in a hopeful therapeutic context. . . . *Hope reminding* is the promotion of effortful daily use of hopeful cognitions. Goal thoughts . . . are identified cognitive cues that stimulate the client to incorporate therapeutic techniques that have previously enhanced hopeful thought. (p. 390)

Further Implications for SFBT Practitioners, Trainers, and Educators

Given what we have just considered, what are the implications for solution-focused practitioners and for educating future practitioners? First, there is the usual primary focus of training and practice on establishing a caring and respectful relationship by assuming the client is the expert on his or her own life. Taking a not-knowing stance (Anderson & Goolishian, 1992) involves viewing the client as the expert, asking the client what he or she thinks will be helpful to talk about, assessing hopes for the work, and asking about how desired outcomes of the work would look like to the client. Obviously, as in the example above, all clients have their own unique ways of thinking about the work of therapy and may not always connect with the idea of hope. Acknowledging and accepting the client's perspective without imposing the worker's ideas provides a sense of hope by means of a relationship of acceptance and

caring (Cutcliffe, 2004). This is followed by asking the client what will be different when the work done is successful. Turning the focus onto desired outcomes or goals is a significant contributor in creating a sense of hope. In their work on the processes and mechanisms of hopefulness, Snyder et al. (2000) and Snyder et al. (1999) concluded that the shift toward a future possibility or desired outcome is followed by *pathway thinking*, or creating alternative pathways or ways to reach the goal. This is followed by *agency thinking*, or motivation to find within oneself the means and ways to obtain the desired outcome. When small steps are considered and there is a strong belief in one's ability to make that move, there is an increase in positive feelings and hopefulness. The greater the positive feelings generated, the more creative one becomes in finding alternative routes to the desired outcome (Frederickson, 2009; Isen, 1987). There is a synergetic impact of hope (will and way) and positive feelings: They augment and build upon each other. Arriving at the desired goal and then creating a route to that end—as well as having the personal agency to pursue that route to creatively find alternative ways of attainment—leads to a greater sense of hope and a positive outlook toward the future.

SFBT explicitly utilizes basic solution-focused oriented questions that look toward future potentials rather than the past, initiating movement toward therapeutic change. Solution-focused work is an explicit generator of hope in both the processes and means of reaching future opportunities for change.

Solution-focused practice takes a very different perspective on change and addressing problems than problem- or cause-based methods. In fact, it is not focused on the problem, but rather on desired outcomes or desired goals for resolving, or coming to terms with, a seemingly unalterable situation. Rather than encourage clients to describe their problems in detail and attempt to identify causes to then be addressed, solution-focused practice explicitly asks people to consider when things *are* better and when things *have been* better, resulting in the generation of hopefulness and as sense of possibility by recognizing this exceptions (De Jong & Berg, 2008; de Shazer, 1985, 1988, 1991; de Shazer & Berg, 1997). This not only points the conversation in the direction of possibilities, but also conveys the practitioner's hopefulness.

Connecting the Dots: From What Does Hope Emerge in Practice?

Given what we have just considered in terms of research on hope, what are the specific connections with solution-focused practice skills and thinking? Considering the philosophical and research findings just explored, how are we to understand the explicit or practical means of enhancing hope in training and practice material? The question that now comes to mind is just how solution-focused practice initiates and sustains hope in the face of pain and troubles during the process of SFBT.

In the descriptions of the solution-focused model and the working practice, there are basic assumptions about the process of change and of how to view clients and problems. Below, we have put together a list that we feel represents some of the most important assumptions:

- Intense listening to the person's story and ideas without interpretation or assumptions being constructed (i.e., not-knowing; Anderson & Goolishian, 1992) creates a sense of understanding, caring, and appreciation in the relationship.
- Acknowledging and appreciating the client's pain and struggles as just that, by expressing respect for his or her feelings and suffering.
- Maintaining a focus on the *desired outcomes* of the work together as collaborative partners on the future and possibilities.
- Spending very little time on problem talk and moving quickly, when appropriate, toward desired outcomes or client goals.
- The client is considered to be much more than the presenting problem, diagnosis, or the problem history. The problem is just a small part of the client and might not be important or related to the solution or outcome.
- Focus on what is going well or better or how the client has managed to cope when life was or is difficult rather than what is wrong and how he or she feels.
- The focus is on *exceptions* or times when the problem has not been as bad or not present (i.e., reflecting the present desired outcomes or goals). This is the main perspective that the therapist uses when the recent past is scanned or reflected upon.
- Acknowledging that the client is the expert on his or her life and knows the specific details and nuances of his or her life better than anyone or any theory. This also recognizes the wide range of diversity the client brings to the session. In this way, it is the client's consideration and imagining his or her future that is helpful in generating culturally sensitive hopefulness.
- Change is always ongoing. People are not static or unchanging. Life keeps changing around them as they also change. When life is different in even small ways, this represents the potential for a different and better future.
- Small changes initiate more change. Success in achieving something hoped for sustains hopefulness and broadens the range of future possibilities for new outcomes.

