Big Words and Small Things: The Contradictory Nature of Hope

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Abstract

Objective: Hope is central to recovery in mental health and substance use problems. People experiencing co-occurring mental health and substance use problems often have to settle for inadequate services that do not meet their needs. This study explored practitioners' experiences and descriptions of hope in relation to their encounters with persons experiencing co-occurring mental health and substance use problems.

Research Designs and Methods: We conducted semi-structured in-depth interviews with eight practitioners from the mental health and substance abuse field. The interviews were transcribed verbatim and analyzed using thematic analysis.

Results: Hope was described as pivotal but seemed to receive little attention in the practitioners' daily practice. Three themes were generated through the data analysis: *"It's vital, but we don't talk about it," "Complex and basic," and "Community, alone."*

Conclusions: The participants' descriptions of hope are as complex as those from other contexts. At first glance, hope seems paradoxical, but we suggest perceiving it in terms of unifying contradictions. Substance (ab)use and stigma are intertwined with hope and despair. It is important to create space and leeway for both practitioners and service users, where the complexity of hope, life, and the challenges that go along with them can coexist.

Introduction

Living with substance (ab)use increases an individual's risk of experiencing mental health problems, and vice versa.[1, 2] Previous studies have shown that the help offered individuals experiencing co-occurring mental health and substance use problems is

often inadequate or not tailored to their needs.[1,2] Despite this troubled history, there is now a consensus among most providers that services should be integrated, seamless, and coordinated to meet the needs of those experiencing co-occurring substance use and mental health problems. During recent years, the topic of recovery has gained a foothold within the fields of mental health and substance abuse, both nationally and internationally.[3-5] In Norway, where the current study was conducted, it is stated that services within the field of mental health and substance abuse should be recovery-oriented. This entails identifying and supporting a person's own resources and increasing quality of life and self-esteem. Services should focus on everyday life and living conditions. Furthermore, service providers should consider persons as experts on their own life, and relations between practitioners and those seeking out services should be built on trust and equality.[4,5] Recovery is diverse and by no means an unambiguous concept.[6] It may be described as an individual journey[7] or as a social process.[8,9] Conceptualizations of recovery may vary within the field of mental health and substance (ab)use.[10] Borg, Karlsson, and colleagues[11] argued that recovery differs from traditional medicalized perspectives on mental health because it focuses on people's strengths and on their own perspectives and experiences of what might be helpful. The authors underline that a meaningful life, enjoyed in spite of challenges and limitations, should be considered just as valuable as a reduction of symptoms.

From the field of addiction, some traditions emphasize the importance of abstinence as a measure of recovery.[10] This resembles, to some extent, what Borg, Karlsson, and colleagues[11] refer to as "clinical recovery" from mental health problems. Clinical recovery emphasizes objective measures and treatment outcomes over unique and subjective indicators of recovery. Despite its individual character, recovery as a personal and social process has some common characteristics. Davidson, Andres-Hyman, and colleagues[12] compared first-person accounts from the fields of mental health and addiction. Among several common features, the authors found that renewal of hope was central to recovery in both fields.

Like recovery, hope is perceived and defined in numerous ways. Based on their literature review, Schrank, Stanghellini, and colleagues[13] developed the following synthesis:

> ". . . we define hope as a primarily future–oriented expectation (sometimes but not always informed by negative experiences such as mental illness) of attaining personally valued goals, relationships or spirituality, where attainment: i) will give meaning, ii) is subjectively considered realistic or possible and iii) depends on personal activity or characteristics (e.g., resilience and courage) or external factors (e.g., resource availability). Hope comprises four components: affective (e.g., trust, confidence, humour and positive emotions); cognitive (e.g., reflecting on past experiences, goal-setting, planning and assessing the likelihood of success); behavioural (e.g., motivation and personal activity); and environmental (e.g., availability of resources, health care and relationships)" (p 426).[13]

Eliott[14] claimed that hope has traditionally been the domain of professional helpers and practitioners. In contrast, Weingarten[15] introduced the concept of 'reasonable hope.'

