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THE LIVED EXPERIENCE OF HOPE IN THE MIDST OF RECOVERY FROM A SUBSTANCE USE DISORDER: A PHENOMENOLOGY

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THE LIVED EXPERIENCE OF HOPE IN THE MIDST OF RECOVERY FROM A
SUBSTANCE USE DISORDER: A PHENOMENOLOGY

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in Family Sciences in the
College of Agriculture, Food and Environment
at the University of Kentucky

By

Mary Katherine Lance

Lexington, Kentucky

Director: Dr. Ronald Werner-Wilson, Professor of Family Sciences

Lexington, Kentucky

2021

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ABSTRACT OF THESIS

THE LIVED EXPERIENCE OF HOPE IN THE MIDST OF RECOVERY FROM A SUBSTANCE USE DISORDER: A PHENOMENOLOGY

Substance use disorder (SUD) is difficult to treat, as evidenced by its high prevalence and relapse rates. Research shows, however, that hope may have the potential to create effective and efficient change in the way we prevent and treat SUD. In order to utilize hope in this way, we must have a good understanding of what hope is. This phenomenological study aims to explore and describe the essence of hope through the lived experience of individuals in recovery from a SUD. Through interviews with 20 informants to generate data and an iterative interpretative process to identify shared meanings, hope emerged as an experience that is lived, spiritual, relational, revivifying, and felt. These results point to a need for more research regarding a theory of hope, improved scales for accurately measuring hope, and new language for talking about hope when using it as a tool in recovery and elsewhere.

KEYWORDS: Hope, Substance Use Disorder, Addiction, Recovery, Hermeneutic Phenomenology

Mary Katherine Lance

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4/21/2021

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CHAPTER 1. INTRODUCTION

Hope is a word many people use in their daily lives without giving it much thought (e.g., “I hope that it doesn’t rain tomorrow”), as well as a word that they use during times of great distress and sorrow (e.g., “I hope that the treatment works”). Despite how frequently we hope (and say that we do), defining and describing the phenomenon of hope is challenging. Because hope is ephemeral and abstract, its meaning is difficult to capture, but engaging with individuals who have experienced hope might provide useful insight for better encapsulating the essence of what people experience when they hope. In this study, I explore the meaning of hope through the lived experiences of individuals with a substance use disorder (SUD). Prior to describing the study, I provide an overview of the empirical and theoretical literature on SUD and its relationship with hope. Also, I present a critique of the theory of hope and extant scales for measuring hope, followed by my argument for why phenomenological research is needed to address these shortcomings.

CHAPTER 2. LITERATURE REVIEW

2.1 Substance Use Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013), “the essential feature of a *substance use disorder* is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (p. 483). More than 20 million people in the United States, approximately 6% of the population, had a SUD in 2018 (Substance Abuse and Mental Health Services Administration, 2019; U.S. Census Bureau, 2019). Accounting for the costs of healthcare, loss of productivity, and crime, SUD costs the United States more than \$740 billion annually (National Institute on Drug Abuse, 2020), which emphasizes not only the economic impact but also the various institutional and community impacts of SUDs. The cost of SUD taken together with its prevalence and a relapse rate as high as 60% (National Institute on Drug Abuse, 2018) indicates that preventing and successfully treating SUD requires further research. More specifically, identifying factors with the potential to impact multiple facets of substance disorder—including its prevention, development, treatment, and recovery—is essential to more effectively and efficiently reducing the incidence and impact of this disorder on individuals, families, and communities.

2.2 Substance Use Disorder and Hope

One factor with the potential to create effective and efficient change is hope. Being high in hope is associated with several general benefits: more subjective well-being and

resilience (Satici, 2016), more extraversion and conscientiousness, less neuroticism (Halama, 2010), and general and specific coping strategies (e.g., problem solving, positive thinking; Roesch et al., 2010). Hope may also be associated with specific benefits in regard to each stage of the treatment of SUDs: prevention, course, and recovery.

In a study designed to examine various risk factors that lead to substance use in adolescents, both delinquent behaviors and depressive symptoms were positively associated with frequency of substance use in adolescents low in hope; however, these associations were not present in adolescents high in hope (Fite et al., 2014). When alcohol and drug use occur, high levels of hope are negatively associated with the severity of their use (Gutierrez, 2019). Furthermore, when a SUD develops, individuals high in hope—agency (i.e., a type of hope related to determination) experience fewer symptoms of depression and anxiety (May et al., 2015), which are disorders that co-occur in up to half of people seeking treatment for a SUD (Urbanoski et al., 2015). Hope is also positively associated with characteristics that have been found to promote recovery, such as resistance to impulsivity (Ferrari et al., 2012). It is also associated with more positive outcomes after treatment, such as greater well-being, functioning, coping, and emotional regulation (Irving et al., 2004). In fact, hope may play a critical role in recovery. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA; n.d.) calls hope “the foundation of recovery.”

Some research, however, suggests that the relation between hope and SUD is quite nuanced. Although hope appears to aid individuals who are seeking or have sought treatment, those high in hope may be less likely to seek treatment in the first place. Jackson et al. (2003) found that hope is negatively associated with the likelihood that an individual

enters into treatment. They suggested that excessive hope may be accompanied by overconfidence and self-reliance, and therefore counterproductive. The research by Jackson et al. (2003), however, had significant limitations. The sample was drawn from a population of federal prison inmates, and available treatment was limited to that offered by the prison. Moreover, although incentives could be achieved as an inmate progressed through the program, enrollment carried immediate disincentives, such as the loss of the ability to work full-time.