Specific Skill Sets Used to Manifest Hopefulness

We propose that the specific skills and constructive questions used to implement these constructs with clients and the collaborative relationships are inherently and explicitly hope-generating steps in the process. Let us review each of these and connect them to the specific types of skill sets used to generate hopefulness in the work.

Listening and joining. Listening conveys a sense of being heard and respected by affirming one's perceptions, noting hints of possibilities, and amplifying solution talk.

Desired outcomes. Focusing on the future and possibilities by asking about desired outcomes, rather than the past and the cause of problems, moves the conversation toward looking forward in time. Having a desired outcome or goal is always about the goals which, according to the research, *initiates hopefulness* on the part of the client (Snyder et al., 1999).

Specific and detailed visualizations of the desired outcomes and the miracle question. Focus further refines the future into specific and detailed visualizations of the client's preferred outcomes. That is, rather than fixing the past, the client is asked to imagine the future without the problem in specific detail. The *miracle question* is a prime example of this skill. By asking the client to imagine life in the future when the problem is solved or much better, they once again move toward a *specific goal* or *desired outcome*, a very important part of generating a sense of possibility or hopefulness.

Questions about what is going well or better. The worker's questions about what is *going well* or *better* turns the conversations toward success, even if small, which is a precursor to a sense of *agency and possibilities*; therefore, hopefulness is reinforced by enhancing a sense of personal ability (agency)—which further increases other elements of hopefulness, such as motivation and courage (Shade, 2001).

Asking about exceptions. Asking about *exceptions*, or times when the problem or challenge has not been as bad or problematic—even if just for a small period of time—leads to a sense of awareness of the person's own abilities to make things better (agency) and possibilities for the future. Once again, these are important ingredients for creating hope.

Acknowledging that clients are experts on their lives. It is critical to acknowledge through constructive and collaborative questions that clients are experts on their lives. Understanding their own world context holds potentials for change in making things better. It is out of his or her own sense of possibilities that hope can emerge. The experience of one's own strengths and abilities is life-enhancing and leads to hopefulness.

Using scaling questions to recognize possibility for change. The clinician can recognize that change is always happening by using *scaling questions*. Scaling suggests that where the client is and where he or she wants to be lies on a continuum and reflects change in the recent past, as well as possible change toward the future. Again, the client can see his or her efforts as successes, even if it is maintaining oneself and not letting things get worse. This further leads to the enhancement of hopefulness.

Focusing on small change. The SFBT practitioner should focus on *small changes*, shifting the narrative from problem talk and painful feelings to potential actions resulting in successful potential future outcomes and producing a state of enhanced confidence and cognitive and affective hopefulness.

Appreciating the ideas and life narrative of the person. The intense listening from a "not-knowing"

(Anderson & Goolishian, 1992) stance and the appreciation of the ideas and life narrative of the client enhances the felt sense of well-being. This caring and acceptance builds trust and a positive relationship; in addition, these questions ask for exploration of times when these outcomes have already occurred, or exceptions which lead to possible solutions rather than static questions about the situation or problem. The focus on present strengths, abilities, and exceptions, as well as future outcomes, is conducive to engendering hopefulness and expectations. When one recognizes one's own achievements and strengths, hope is generated in having confidence in making the future different. Exceptions are signs that the possibility of acting differently is already present. Awareness of success is a catalyst for hope. Hope, in turn, generates a positive experience, which broadens the outlook and increases creative choices or pathways to move toward the goal.