She contrasted reasonable hope to more traditional views on hope, among other things, because of its relational nature, and argued that reasonable hope flourishes in relations. Thus, *I* hope because *we* hope. Yet, she emphasized that not all relations are hopeful. In contrast to reasonable hope, she depicted traditional hope as a phenomenon within the individual. Reasonable hope is a verb, not a noun or a feeling; it is something we *do* together. It is an expression of who we want to be and what we wish to do, not an expression of something one *has*. Moving toward the goal and the path leading toward it might be as important as actually reaching it. A verb presupposes an active subject—a person. Reasonable hope implies that the future is uncertain, but accepts it as the best possible route, and further implies that, even though the future is uncertain, it can still be influenced. Hopelessness thrives when things are out of reach or uncertain. Identifying realistic everyday goals and ways of reaching them might make the future appear less uncertain. Life involves trial and error. Sometimes the ideal is out of reach, and individuals need to accept things they never thought they could. Reasonable hope is humble; it allows for contradictions and despair to exist. Weingarten pointed out that traditional descriptions of hope sometimes compare it with ". . . a butterfly, a rainbow, an undemanding bird that perches in one´s soul . . ." (p 7).[15] While traditional hope is often depicted as pure, with clean categories of black or white, reasonable hope allows grey zones and recognizes that life is often messy.[15]

Herrestad, Biong and colleagues[16] argued that a definition of hope that is valid across contexts and disciplines seems unrealistic, and that hope needs to be viewed as part of a context-specific vocabulary. Spandler and Stickley[17] argued that an environment needs to be compassionate to be hope-inspiring. Despite attempts to deliver services that are more in line with people's needs in regard to co-occurring problems, it is obvious that there is room for improvement.[4,18] Although guidelines state that services should be recovery-oriented,[4,5] people's experiences indicate that the opposite might sometimes be the case. Bureaucratic barriers and systems sometimes thwart hope rather than inspire it.[19] Boddy, O'Leary, and colleagues[20] argue that ". . . hope has a long history in social work. Yet its meaning remains elusive and debatable. There is no conceptualization to map and elucidate social work processes in the deployment of hope" (p 2).[20] Furthermore, it seems that hope has received limited attention in mental health and substance use services.[17,21] Weingarten[15] argued, "How we think about hope has all to do with whether we can co-create hopefulness with our clients and whether we can maintain our own" (p 5).

Aim and Research Question

It can be argued that hope and recovery are closely linked together, have several similarities, and seem to overlap each other.[22] Perceiving hope as contextual and relational, and taking into consideration that services should be recovery-oriented, it is important to explore how hope is understood within these services. Professionals' perceptions and definitions of hope as a phenomenon influence their daily practice. With this backdrop, the aim of this study was to explore how practitioners within the field of substance abuse and mental health describe and experience hope in relation to their daily practice.

Research Design and Methods

This qualitative study was conducted as part of a larger action research project concerning collaborative practices within municipal services for persons living with co-occurring mental health and substance-related problems. The context of study was a high-income municipality located in the eastern part of Norway, close to the capital, with approximately 60,000 inhabitants.[23] Recent statistics indicate a number of 30 practitioners per 10,000 inhabitants within municipal services similar to the context of the study.[24] The present study drew inspiration from co-operative inquiry, where knowledge is considered a result of co-construction and collaborative effort.[25,26] A more comprehensive description of the main project appears in prior publications.[23,2728]

Recruitment

We applied what Polit and Beck[29] called purposive sampling, including practitioners working in what, at the time, were separate mental health and substance use services that resemble how services are organized in several similar municipalities in Norway. All practitioners had experienced encounters with persons living with co-occurring challenges, and their backgrounds included nursing, occupational therapy, and social work, with some having specialized post-graduate training in addiction or mental health. All potential participants received written and oral information in staff meetings prior to the study and were encouraged to get in touch with the study's principal investigator. Because of recruitment challenges, a snowball sampling approach was used toward the end of the defined recruitment period. Employees already participating in the study, or who already received information, alongside participants in the main project, were encouraged to refer the study to other potential participants.[29] Eight practitioners—five women and three men—agreed to participate in the study.

Ethical Reflections

Participants provided written informed consent to participate prior to the interviews. We informed participants that they could withdraw at any time, without any negative consequences, and encouraged them to get in touch with the first author or the project manager if they needed additional information or experienced any discomfort after the interviews. We altered the recruitment strategy in accordance with the Norwegian Centre for Research Data (NSD – project no. 32554) and managed the data in accordance with prevailing guidelines of the NSD.