Further, research findings by Gutierrez et al. (2020) are in opposition to the findings of Jackson et al. (2003). In the interviews Gutierrez and colleagues (2020) conducted with individuals in recovery, hope was described as not only helpful but necessary in order to enter into and commit to recovery. For example, one informant described how it was not until they felt renewed hope that they were able to fully be “all in” (p. 9) on treatment and recovery. Additionally, there was a distinct difference in how Gutierrez et al. (2020) and Jackson et al. (2003) approached hope: Whereas Gutierrez et al. (2020) relied on the language of the informants, Jackson et al. relied on the scales developed by Snyder et al. (1991; 1996). In the next section, I argue that the scales developed by Snyder et al. (1991; 1996) may lack face validity. In other words, they may not accurately measure hope. If that is the case, the discrepancies in the findings of Gutierrez et al. (2020) and Jackson et al. (2003) may not only be due to the limitations of the latter’s research design but also due to an insufficient conceptualization of hope.

2.3 A Theory of Hope

In an effort to conceptualize hope, Snyder and colleagues developed a theory of hope—or that which “lifts our spirits and makes us think of what is possible” (Snyder,

2002, p. 269)—in which they suggested two types of hope: dispositional (i.e., hope that remains stable across time and circumstance) and state (i.e., situational hope that varies according to time and circumstance; Snyder et al., 1996). These two expressions of hope are distinct; however, an individual with high levels of dispositional hope typically has high levels of state hope as well. Additionally, each type of hope has three components: “goals, pathways, and agency” (Snyder, 2002, p. 250). The goals of hope are the desired outcomes, the pathways of hope are the “planning of ways to meet goals,” and the agency of hope is the “goal-directed determination” (Snyder et al., 1991, p. 571).

In conjunction with the theory of hope, Snyder and colleagues developed measures of dispositional hope and state hope, which each have subscales that measure agency and pathways. The Hope Scale (Snyder et al., 1991) was designed to measure dispositional hope agency (e.g., “I meet the goals that I set for myself”) and dispositional hope pathways (e.g., “I can think of many ways to get out of a jam”). The State Hope Scale (Snyder et al., 1996) includes the same items as those found on the Hope Scale with minor adaptations to account for the circumstantial nature of trait hope (e.g., “At the present time, I am meeting the goals that I have set for myself” and “If I should find myself in a jam, I could think of many ways to get out of it”). Concerning the development and validation of the Hope Scale, Snyder et al. (1991) explained how items were chosen from a larger list (i.e., to achieve internal consistency) but not how items were developed to become the list. Additionally, the authors demonstrated construct validity through scales measuring concepts similar or adjacent to hope (e.g., esteem); however, even the decision of what constitutes a similar concept is inherently biased by the researcher’s conceptualized and operationalized definition of hope.

As evidenced by the example items, by operationalizing hope, Snyder's hope theory and subsequent scales offer a pathway for removing much of the ephemerality and ambiguity of the construct. Shifting from the abstract to the concrete, however, entails a demarcation of boundaries that may not be inclusive or fully aligned with lived experiences of hope. In particular, although Snyder and colleagues' conceptualization of hope revolves around aspirations toward goals, not all accounts of hope include any mention of goals. For example, in her poem "Still I Rise" Maya Angelou (1978) wrote, "Leaving behind nights of terror and fear / I rise / Up from a past that's rooted in pain / I rise / ... I am the dream and the hope of the slave / I rise." As another example, Anne Frank (1952/1993) wrote, "Cherished hopes rise within us, only to meet the horrible truth and be shattered. ... Yet I keep them, because in spite of everything I still believe that people are really good at heart" (p. 263). Neither used hope in these writings to convey aspirational goals; rather, they used hope to express a deep emotion, perhaps something akin to desperation or even defiance. This abstract meaning of hope is not represented by the concrete theory and scales developed by Snyder and colleagues.

2.4 The Present Study

In this study, I take a phenomenological approach to explore the essence of hope via lived experiences in the lives of individuals with a SUD. My hope for this research is that it will contribute new language and new understanding to what it means to hope.

I chose to interview individuals with a SUD who are in recovery for a few key reasons. In a general sense, SUD poses an increasing problem for society, and the literature suggests that hope might be a resource for this population in particular. There were a few advantages to interviewing individuals who are in the recovery stage of their SUD. First,

it provided the opportunity for individuals to reflect on their experience of hope throughout the entire course of their experience with SUD. Additionally, hope may be particularly potent and visible during the recovery stage of SUD. For example, in a qualitative analysis of recovery from prolonged psychiatric disability, Ridgway (2001), recovery emerged as “the reawakening of hope after despair” p. 337).