Hope is something that is generated as a cognitive process, as well as a "felt" or emotional experience. Because of the somewhat elusive qualities of hope, it can be difficult to consider it in the abstract. Nonetheless, many people know what it is when they experience its presence and its impact on their thoughts and emotions. When able to look to the future and desired possibilities, one may sense "the comforting, energizing, elevating feeling that you experience when you project in your mind a positive future" (Groopman, 2004, p. 193)—the opportunity for creativity and expectations becomes the dominant affective experience. This affective experience of hopefulness is generated by shifting thoughts toward possibilities and future-directed desired outcomes, as well as recognizing exceptions or past successes, which generates a sense of personal agency in taking steps toward the goal. This positive experience enhances the creative generation of potential pathways and broadens the perspective to include moments of exceptions for achieving the desired outcome or goal. Thus, the solution-focused process created by solution-focused questioning generates a sense of agency and possibilities, and therefore, hope. Basic research has demonstrated that hopefulness, expectations, a sense of personal agency, and potential alternative pathways to a resolution all point to early improvement and subsequent gains (Feldman et al., 2009; Goldstein, 1962; Ilardi & Craighead, 1994; Peake & Ball, 1987; Wilkins, 1984).

Solution-focused techniques are meant to engage clients in thoughtfulness and also give recognition to the actions clients were able to take even though they were feeling low. This helps them identify their own unique strengths and agency in making things better. Recognizing themselves as being successful, even in a small way, initiates more positive feelings and a belief that things have been and can be better. The goals are seen in terms of small steps taken to create the desired outcomes. Small steps and a sense of self-actuated possibilities result in "an increase in agency thinking or a renewed determination to accomplish their goal" and, importantly, *a sense of hope* (Snyder et al., 1999, p. 184). These ideas open up the possible pathways to making things better and enhancing hopefulness and positivity, leading to more creative thinking and resolutions.

Hope is seen as “fluid” in that it spreads out and into the crevasses of the person’s life, even in suicidal clients. We see it as being the heart of solution-focused practice, given the consistent reflections upon the client’s positive and successful experiences, which generate hopefulness. Likewise, by taking this focus, the practitioner sustaining his or her sense of hope for the client is reinforcing the experience of hope as a significant element in the relationship. This is not an effort to intentionally create hope. Rather, it is a recognition of the solution-focused process creating hope as central part of the relationship:

If you focus only on what isn’t there, what’s missing that one would rightfully expect to have in their life, what happens is profound despair, not just on the part of the client, but on the part of the therapist. (Dolan, 1996; as cited in Duvall & Rockman, 1996, p. 83)

Conclusions

In closing, Shade (2001) aptly described the role of hope in the clinical realm:

Hope can be sustaining, nurturing—indeed, advantageous. Hope can sneak into and warm even the hardest of hearts, invigorating them to beat with the promise of greater fulfillment and a better future. So while hopes entice us, we must recognize that they also nurture us. Empirical evidence shows that patients who maintain hope for recovery have a greater chance of actually getting better than those who do not. Hope can push us beyond practical limits to what does not lie readily within our means. Indeed, we should recognize that, as another adage reminds us, we mustn’t limit our hopes, for if we do, we shall never find what lies beyond them. (p. 6)

The difficulty in seriously considering hope is that it appears ephemeral and hard to pin down. Hope may seem too superficial and uneventful—a momentary good feeling. However, think of all the times you experience a sense of hope or hoping for the best. Hope does have a negative connotation: Some “argue that hoping indicates we are either naïve enough to believe the *world can deliver* what we desire” (Shade, 2001, p. 4.). This position is one of passivity as we wait for the world to change around us. Passivity is not grounds for a sense of hope to emerge. Hope is about having faith. As noted above, “deep within the core of hope is the belief that things can change. No matter how awful or uncertain they are at the moment, things can turn out better” (Frederickson, 2009, p. 43). It is similar to what de Jong and Berg (2008) referred to as a *complainant relationship*, one in which the client is there to have others and the world take responsibility and change. SFBT works to enable this type of relationship to shift focus onto the person sitting in the chair in front of us.

It is in this sense that solution-focused practice engages hope as a central implicit and explicit process as the result of specific skills and constructive questions used with clients, and by hopefulness in the relationship established in SFBT practice. The very nature of working collaboratively with clients as experts in terms of their desired future outcomes and goals subsumes a strong sense of hopefulness on the part of the worker. Hope is engendered by means of the presupposition and practice of solution-focused conversations. By explicitly engaging hope through the use of specific skills, it becomes an integral part of practice. This is a significant element of change factors in clinical practice. Skills generate hope, which in turn, generate actions and future-oriented goals. Goals, in turn, generate hope and possibilities for a better life. Hope, in turn, generates a positive emotional experience, which enhances creativity and broadens thinking, further enabling the creation of diverse possibilities as well as enhancing a positive mood (Frederickson, 2009).