Data Collection

Data were generated through individual, semi-structured, in-depth interviews, which were suitable for exploring participants' experiences and views regarding the phenomenon of hope.[30] Furthermore, conducting individual interviews was the best approach for practical reasons, as recruitment spanned a long period and potential participants were affiliated with disparate municipal service areas. The first author, a

trained nurse with experience of working in the mental health and substance abuse field, conducted the interviews. As a starting point, we developed an interview guide to examine how the practitioners had experienced hope; no definitions or theoretical perspectives of hope were introduced. Participants were encouraged to share their outlook on hope and describe the significance it had in their daily practice. Some of the questions in the interview guide were "*What's the first thing that comes to mind when hearing the word hope?*" "*Could you tell me about what hope means in your daily practice?*" and "*Do you ever discuss hope?*" All participants agreed to meet twice and were given ample time to describe their experiences in depth and reflect on the subject matter between the interviews. The first author transcribed the initial interviews prior to conducting the follow-up interviews. The second interview was introduced by reading the first interview transcripts and briefly summarizing notes and preliminary understandings. This allowed participants to comment on the author's impressions and interpretations from the first interview, and facilitated elaboration and follow-up of interesting foci. This approach is in line with the notion that knowledge is co-constructed, with both interviewer and interviewee contributing to the final result.[30, 31] The interviews lasted between 45 minutes and two hours, and were conducted between June 2013 and December 2014 at locations suggested by the participants.

Data Analysis

Data analysis was inspired by Braun and Clarke's[32] description of a step-wise thematic analysis, the aim of which is to organize data into themes across the set of data. These themes were then subject to interpretation. Braun and Clarke argued that thematic analysis is flexible with regard to epistemological and theoretical stance. However, in line with the collaborative stance of the current study, we conducted the analysis with an understanding that it involved more than describing and representing 'stable truths.' Following Crotty,[33] we embraced an understanding of truth and knowledge as being multifaceted, constructed, and interpreted, by recognizing that the data analysis process is an interpretive and co-constructed practice.

The first author recorded and transcribed the interviews verbatim. The material was coded utilizing NVivo software, and the first author organized the codes into preliminary themes according to content and meaning. The first author re-read the preliminary themes in order to ensure that the themes shed light on the research questions. We then discussed the preliminary themes among the three co-authors. Our analysis was inspired by Braun and Clarke's[32] description of inductive analysis. This implied that the themes were closely linked to the data. Furthermore, Braun and Clarke distinguish between semantic and latent themes. Latent themes focus on meaning beyond what participants have said. The themes we developed could be characterized as semantic, revolving around what is explicit in the transcribed interviews. We are, however, in accordance with Braun and Clarke's assertion that researchers are not able to free themselves from either theoretical or epistemological underpinnings. When analyzing the material, we were influenced by prior research that challenged the view of hope as either dichotomous or stratified at one end of a continuum.[34] However, we did not aim to fit the results into a specific theory, or the themes into predefined, specific categories. With the codes and preliminary themes in mind, we re-read the complete interviews to ensure that the themes were linked to data.

Through this process, it became clear that what appeared to be contradictory descriptions of hope could also be understood and categorized as what Sviland, Martinsen, and colleagues[35] referred to as "unifying contradictions." Inspired by the work of Danish philosopher Løgstrup, they argue that several basic phenomena of life relate to one another in terms of being unifying contradictions. These phenomena depend on each other and are given meaning and energy from their contradiction. Simultaneously, they contribute to each other's movement *and* restraint. Thus, for instance, the experience of hope as being complex and simple could be seen as a unifying contradiction rather than as two separate themes.

Conventional qualitative approaches like thematic analysis are commonly criticized for decontextualizing people's experiences and for understanding the world in simplistic, binary ways.[36] Although the analysis conducted in the current study does not contextualize the findings, it interprets and understands the themes as holding possible unifying contradictions, which may enrich the findings. Three unifying contradictory themes were developed in the analysis. We shared, discussed, and agreed upon the themes, with their unifying contradictions, as part of the analysis process.

Results

We formulated the final three themes as unifying contradictions, corresponding to a broad spectrum of hope. These themes encompass some of the contradictions and complexity that the phenomenon of hope represents.

It's Vital, But We Don't Talk About It

This first theme concerns participants' descriptions of hope as a central phenomenon in their work. Hope, according to the participants, was important for everyone, constituting a central position in their everyday work as professional helpers: ". . . it's vital. . . .it's what I work with, with everyone, it's the essence of what we do. . . ." At the same time, it was clear that hope often received little attention in the participants' daily practice, and was not explicitly discussed—as several participants pointed out.