On a more personal level, I chose this population because I have observed the hopelessness and despair SUD can invite into the lives of individuals affected by it. An analysis of online posts in a recovery forum provides evidence that hopelessness is a common experience during recovery (Worley & Krishnan, 2020). Additionally, in a poem about addiction written nearly a century ago by an anonymous author who was being treated for their own SUD, the despair associated with the hopelessness of SUD was profoundly conveyed: “We — / Who in this Darkness — / Sombre, — / Lifeless, — / ... Seeing others Hope, and Hoping not — / ... We — / Dissenting Acolyte — / To Life — / and Love — / ... And Drifting — / Onward” (Anonymous, 1935). It is left unsaid whether they drift onward in hope or are hopeless because they drift onward. Regardless, it seems reasonable to speculate that such deep despair must be counterbalanced by something equally powerful: hope.

Despite the potential of hope, there is little research regarding the *experience* of hope specifically. In particular, although searching databases can produce many results, the word “hope” is often used only to lend a poetic tone to the title without a clear discussion of what hope means or entails. For example, Dentrea et al. (2020) wrote the meaningful article “Hope, dignity, and oral health for women in recovery” about the stigma of dental decay resulting from drug use. Despite the use of the word “hope” in the title,

hope in various iterations (i.e., hope, hopeful, hopelessness) only appears eight times throughout the article. Hope is used meaningfully only three times, all of which refer to hope for the future. Similarly, in a phenomenology of the support system and hope of incarcerated women, it was the objects of hope—not the experience of hope—that the authors investigated and described (Feoh et al., 2019).

When discussions about hope do occur, rather than being the focus of the study, hope tends to emerge organically. In other words, phenomenological and other qualitative studies are often conducted regarding experiences in which hope emerges as an important theme but is not the experience under investigation. For example, in a phenomenology of mentally ill artists' biographic narratives, hope emerged again and again despite no prompting by the researcher (Sagan, 2015). The way in which hope presents itself in research—even when it is not the focus—highlights its salience in individuals' lives and indicates a need for further, more focused research.

Indeed, there is reason to believe that speaking with individuals about hope is an appropriate way to gain a better understanding of hope. Larsen et al. (2005) reported that speaking about hope in their clinical work, especially with young people, had resulted in fascinating conversations that facilitated understanding of the nuances of hope. One of the nuances that Larsen et al. noticed is the possibility of being hopeful and hopeless at the same time, which is a possibility not accounted for in existing scales measuring hope. Ratcliffe (2013) found a similar idea to be true in his phenomenological analysis of hopelessness in literature, in which ideas about hope also emerged. He wrote about the possibility of removing a certain kind of hope (i.e., a hope for something particular; e.g., “I hope that *p*”) and having another kind of hope remain. He described the hope that

remains as “a ‘pre-intentional’ orientation or ‘existential feeling,’ by which [he means] something . . . intelligible” (p. 597). These findings lend further credibility to my argument that the existing scales of hope (Snyder et al., 1991; Snyder et al., 1996) do not comprehensively capture the entire spectrum of hope that humans experience. Thus, there is still a need for inductive research to understand the phenomenon of hope more fully.

When Snyder et al. (1991) introduced hope in an early writing, they criticized previous work on hope for failing to consider how the goals of hope are pursued; however, they did not criticize the assumption that hope is goal-directed. In fact, they did not criticize their own assumptions about hope at all. In this phenomenological study, I intend to lay aside assumptions about hope with the aspiration that, by doing so, a more meaningful understanding of hope will emerge. Thus, I ask a broad question: What does it mean to experience hope?

CHAPTER 3. METHOD

In the following sections I will describe my data plan. I will provide information regarding my methodological framework (i.e., hermeneutic phenomenology) and my own positionality as is relevant to the study. I will then outline my plan for recruiting informants, generating data, and interpreting that data. Finally, I provide my plan for validating my study and its findings.

3.1 Methodological Framework

A primary assumption of all types of phenomenology is that individuals possess consciousness, which allows them to access their own experiences and attribute meaning to them, thereby forming their own reality (Creswell, 2013). For that reason, phenomenological researchers are able to capture the essence of a particular phenomenon by compiling several individuals' unique realities (i.e., experiences and meanings) and examining them for commonalities.

Additionally, all types of phenomenology use some form of bracketing. Often, researchers use bracketing in order to minimize the influence of their own biases on data generation and interpretation. For this study, I took a hermeneutic phenomenological approach, which uses bracketing for a very different purpose. Hermeneutic phenomenology is a specific type of phenomenology developed by German philosopher Martin Heidegger (1962/1975) and later refined by Max van Manen (1990). According to hermeneutic phenomenology, the interview is created through the collaboration of two people: the informant as the interviewee and the researcher as the interviewer. As a co-

creator of the narrative, it is impossible for the researcher to entirely untangle themselves from the findings. Thus, bracketing of one's own experiences does not absolve them of their bias and influence on the data and its interpretation. That said, such influence does not detract from the trustworthiness of the research methodology and findings; instead, such influence adds to and enhances it (Sloan & Bowe, 2014).

3.2 Researcher as Instrument

To become more aware of what I may bring to my interactions with informants, it is important that I bracket my own experiences with SUD as well as hope. First, it is important to note that I am a white, heterosexual female in higher education. No matter my personal history, my ability to present myself in a way that society views favorably has afforded me certain privileges. My own experiences with hope have undoubtedly been shaped by these privileges.