It is essential for SFBT trainers, educators, and practitioners to recognize the importance of hope in the process of making the client’s life better. Particular skills and attitudes expressed in solution-focused practice explicitly produce a spiral, generating hope between client and worker. In her wonderfully written text, *Hope in Action: Solution-Focused Conversations About Suicide*, Heather Fiske (2008) wrote the following:

When we ask our [suicidal] clients what was helpful about our work together, they often describe the first faint glimmerings of hope. They may talk about discovering “enough” hope to help them to “wait out” a painful process of recovery, or try something different. Often they tell us directly that seeing that little bit of hope (as one of my clients put it, “some light at the end of the tunnel that isn’t a train”) is something that will help them to carry on with life a little longer. (p. 17)

References

- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. Gergen (Eds.), *Social construction and the therapeutic process* (pp. 25–39). Newbury Park, CA: Sage.
- Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 33–56). Washington, DC: American Psychological Association.
- Blundo, R. (2009). The challenge of seeing anew the world we think we know: Learning strengths-based practice. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (5th ed., pp. 24–36). Boston, MA: Brooks/Cole.

- Bozeman, B. N. (1999). *The efficacy of solution-focused therapy techniques on perceptions of hope in clients with depressive symptoms* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9962134)
- Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion*, 29, 327–355. doi:10.1007/s11031-006-9010-4
- Confidence. (n.d.). In *Merriam Webster's online dictionary* (11th ed.). Retrieved from <http://www.merriam-webster.com/dictionary/confidence>
- Cooley, L. (2009). *The power of groups: Solution-focused group counseling in schools*. Thousand Oaks, CA: Corwin.
- Corcoran, J., & Ivery, J. (2004). Parent and child attributions for child behavior: Distinguishing factors for engagement and outcome. *Families and Society: The Journal of Contemporary Social Services*, 85, 101–106. doi:10.1606/1044-3894.259
- Cutcliffe, J. R. (2004). *The inspiration of hope in bereavement counseling*. London, United Kingdom: Kingsley.
- Berg, I. K., & Szabó, P. (2005). *Brief coaching for lasting solutions*. New York, NY: Norton.
- De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (3rd ed.). Belmont, CA: Brooks/Cole.
- de Shazer, S. (1985). *Keys to solutions in brief therapy*. New York, NY: Norton.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York, NY: Norton.
- de Shazer, S. (1991). *Putting difference to work*. New York, NY: Norton.
- de Shazer, S., & Berg, I. K. (1997). 'What works?' Remarks on research aspects of solution-focused brief therapy. *Journal of Family Therapy*, 13, 395–363. doi:10.1111/1467-6427.00043
- de Shazer, S., & Dolan, Y. (2007). *More than miracles: The state and art of solution-focused brief therapy*. New York, NY: Routledge.
- Dew, S. E., & Bickman, L. (2005). Client expectancies about therapy. *Mental Health Services Research*, 7, 21–33. doi:10.1007/s11020-005-1963-5
- Dine, K. R. (1995). *Visions of the future: The miracle question and the possibility for change* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9536336)
- Dolan, Y. (2004). *How conversations about hope create the future: An interview with Yvonne M. Dolan* [DVD]. Los Angeles, CA: Andrews & Clark Explorations, Master's Works Productions.
- Dolan, Y. (2014). The pragmatics of hope: What to do when all seems lost. *Psychotherapy Networker*. Retrieved from <http://www.psychotherapynetworker.org>
- Donaldson, S. I., Csikszentmihalyi, M., & Nakamura, J. (Eds.). (2011). *Applied positive psychology: Improving everyday life, health, schools, work, and society*. New York, NY: Taylor & Francis.
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.
- Duvall, J., & Rockman, P. (1996). Living a wonderful life: A conversation with Yvonne Dolan. *Journal of Systemic Therapies*, 15, 82–92. Retrieved from <http://guilfordjournals.com/loi/jsyt>
- Feldman, D. B., Rand, K. L., & Kahle-Wroblewski, K. (2009). Hope and goal attainment: Testing a basic prediction of hope theory. *Journal of Social and Clinical Psychology*, 28, 479–497. doi:10.1521/jscp.2009.28.4.479
- Fiske, H. (2008). *Hope in action: Solution-focused conversations about suicide*. New York, NY: Routledge.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing* (3rd ed.). Baltimore, MD: Johns Hopkins University Press.
- Franklin, C., Trapper, T. S., Gingerich, W. J., & McCollum, E. E. (2012). *Solution-focused brief therapy: A handbook of evidence-based practice*. New York, NY: Oxford University Press.
- Frederickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment*, 3(1). doi:10.1037//1522-3736.3.1.31a
- Frederickson, B. L. (2009). *Positivity*. New York, NY: Three Rivers Press.
- Frederickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science*, 13, 172–175. doi:10.1111/1467-9280.00431
- Freud, S. (1953). From the history of an infantile neurosis. In J. Strachey (Ed. & Trans.), *The complete psychological works of Sigmund Freud* (Vol. 7). London, United Kingdom: Hogarth.
- Goldstein, A. P. (1962). *Therapist-patient expectancies in psychotherapy*. Elmsford, NY: Pergamon.
- Greene, G., J., & Lee, M., Y. (2011). *Solution-oriented social work practice: An integrated approach to working with client strengths*. New York, NY: Oxford University Press.
- Groopman, J. (2004). *The anatomy of hope: How people prevail in the face of illness*. New York, NY: Random House.
- Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2006). *Direct social work practice: Theory and skills* (7th Ed.). Belmont, CA: Brooks/Cole.
- Herth, K. (1990). Fostering hope in terminally ill people. *Journal of Advanced Nursing*, 15, 1250–1259. doi:10.1111/j.1365-2648.1990.tb01740.x
- Hubble, M. A., Duncan, B. L., Miller, S. D., & Wampold, B. E. (2010). Introduction. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.
- Ilardi, S. S., Craighead, W. E. (1994). The role of nonspecific factors in cognitive-behavior therapy for depression. *Clinical Psychology: A Science and*