Several participants connected hope to challenges and difficult life situations. Perhaps this was why it was regarded as so important:

> ". . . I relate more to hope when things are difficult. . . .not always those who have the 'longest list' who have the least hope. . . .people who've stumbled and slipped, and had a hard time for large portions of their lives, have hope. . . .while people who've been more protected against adversity think that this is hopeless . . ."

Many participants also argued that it was important to have a starting point, in that there is "always hope" for all, despite the fact that not everyone they encountered in their practice shared this perspective.

Despite the perception of hope as crucial, one of the participants found that he did not talk about it because he considered it a private matter. Several participants also elaborated on how hope is connected to similar concepts and phenomena, and one participant stated that it was important ". . . to find a language in which the other could recognize him/herself." For example, rather than talking about hope, it was easier to talk about dreams, possibilities, the process of change, or motivation. One reason practitioners did not discuss hope to a great extent was that it could be experienced as too abstract. One of the participants characterized the concept as a "cliché," while another said that:

> ". . . it's a woolly term, or perhaps not woolly but perhaps a little bit soppy. . . .a little like a big word. . . .when one talks about it, it's fundamental in the services we provide, that we have hope for people, because otherwise we would perhaps not be working with it. At the same time, it would be unnatural for me to use the term without calling it something else . . ."

For one participant, the research interview contributed to ". . . a recognition that the word hope could be used—that it's what we're really talking about . . ." Although they recognized hope as fundamental to their work, several participants spoke about the lack of opportunities to discuss and reflect on the phenomenon in their practice.

Complex and Basic

According to the participants, hope was experienced as a complex phenomenon, yet it could boil down to the basic things in life. Hope was described as somewhat of an existential phenomenon, experienced as something that could contribute to meaning in life—almost as a faith, or something that makes life worth living, a lust for life or will to survive. That hope was characterized as a form of lust for life is perhaps attributable to its association with hardship and adversity. It relates both to the future and the past: ". . . I believe that one is always influenced by the past, but there is something about how . . . like, if I can put it this way: '*What is it I enjoy?*' Of course, it's mostly here and now and going forward." The past could contribute to hope for the future, but it could also make it difficult to imagine change for the better. Some pointed out that when hope was associated with the future, it could be experienced as abstract, but that this could be concretized through conversation. Hope was also characterized as a form of movement, for instance, that "You're moving forward." This could involve a return to something belonging to the past, or the avoidance of something linked to negative memories. Hope was also compared with a seed that required a shorter or longer period to germinate. Hope could represent a turning point, for example, a religious calling, moving to a new place, or meeting a partner.

Several of the practitioners emphasized an affinity between hope and motivation:

> ". . . it's something you open your eyes to. . . .hope for change, hope
> for things becoming different, hope that a change will occur, I hear
> that all the time. . . .something to do with how one in different ways
> stretches toward something, that there is something one sees for
> oneself, something out there, a changed situation. . . .to feel good, I
> mean all people of course want to be happy and for someone to care
> about you—love . . . is really important . . ."

Just as motivation can come and go, hope changes over time. Several participants linked hope with substance abuse:

> ". . . there's a lot of discouragement in substance abuse. Then it's
> about lowering expectations that next year you'll be healthy, clean,
> and in a job. . . .Having . . . realistic hopes about achieving goals
> with—for those who struggle with substance abuse, being exposed
> to that kind of hope all the time is just awful: *"I can't live up to them,
> can you just shut up?"* Like . . . this is true for substance abusers just
> like it is for all others, being met where they are . . ."

Several of the participants underscored the connection between hope and mastery, but emphasized how hope also entailed uncertainty and unpredictability. Hope could appear as a general desire—the hope that life will get better—but also as "small things," or joys, that could contribute to making hope more realistic: ". . . hope can be small, shameful dreams one dare not say out loud because no one believes in you. Then it's nice to lift them up and shake them in the sun and let them blow in the wind." The individual character of hope also meant that a single answer to what hope involves could not be found.

Community, Alone

This final theme entails how hope was experienced as relating to community, alongside descriptions of exclusion. Hope was mainly described as a relational phenomenon, something one had "with those who're going through a bad time." Several described it as something "infectious." One participant explained that ". . . someone who shows faith that you can do it, that's better medicine than a thousand conversations . . ."