I have never had a SUD myself, but I have several family members who have a SUD. I have witnessed the negative consequences of SUD (e.g., losing custody of children, acquiring criminal charges) affect not only those family members but my entire family. I have felt anger, frustration, empathy, pity, hopelessness, and hopefulness as I have asked myself questions such as “Why haven't these family members just given up?” and “Will my family ever recover from this?”

At the time that these questions became especially distressing, I had independently but simultaneously begun questioning my religious upbringing. I grew up in an environment saturated with evangelical Christianity that verged on fundamentalism more often than not. Despite this manifestation of spirituality no longer feeling genuine, I held on to it because I could not comprehend how to understand the world without it. In other

words, without religion, I could not find any reason to go on living. Over time, my internal dissonance became too unbearable. Eventually, I found a way to leave behind evangelical Christianity by adopting a spirituality anchored in hope. Now, I would call myself a “hopeful agnostic” because although I no longer subscribe to any certain tradition, I make sense of the world through a lens of hope. I live toward the hope that the world is on a course heading to something better, and that the work I do and the life I live advances it closer to that.

Because hope has played such an important part in how I have made sense of my own experiences, I have developed a belief in the power and potential of hope to help people overcome life’s challenges. Not imposing more value upon hope than what actually emerges in the lives and experiences of those who participate in the interviews will be a task I approach with care. Exploring contextual factors that might play a role in experiences with hope (e.g., financial resources that make hope more or less reasonable) could help mitigate any tendency I might have to ignore the limitations of hope.

In addition to my own experience with hope, my undergraduate coursework at Furman University included a philosophy course titled, “Trust, Hope, and Risk.” In this course, I explored the concept of hope as described by authors such as Gabriel Marcel, Jayne Waterworth, Stan van Hooft, Jean-Louis Chrétien, Patrick Shade, Richard Rorty, and Aaron Simmons, the last of whom was my professor. This course deeply impacted my philosophical understanding of hope. In addition to particular hopes (i.e., hopes that are specific and finite) and existential hopes (i.e., hopes that are comprehensive and indefinite but imaginable), I also believe there to be eschatological hope. By eschatological hope, I mean hope that directs one’s way of being in anticipation of something that cannot be

articulated because the hope is for something that is greater than the self and the current time. In other words, eschatological hope may be considered the un hoped for or the excess of hope. Accounting for types of hope beyond that which is particular encouraged me to consider the social benefit of hope as well as the necessity of hope to sometimes be incremental in order to be practical and more easily actualized. Additionally, the course also impacted how I understand hope in light of hopelessness and despair. In particular, I believe that hope requires uncertainty, meaning that it can only exist when the potential for despair, and thus the option of hopelessness, exists as well.

3.3 Informants

The inclusion criterion for informants was that they have experienced hope since the onset of their SUD and that they considered themselves to be in recovery from their SUD. Recovery, like hope, is a term that is difficult to define. White (2007) proposed the following definition for recovery from SUD:

Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life. (p. 236)

This definition encompasses many important elements of recovery, including that it is interpersonal and intrapersonal, ongoing, holistic, and healing. For the purposes of this study, however, informants were not required to meet any particular definition of recovery. Instead, informants only needed to self-identify as an individual in recovery from a SUD.

I interviewed twenty informants (see Appendix A), who, as compensation for their participation, each received a \$50 gift card to Amazon. Requests to participate were distributed using two recruitment informants: social media advertisement and chain-referral. A flyer with information regarding the study was posted to two Facebook pages: the UK Family Sciences Department and Voices of Hope (n.d.). Individuals were able to “share” the post to their personal Facebook pages as well. Additionally, chain-referral, or snowball sampling, was used to recruit informants. At the end of an interview, I encouraged informants to feel free to share the study with anyone whom they think might be interested. Several informants were made aware of this study in this way. Indeed, when working with marginalized or stigmatized populations (e.g., religious minorities, refugees, or individuals with a SUD), using a community-based approach (i.e., one that directly involves members of the community under investigation) can be necessary to access informants (Griffiths et al., 1993; Johnson & Richert, 2016) as well as to increase trust and decrease suspicion that informants may have toward the researchers (Ryan et al., 2011; Peterson, et al., 2017; Damon et al., 2017; Pettersen et al., 2019).

3.4 Data Generation

Individuals interested in the study contacted me, the lead researcher, to schedule their interview. Most communication occurred through emails, which were used to provide more detailed information about the study including the informed consent and list of resources, confirmation of the scheduled interview time, any reminders prior to the scheduled interview time, and the link to the Zoom meeting. Email addresses and phone numbers were used for the purposes of communicating, but I did not collect any identifying

information for research purposes. Additionally, I will delete all contact information following the completion of the research project.

Consistent with most phenomenological studies, data was generated through interviews with individuals who have experienced the phenomenon under investigation. Interviews took place over a password-protected Zoom video conference call. All informants were comfortable with a face-to-face interview. Each informant completed a single interview, which lasted about an hour on average. Interviews were audio-recorded using Zoom's recording capabilities and then transcribed by myself and two other transcribers. Transcription files were stored securely via UK OneDrive.