- Practice*, 1, 138–156. doi:10.1111/j.1468-2850.1994.tb00016.x
- Isen, A. M. (1987). Positive affect, cognitive processes and social behavior. *Advances in Experimental Social Psychology*, 20, 203–253. doi:10.1016/S0065-2601(08)60415-3
- Jordan, K. B., & Quinn, W. H. (1994). Session two outcome for the formulas first session task in problem- and solution-focused approaches. *American Journal of Family Therapy*, 26, 159–168. doi:10.1080/01926189408251293
- Jordan, K. B., & Quinn, W. H. (1997). Male and female client perception of session two outcome of the problem- and solution-focused approaches. *Family Therapy*, 24, 23–37. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1467-6427](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1467-6427)
- Kroll, J. (1988). *The challenge of the borderline patient: Competency in diagnosis and treatment*. New York, NY: Norton.
- Lambert, M. J. (1992). Implications of psychotherapy outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York, NY: Basic Books.
- Lambert, M. J., Shapiro, D. A., & Bergin, A. E. (1986). The effectiveness of psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and change* (3rd ed., pp. 157–212). Hoboken, NJ: Wiley.
- Lawson, D. (1994). Identifying pretreatment change. *Journal of Counseling and Development*, 72, 244–248. doi:10.1002/j.1556-6676.1994.tb00929.x
- Linley, P. A., & Joseph, S. (2004). *Positive psychology in practice*. Hoboken, NJ: Wiley.
- Lopez, S. J., Snyder, C. R., Magyar-Moe, J. L., Edwards, L. M., Teramoto Pedrotti, J., Janowski, K., Pressgrove, C. (2004). Strategies for Accentuating Hope. In Linley, P. A., & Joseph, S. (2004). *Positive psychology in practice*. Hoboken, NJ: Wiley
- Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will, and ways: Their relations with self-efficacy, optimism, and general well-being. *Journal of Clinical Psychology*, 55, 539–551. doi:10.1002/(SICI)1097-4679(199905)55:3<539::CO;2-7
- Michael, S. T., Taylor, J. D., & Cheavens, J. (2000). Hope theory as applied to brief treatments: Problem-solving and solution-focused therapies. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measure, and applications* (pp. 151–166). New York, NY: Academic Press.
- McKeel, J. (2012). What works in solution-focused brief therapy: A review of change process research. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidenced-based practice* (pp. 16–19). New York, NY: Oxford University Press.
- Nietzsche, F. (2011). *Human, all too human, a book for free spirits*. (Original work published 1908). Retrieved from <http://www.gutenberg.org/files/38145/38145-h/38145-h.htm>
- Oppenheimer, J. R. (2011). *Science and the common understanding*. Charleston, SC: Nabu. (Original work published 1923).
- O’Connell, B. (2001). *Solution-focused stress counseling*. London, United Kingdom: Sage.
- O’Connell, B. (2005). *Solution-focused therapy* (2nd ed.). London, United Kingdom: Sage.
- O’Hara, D. (2010). Hope—the neglected common factor. *Therapy Today*, 21(9), 16–19. Retrieved from <http://www.therapytoday.net/>