Hope could also manifest as being part of "something bigger":

> ". . . being part of—something, being part of a group, many of them
> have been rejected a *lot* and that becoming part of a community
> again, and becoming respected as a member of society and not
> some random drug addict on the streets. . . .getting a job again is

> more than just a job—that you actually contribute . . . you do
> something . . .”

But hope was also characterized as something one could do alone.

Hope could depend on support from others, and, as with the prior themes, could relate to a perception of humanity. The gesture of not giving up on people was a relational process that could last over a long period: “. . . a good relationship is important I think, perhaps among the most important ways we can contribute. Having good relationships, where many of those we meet have experienced broken and destroyed relationships . . .” One of the participants spoke about the divide between “us and them,” and how if everyone would be regarded as equal, this would represent hope.

Stigma, or being an outsider, was viewed as something that hindered hope, and substance abuse could, according to the participants, make change difficult:

> “. . . [It] throws a spanner in the work related to . . . yes, both . . . I
> mean, I think all the disappointments that you experience as an
> addict, all the times you decide that *“now I can’t take any more, now
> I’m going to quit,”* right, and then you can’t succeed anyway. In
> addition, it’s awfully stigmatizing . . .”

According to one of the participants, struggling with substance abuse in addition to a mental health problem could contribute to “. . . much more resistance and much less hope that things can go well . . .” People who were diagnosed because of their substance use could experience being less prioritized within services. This, in turn, would make it difficult to “come forward” with such a diagnosis. Further, the status of being on disability benefits was connected to hopelessness or lack of opportunities, by virtue of presenting a barrier to inclusion in the job market and, in turn, the experience of mastery.

Discussion

We aimed to explore how practitioners experience and describe hope related to co-occurring mental health and substance use problems. Participants in the present study argued that hope is most important when things may appear bleak. Hope was considered complex and basic. Despite being described as relational and communal, it was also perceived as individual. It was regarded as vital but received little attention. Rappaport[37] argued that the most interesting phenomena are, by nature, paradoxical. Thus, researchers and professionals alike should seek ways to resolve such paradoxes. The themes we have presented in this paper would probably not qualify as what Rappaport[37] referred to as “true paradoxes.” Yet, we find her musings on analytical one-sidedness relevant: “The tendency to become focused on one side of the dialectical problem, that is, to pay attention to one side of the truth so as to fail to take into account an equally compelling opposite, is what I refer to as being one-sided”

(p 4).[37] The fields of mental health and substance abuse may inevitably be related to both hope and despair, and it is important to develop ways to navigate the apparently paradoxical. In this part of the article, we draw on relevant literature to elaborate and shed light on the unifying contradictory themes we developed through our analysis. We have organized the discussion under two headings, reflecting what we found most striking when analyzing our findings. The first part of the discussion revolves around why hope, despite being considered central to participants' work, seems to get little attention in their everyday practices. In the second part, we explore hope as a relational phenomenon. Social contexts and contributions from others are important for encouraging hope. We address obstacles and challenges pertaining to social interrelation, both in regard to the practitioners themselves and to those they seek to support.

Hope Under the Radar

Participants in the present study argued that hope is of vital importance to everyone engaged in mental health and substance use services. They depicted hope as an existential phenomenon—something that could contribute to meaning in life. Given this importance, how can it be that hope is hardly talked about? Arvanitidis and Olsen[38] argued that practitioners' talk of hope might appear hollow if one does not listen to what clients tell you. Perspectives on hope need to be discussed in ways that demonstrate respect for the other. Language seemed to pose a barrier for our study participants. For them, hope was something abstract, or even cliché. They found the phenomenon highly relevant, but not applicable to their practice. This might be an example of the challenges Weingarten[15] pointed out when she claimed that theoreticians have not succeeded in making hope pragmatic.

Participants in the present study regarded hope as abstract and "far ahead", but also as something that could be perceived as a private matter; another portrayed it as small, shameful could be concretized in "small things." One practitioner in our study argued that hope dreams. What may be defined as small, bashful, or mundane is often of great importance.[39-41] Perhaps the seemingly insignificant deserves more attention and space? Weingarten[15] suggested identifying realistic everyday goals as one way to reduce risk of disappointment, leaving less room for hopelessness to flourish. Herrestad, Biong and colleagues[16] stated, "We ought to ask what assumptions a person has when he or she makes a statement about hope. We ought to consider what social reality of relations and power is reflected by this talk and what room for action this vocabulary opens up." These explanations and recommendations—formulating realistic everyday goals, planning, and considering people's room for action—are all applicable to our findings. In addition to making hope less abstract, they may also provide ways for practitioners to find a language that resonates with the other.