At the beginning of the interview, I asked informants whether they had any questions or required any clarification regarding the informed consent. Because documentation of the informed consent process was waived, informants verbally agreed that they had understood the informed consent and were agreeing to it. Then, informants were reminded that their responses during the interview process were completely by choice. Informants were free to decline to answer any question as well as to withdraw at any time. No informants chose to utilize this right.

Interviews were semi-structured: Although I used an interview protocol (see Appendix B) with pre-prepared, nonleading questions (e.g., “Since your substance use disorder began, when do you remember feeling hopeful?”) and probes (e.g., “What was it like for you to feel hopeful?”), the protocol only provided a framework. Questions were sometimes asked in a different order, and, if a tangential but potentially insightful line of discussion emerged, it was pursued further. Throughout the interviews, I made handwritten memos in real time. Following the completion of the interview, informants received the

Amazon gift card via email. One informant did opt to receive the Amazon gift card via regular mail.

3.5 Data Interpretation

Using the transcribed interviews, data was organized for interpretation in two ways. First, I created a document which compiled all of the informants' answers to two questions: "How would you define hope?" and "How would you explain hope to someone who has never had or experienced it?" Second, I wrote a summary of each individual's experience of addiction, recovery, and hope using the language of the informant and a loose template (see Appendix C) in order to create a sense of conformity and make comparison easier in the future.

I used the summaries first. The use of summaries is an important step of the hermeneutic phenomenological approach outlined by Cresswell (2013) and Crist & Tanner (2003). I used printed copies of the summaries to identify themes, which hermeneutic phenomenology also refers to as meanings. As I read each summary, I highlighted content that seemed to describe the essence of hope, and I assigned it a word or phrase. When I found that idea repeated in another summary, I assigned it the same word or phrase. Through this comparative interpretation, shared meanings began to develop. As I read more summaries, new meanings—some shared and some unique—continued to emerge. Additionally, I edited some meanings. For example, whereas the summaries I read early in the process led me to the meaning "beyond expectations and/or regardless of outcome," later summaries clarified that "beyond expectations" needed to stand alone and "regardless of outcome" needed to be incorporated into "everything okay."

Then, I compiled a list of all meanings. I assigned meanings ‘points’ according to the number of informants for whom that meaning was present. For example, if twelve informants spoke about “everything okay,” I gave that meaning twelve points, regardless of how many times those twelve informants spoke about it. By doing so, I was able to ascertain which meanings were shared by the most informants. If a meaning received very few points, I asked questions such as the following: Does this meaning describe a nuance of another, more prominent meaning? Does this meaning describe the essence of hope, or does this meaning describe a different experience or phenomena? Through this process, I developed a list of meanings portrayed in the experiences of multiple informants as well as described with detail and nuance.

Next, I returned to the spreadsheet I had previously created. I read each definition and description of hope, and I determined which denoted meaning(s) best described it. The purpose of this step was to ensure that I had created meanings which not only described the experience of hope as the informants had described it in their stories but also accurately represented the definitions and descriptions of hope that informants had given me.

Finally, using the list of meanings I had compiled, I created a preliminary conceptual map to organize the meanings in a cohesive way. Later, as I drafted the ‘Findings’ section of my thesis, I continued to edit the conceptual map and amend the list of meanings. In that process I did not identify new meanings, but I did expand and condense meanings (i.e., separate one meaning into two or join two meanings into one). Generally, I made such a decision when I revisited exemplars and realized that their contexts connected them to other meanings in ways I had not previously noticed.