- Peake, T. H., & Ball, J. D. (1987). Brief psychotherapy: Planned therapeutic change for changing times. *Psychotherapy in Private Practice*, 5(4), 56–63. doi:10.1300/J294v05n04_05
- Pichot, T. (2009). *Solution-focused substance abuse treatment*. New York, NY: Routledge.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102–1114. doi:10.1037//0003-066X.47.9.1102
- Quick, N., & Gizzo, D. (2007). The “doing what works” groups: A quantitative and qualitative analysis of solution-focused group therapy. *Journal of Family Psychotherapy*, 18(3), 65–84. doi:10.1300/J085v18n03_05
- Quinn, P. G. (2000). Counseling suicidal people: A theory of hope. Spokane, WA: QPR Institute.
- Scioli, A., Biller, H. B. (2010). *Hope in the Age of Anxiety*. New York, NY: Oxford University Press.
- Seligman, M. E. P. (2002). *Authentic happiness*. New York, NY: Free Press.
- Seligman, M. E. P. (2011). *Flourishing*. New York, NY: Free Press.
- Shade, P. (2001). *Habits of hope: A pragmatic theory*. Nashville, TN: Vanderbilt University Press.
- Sharry, J. (2007). *Solution-focused groupwork* (2nd ed.). London, United Kingdom: Sage.
- Sharry, J., Madden, B., & Darmody, M. (2012). *Becoming a solution detective* (2nd ed.). New York, NY: Routledge
- Shennan, G. (2014). *Solution-focused practice: Effective communication to facilitate change*. New York, NY: Palgrave Macmillan.
- Shennan, G., & Iverson, C. (2012). From solution to description: Practice and research in tandem. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidenced-based practice*. New York, NY: Oxford University Press.
- Shilts, L., Rambo, A., & Hernandez, L. (1997). Client-informed therapy. *Journal of Systemic Therapies*, 13, 39–52. Retrieved from <http://guilfordjournals.com/loi/jsyt>
- Snyder, C. R. (1994). *The psychology of hope*. New York, NY: The Free Press.
- Snyder, C. R., Michael, S. T., & Cheavens, J. S. (1999). Hope as a psychotherapeutic foundation. In M. A. Hubble, B. L. Duncan, & S. D. Miller. (Eds.), *The heart and soul of change: What works in therapy* (pp. 179–

- 200). Washington, DC: American Psychological Association.
- Snyder, C. R. (Ed.), (2000). *Handbook of hope: Theory, measure, and applications*. New York, NY: Academic Press.
- Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez, (Eds.). (2002). *Handbook of positive psychology* (pp. 257–276). New York, NY: Oxford University Press.
- Weick, A., & Saleebey, D. (1995). Supporting family strengths: Orienting policy and practice in the 21st Century. *Families in Society*, 76, 141-149. Retrieved from <http://alliance1.org/fis>
- Weiner-Davis, M., de Shazer, S., & Gingerich, W. (1987). Building on pretreatment change to construct the therapeutic solution: An exploratory study. *Journal of Marital and Family Therapy*, 13, 395–364. doi:10.1111/j.1752-0606.1987.tb00717.x
- Wilkins, W. (1979). Expediencies in therapy research: Discriminating among heterogeneous nonspecific. *Journal of Consulting & Clinical Psychology*, 47, 837–845. doi:10.1037/0022-006X.47.5.837
- Wilkins, W. (1984). Psychotherapy: The powerful placebo. *Journal of Consulting & Clinical Psychology*, 52, 570–573. doi:10.1037/0022-006X.52.4.570