The participants' descriptions of hope resonate with Weingarten's[15] 'reasonable hope,' more so than with traditional conceptions of hope (for example, pure or dichotomous hope; hope vs. hopeless). Arvanitidis and Olsen[38] argued that hope in social work is often contradictory, entailing motivation for change despite insecurity and frustration. Holm, Steindal, and colleagues[41] found that, for mental health practitioners, hope and hopelessness could exist simultaneously. For our participants, it seemed that

substance (ab)use could arouse frustration, thwart hope, and stand in the way of change. Sometimes this resulted in discouragement, or practitioners setting less ambitious goals for their service users. In other words, practitioners might sometimes interpret substance (ab)use as an indicator that people are not motivated for change. Weingarten[15] argued that when left with a choice between the traditional dichotomies of hope and hopeless, people experiencing harsh times may relate to hopelessness rather than hope. If people who use substances are categorized as 'hopeless,' then a less dichotomous way of perceiving substance (ab)use may be fruitful. Von Greiff, Skogens, and colleagues[42] posited that people are in need of organizations that allow them to return to treatment despite facing a relapse or other incidents that may be interpreted as failure. It might be that practitioners participating in the present study perceived substance (ab)use as failure—either their own, the system's, or the service user's. Brekke, Lien and colleagues[43] explored dilemmas related to recovery-oriented practices in a community mental health and addiction team. Among these were directiveness and a non-judgmental attitude, and acceptance of substance use: "Team members described that a professional, non-moralistic attitude towards substance use, including support and hopefulness in the face of relapse, enabled trust and honesty in the relationship with service users." This, however, is not the same as accepting anything—being indifferent—or accepting that persons experiencing co-occurring problems often settle for less than they are entitled to.

According to Brekke, Lien and colleagues[43], the complexity of addiction may best be expressed as a paradox: ". . . that harm reduction *and* abstinence may both be necessary approaches when addressing substance use in a recovery-oriented way" (p 6-9). Nonetheless, the authors argued that a goal of total abstinence may lead to exclusion from services and predispose practitioners to view service users as unable to make decisions about their own life, especially when they harbour competing perceptions of what constitutes a good life. Hoping on behalf of others includes the risk of hopes that are not shared—that there is no common ground. Koenig and Spano[44] argued that much of what is written about hope presumes that professional helpers are sharing their clients' hope, as if they already were hopeful at the onset. Furthermore, they argued that the need for professionals to develop hope in their professional and private lives is overlooked. Collins[45] pointed out, "Consideration should also be given to the place of personal and professional hope. Each social worker will have their personal views, philosophies and values related to hope, which may be explicit or implicit" (p 206).[45] Making the implicit explicit, both in terms of hope and recovery, was important to the participants in our study. Koenig and Spano[44] stressed the importance of structure and organization, along with supervision, for developing professionals' own hope. Our findings indicate that practitioners yearn for opportunities to reflect upon and discuss hope. Making space for and facilitating such discussions seems necessary, particularly in challenging fields like mental health and substance use.

Hope and Others

Participants in the present study perceived hope as a relational phenomenon, something contagious or nurtured in relations. Yet, they also described hope as something you could do on your own. Using Weingarten's[15] terms, reasonable hope is something you *do*—in collaboration with others. Practitioners in our study underscored

the importance of relations; thus, finding ways of *doing* hope together seems relevant. Koehn and Cutcliffe[46] pointed out the importance of an alliance when substance abuse counsellors aim to inspire hope: "The influence that the quality of the therapeutic relationship has on hope inspiration cannot be understated" (p 92).[46] Koehn and Cutcliffe argued that inspiring hope is a collaborative and active process, not a passive or individual one. Counsellors' own hope and ways of maintaining it were viewed as pivotal. From the field of social work, Boddy, O'Leary, and colleagues[20] ascertained that: "… there is reciprocity between the social worker's hope and the service user's hope whereby the social worker nurtures the service user's hope, and conversely, their own sense of hope grows as they work with the service user" (p 6).[20] Sælør, Ness and colleagues[28] found that practitioners viewed their own hope as crucial if they were to contribute to the hope of others. Engaging in supervision, soliciting support from colleagues, and focusing on good outcomes were ways practitioners maintained their hope.[44] In this sense, community and connection to others may be just as important for practitioners as for those who seek out services.