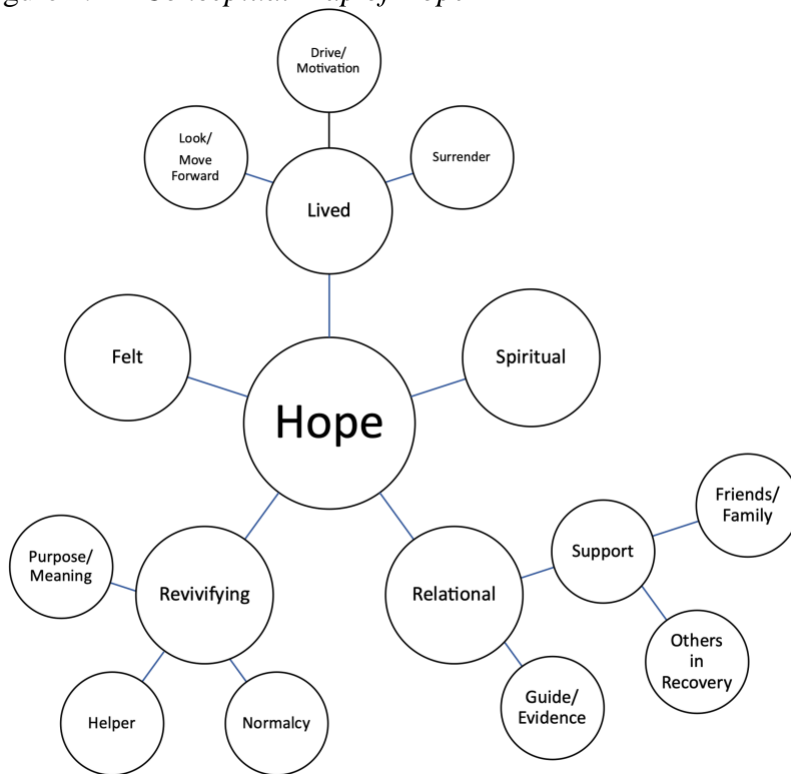
3.6 Strategies for Trustworthiness

I used a few strategies (Creswell, 2013, Chapter 10) to enhance the trustworthiness of my research. First, prior to data generation and interpretation, I bracketed my own experiences with hope and SUD in order to clarify researcher bias. Throughout data generation and interpretation, I continued to use memos as a way to continue the process of reflexive and iterative bracketing. In my memos I acknowledged moments I noticed my own assumptions and expectations emerging. In accordance with hermeneutic phenomenology, I did not bracket in order to eliminate my biases, but, instead, to illuminate them so that they could be minimized where necessary and utilized where possible. I also recorded my emerging ideas of hope. By doing so, I was able to ask informants' clarifying questions that, at times, began to confirm or deny an idea but always led to a more detailed account of their story. Additionally, I enhanced trustworthiness by using an iterative interpretation process that required me to be deeply engaged with the data and allowed me to be able to report my findings with rich, thick description. More specifically, I incorporated many details, made explicit connections between findings, and used ample quotations and exemplars.

CHAPTER 4. FINDINGS

With voices full of wonder and occasional glee, informants painted a vivid picture of hope. As one informant described it, hope is the light coming on when there has been only darkness. In this idea and others, hope takes on a transformational quality that, at times, becomes revelatory. In the following, I expand on the idea of hope as transformational as I describe, through the words of the informants, the experience of hope as lived, spiritual, revivifying, relational, and felt.

Figure 4.1 *A Conceptual Map of Hope*



4.1 Hope Is a Lived Experience

Many informants emphasized that hope is an action word. In other words, hope does not manifest itself as a passive state. For example, one informant insisted that they could not define hope; they had to live it. Others agreed:

Ben: It's not just words, it's how we—how I—live it. I can tell you a lot of words, but if I don't live by them, I'm not gonna have this hope.

Furthermore, it is the active nature of hope that separates it from something else, like an expectation:

Phillip: If I'm hopeful for something, I'll work for it. Hope implies value. To me, it insinuates that there's value involved with an expected outcome, or a hypothesized outcome—not expected necessarily. But, I have an educated guess this will happen, and it'll be the positive result of, of actions. I would say, expectation is a lazy hope.

Although one informant did not use any words like “action” or “lived” to describe hope, they still expressed the idea when they were trying to decide whether a moment they were narrating was one of hope or hopelessness. Ultimately, they determined that it was, indeed, a moment of hope because it was a moment marked by action: “If it was hopelessness, I would have just stayed there.”

In order to explore the lived experience of hope as informants described it, it is critical to understand that informants viewed hope as more than just *what* they described or even what they lived. Rather, hope is also *being able* to live and experience hope as they described it. For example, in the excerpt above, Phillip described having an educated guess about what will happen. Without hope, informants emphasized that they were incapable of conceiving any kind of outcome worth their effort. They were sure that their destiny was already determined.

Katie: *You have no hope for the future. . . . You feel like, you honestly feel like, 'This is going to be my life for the rest of my life.' I had resigned myself.*

Hillary: *I thought I was, like, destined for that. I was, like—Man, like, there had been something instilled in me during my time of using that I was, like, 'I'm just gonna die an addict.' Like, I'm probably gonna die with a needle in my arm, and that's just that, you know.*

Matthew: *What it means not to have any hope... you know, just to feel like 'This is what life dealt me. This is the hand I was dealt. These are the cards I have. Nothing's ever gonna change,; you know. 'I'm just going to be in prison,' or 'I'm just going to be an addict,' or 'I'm just gonna one day overdose,' or, I'm, or whatever.*

After being incapable of seeing nothing in the future but more of the same, informants felt reinvigorated by the arrival of hope and a new outlook.

Josh: *It was, like, the first time in, like, 15 years where I felt like, like I could actually have a happy life, get through everything, and, and not have to use [a substance] to do so, and at that point, everything in me changed.*

4.1.1 You Can Look and Move Forward

With hope, informants experienced not just a new outlook but a new skillset. Now, informants could both look and move forward. For one informant, even the opportunity for a path forward was hope, and that opportunity was critical. In the following, Jennifer described why the ability to look forward is exactly why hope is so necessary for recovery.

[Without hope] I wouldn't have had any recovery, you know what I mean? Or, wouldn't have, I mean, nothing would have changed, you know. . . .I mean you gotta have, you gotta have something look forward to, you know. I mean, hope, hope is—like, if there's nothing to look forward to, you're—if you don't see yourself gaining anything, like, why?

Informants also found that hope, through the ability to keep moving forward, is what sustained their recovery:

Laura: There's been a few other times when I've, throughout my sobriety, where I felt like everything was like crashing down around me, and I was like, 'How, I mean, I might as well just use,' you know. 'How am I going to get through this?' Or, you know, things like that, but I don't—you know, honestly, I don't even know why I have continued to move forward at some times, you know. I can't really explain it. . . . But, there's something within me that is, like, almost some kind of a stubbornness, or, too, where I'm like, 'No.' You know? 'I'm not doing that. It's not happening. I have to keep moving forward.'

Furthermore, once informants knew that it was possible to look forward and knew what it is like to do so, informants began to hope for the ability to keep looking and moving forward.

4.1.2 You Can Have the Drive and Motivation

Informants now knew that there was a direction forward, and hope gave them the motivation to try for it and the drive to keep trying for it. Informants referred to the propulsive nature of hope in different ways: Hope was “desperation turned into drive” or their “daily motivation.” One informant called it “the inspiration and drive to be better,” and another called it the “courage” to do so. With this element of hope on their side, informants became able and willing to do life differently.

Jacob: And when it started coming back, when I got the hope, the hope to know that something could change, that was great, and that, that gave me a drive. But the feelings and stuff that came with it, hurt. . . . It's, it's very painful. So, when I realized there was hope, I got real happy because I was willing to do this differently, but when I started it, it was hard. Very hard. . . . At first I feared it, you know, just because of the change, but I look forward to it now, you know. I have hope.

This was another crucial role of hope for informants. Without the drive and motivation that hope allowed them, informants would have given up.

Matthew: If I couldn't imagine and trust that life would get better, I would have just given up, you know. If you can't, to me, if I can't hope for something, then I, you know, I'm not able to fight for it. . . . If, if there's absolutely no hope, and if I can't find at least one smidgen of it, then I have no wheel, you know, to push forward: I just kind of, at that point, just kind of lay down and surrender. Hope, to me, is the driving force, you know, behind everything else.

4.1.3 You Can Surrender

Be all of that as it may, hope is a bit paradoxical. Living into hope requires action and individual effort, but it also requires surrendering.

Ashley: It took a lot of hard work and a lot of surrender to get to this space, but it was so worth it.

The experience of surrender varied: Some described the difficulty of surrender after being so accustomed to trying to stay in control of everything, others described the ease of it after becoming so resigned and desperate. One informant pointed to the moment in which they said, “I can’t do this. Like, I put my hands up. Like, ‘I can’t do this. Take me or help me’” and another described a moment in which they felt a tingling and just gave into what it was calling them to do. Regardless, hope was a necessary prerequisite for surrender, and surrender turned out to be a necessary prerequisite for recovery.

Wanting to understand the purpose of surrendering better, I asked Ashley, quoted above, whether surrendering gives a person power or takes it away from them. She answered, “I feel like that’s, that was me taking my power back. . . . Surrender’s so important.” When I asked a similar question to a different informant, they clarified

“[Surrender] gives me the freedom to not have to control.” By surrendering, informants were able to let go of their efforts to manage and manipulate that which was beyond their control. In doing so, informants experienced an overwhelming kind of peace and relief.

Laura: I would want to like do everything my way, and I'd go behind people and fix things, and I realized that I had not, like, fully surrendered like I had been being told to do to this... whatever... and just kind of relax and take it easy. And I, just one day, I had, like, I was in my room, and I just cried and cried, and I was so tired of still trying to, like, manage things unhealthily. And, from that point forward, it was a lot—like, it was like a weight had been lifted off me.

4.2 Hope Is a Spiritual Experience

For many informants, surrender was possible because the experience of hope is a spiritual one. As one informant explained it, if you can find that Power, “you have all the hope in the world.” In other words, hope happens when you find a “a Power greater than yourself,” or, conversely, you find “a Power greater than yourself” when you find hope.

Ben: No matter [what], God's going to give you hope. He is going to show it in front of you. It's whether you accept it and move on with it and carry it with you.

Matthew: Hope for me is, it's not me. . . . I mean, I have to have hope inside of myself, but my hope is really affected by allowing something much bigger than me.

Some informants were more direct about the interaction between hope and spirituality. One informant called hope the precursor to faith, and another called hope faith itself. In any case, many insisted that it was impossible to have one without the other.

Alex: You jump out of an airplane but you got this thing on your back, so, you hope, really hope that when you pull on this cord, it's going to open, and then when it opens, now, you put all your faith into it, you know.

Informants encountered the spiritual nature of hope in different ways. For one informant, God's intervention is the only explanation for why they sought recovery. More specifically, God intervened and forced moment of hopelessness to be one of hope after being brought back to life following an overdose. Another informant knew it was God when they were arrested three days after crying out to God and saying, "Look. Please. I can't do this." Another informant described their spiritual encounters as more mundane but just as powerful. For them, God happened when their needs were met, like a donation of deodorant on the day they ran out. Others informants described the spiritual experience of hope as a spiritual awakening in a way similar to how Laura described surrendering:

Joseph: A spiritual awakening is, you know, it's different for different people. . . . I just had like a, you know, it wasn't, a, like, a burning bush or nothing like that, but it was more like a, a, a sense of ease and comfort come over me. You understand what I'm saying? It was just, I just felt so much like I lifted a ton of bricks off my shoulders when I got done with that. . . . I'd heard that over and over about, about that, but [until I experienced it myself] I thought, you know, these people are crazy.

That being said, informants were eager to let me know that finding a Power is not about finding a religion.

Alex: I did not have much belief in a power greater than myself. . . . If there is a God, he ain't fucking with me [In AA], they only say God because we speak English. People need to understand that they're not saying Jesus or Buddha, or, or, Allah. They're not saying any of that, they're just saying... I, I prefer the term—the unmoved mover is the term. Whatever got all the shit rolling is what I'm talking about.