Recovery and hopes for a meaningful life are often described as a social process dependent on important others, whether they are professional helpers or not.[9, 12] In addition to this social dimension, material and practical considerations also influence service users' hope. Individuals need to decide whether or not one can realistically hope for a desirable future.[27] Ambiguity between the individual and the relational is an inevitable part of being human. The associations between hope, substance (ab)use, and exclusion—as described by study participants—are important. Practitioners experienced substance (ab)use as something that contributed to exclusion and stigma. According to the professionals in the present study, using substances could make services less responsive and leave little hope of things turning out for the good. This may not seem startling, as both mental health problems and substance (ab)use are often associated with obstacles and stigma.[5,47,48] Participants in the present study argued that challenging attitudes of 'us versus them' is one way to promote hope. It may be that cultural perceptions of people who use substances as 'unreliable' or 'deteriorating'[48] influence how practitioners perceive the possibilities of both hope and recovery. It might also be that practitioners' views reflect some of the different perspectives related to recovery and substance (ab)use.[10]

Challenges related to substance use represent a barrier for practitioners in regard to hope. It seems necessary to alter perspectives of substance (ab)use, both within professional services and society. Recovery, as it relates to co-occurring mental health and substance abuse, may be experienced as a longing to become part of a community.[49] Boddy, O'Leary, and colleagues[20] argued,

> "Social work is inseparable from hope. . . .The role of hope in social work practice is not the same as the most distinct and documented psychological measure of hope. This goal-driven aspirational conceptualization of hope does not take in to account the broader socio-political environment and structural components of hope that a social worker is likely to come across in day-to-day practice." (p 8-9)[20]

In our study, hope is perceived as reliant on a form of communion—substance (ab)use is perceived as something that excludes people. Structural-level measures are important. Both Herrestad, Biong and colleagues[16,] along with Spandler and Stickley[16] argued that contexts are important in relation to hope and that discourses and systems inevitably influence professionals' practices. Boddy, O'Leary, and colleagues[20] argued that, in addition to critical analysis of social contexts, there is a need to consider possible differences between individual and community aspirations when working with hope. Practitioners in our study emphasized the importance of opportunities in the job market for service users, and how a diagnosis related to substance (ab)use could present an obstacle to this resource. Guidelines state that services should be recovery-oriented, which entails focusing on living conditions and employment.[5] Tickle, Brown, and colleagues[50] explored clinical psychologists' views on the emerging recovery orientation in mental health services. They summarized their findings by pointing out that the interviewed psychologists are ". . . aware of the emergence of recovery-oriented approaches but feel unable to incorporate them in practice . . ." (p 105).[50] The authors suggested that this might relate to conflicts in policies and official guidelines, where managing risk and promoting recovery sometimes pose dilemmas to practitioners within the field. An important question, then, is to what extent are professionals given the time, resources, and support to focus on hope as a relational and recovery-enhancing phenomenon? Despite a focus on recovery orientation and humanizing mental health and substance abuse services, cultures, identities, and practices in these services continue to be influenced by more traditional perspectives, roles, and hierarchies. It is not yet clear how much freedom there is for "new" cultures and ways of collaboration to develop within these practices.[51]

Our findings derive from interviews with eight professionals within the field of mental health and substance abuse. Different approaches to generating data would certainly have delivered different results. Practitioners' backgrounds and affiliations resemble those encountered by service users, but focusing solely on services intended for specific groups of people might have given interesting results. Qualitative research is always context-sensitive, and we were influenced by our own perspectives on hope and recovery. Nevertheless, our findings resemble and find support in prior relevant research.

Concluding Remarks

Hope, as described by the practitioners in the present study, is as complex in mental health and substance use treatment as in other contexts. It is ambiguous, and at first glance paradoxical, but perhaps best understood as part of unifying contradictions. Within this field, hope reflects the complexity that life often entails. It is pivotal, but practitioners do not talk much about it—not because they do not have faith in the future or in the prospect of change, but maybe because the word hope in itself is "too big" and not suitable within their everyday practices. The seemingly small things are nonetheless of great importance and, like hope itself, might deserve more attention. In addition, hope seems to be intertwined with substance (ab)use and the stigma that often follows. It is necessary to create space and leeway for non-straightforward, multifaceted hope—for professionals and the challenges they describe, but also for

service users, who often struggle to fit into society and the narrow services it offers to them.

Acknowledgements

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