Laura: I wouldn't consider myself religious but definitely spiritual. I believe that there is, you know, my God, and I call him God, maybe not other people's version

of God, but, you know. We meditate, we burn things in our house, you know, for different energies and, you know, all that kind of stuff.

Informants described their Power as everything from “whatever power there is out in the universe that kind of guides the rotation of the planets” to “the spirit of the universe” or “a set of laws by which, if we choose to, to give our wills over to “something that I could connect with.” Other informants acknowledged that such a Power may not even exist, but it does not negate how important it is to believe in one.

Katie: I can be completely absolutely wrong. Like, what if there's not a god out there, so what. What am I losing by believing in God? I'm gaining. . . . In my mind, like, there's this bottle of alcohol, but then there's God, which is so much bigger and stronger than this bottle of alcohol. . . . When I'm too weak to fight, then there's God behind me fighting for me until I'm strong enough.

Hope allowed informants to surrender and find a Power greater than themselves, both of which served a similar purpose: to allow informants to rest in being okay with what was outside of their control. More specifically, having a Power greater than themselves, informants could take comfort in knowing that, regardless of the recognized or actual outcome, everything was going to work out.

Laura: That's where I started building up a little like faith and trust that maybe there was something that was kind of looking out for me and guiding me.

Darren: I guess I wake up not worrying about anything, and that, that's kind of, you know, the hope. I know everything is going to be okay

Hannah: Everything's gonna be okay. . . I mean, that honestly gives you hope . . . It's like, when you just trust this process that God has for you, it's, it's there no matter what. Even if it ain't, it's still there.

Jacob: I have hope. I have faith that things are going to go the way that that they're intended to go, and I let go of them. . . . Whatever happens tomorrow is going to happen.

Furthermore, like continuing to look and move forward, informants not only lived into the hope of that everything would be okay but they also hoped for it. Informants preferred to keep their hopes ambiguous and hoping for “things to be okay” was often exactly how they did that. One informant, Caleb, described why it was important to keep his hopes ambiguous.

I was very careful to put too much into the ideas of things I wanted. . . . One thing I've noticed about myself is, if I say, if I say I want this, I'm going to go 100% to try to get that, and I'm going to make bad decisions. . . . So, I try not to do that. . . [Hope is] kind of, like, sitting in the backseat of the car, and the car is on autopilot, but you don't know where it's going.

Caleb did clarify to me that he did have goals. He had plenty of goals, and he would set specific ones. When it came to hope, however, he kept it ambiguous. Many other informants also kept their hopes ambiguous, but some of them were willing to venture out a bit further than ‘okay.’ Some found hope in the idea of different, or even better. Still, they avoided too much specificity.

Laura: I was like, ‘Okay. Here's your sign.’ Like, ‘Here's your opportunity,’ you know, to change and to do something different. . . . There has to be something different.

Katie: Even if it's a little bitty bit, you have to cling on to hope that there's, that there is a different life, there's a different way, there's a different feeling than the darkness that you're in at that moment.

Jacob: *It showed me that there's something different. There was hope. . . . I know that things are different now and they're better. And I know that there's hope out there that things will still get better.*

Informants described the hope of something better or different as another way that hope propelled them toward action. Hope illuminated that ‘something different’ also required *doing* something differently.

Heather: *I'm like, 'I have a choice to make. Like, I could, you know, best case scenario if I keep on this path, maybe I'll still be here five years from now, like, doing the same fucking thing. Or, I can try for something different, even though it's going to be hard, but, you know, what do I really have to lose?' I did not believe in myself. I didn't really totally believe in the recovery process. . . . I just knew I wanted my life to, I didn't want my life to keep going down that road. I just wanted something different. I didn't want my life to look like that anymore.*

Although informants purposefully kept their hopes ambiguous in order to avoid placing expectations on the future, they remained able to see how their hopes were consistently exceeded—even their most wild of hopes.

Hillary: *I would say it is knowing that there's greater things in life than what you've seen.*

Hannah: *Like, I did not know what to expect. . . . I never thought my life would be where it is today. . . . I'm here. It's absolutely amazing.*

Phillip: *The hopes have been just, like, blown out of proportion.*

Jonathan: *Hope is a gift that's been given to me that firms up my foundation and understanding that if I continue to do the next right thing, you know, my life is, I'm going to live a life beyond my wildest dreams.*

Informants gave different reasons for why their expectations were so transcended. Some informants turned back to the ambiguity of their hopes, but there were a few who highlighted the importance of having gratitude. Others, like Hannah described above, just, quite frankly, had no expectations because they did not even know what was possible.

Laura: They asked me, 'Where do you see yourself in five years?' and I said, 'Well, you know, hopefully sober,' and I still couldn't fathom life as it is now. Like, it was still so simple of things like, 'Oh, I just want a nice little quiet apartment, and I just want a little job to go to every day' . . . I couldn't imagine, you know . . . My mind couldn't really fathom much more, you know, beyond that, but I still hope for it I think though, you know.

On the other hand, one informant emphasized how important it is to paint hope as the accumulation of little things exactly because hope needs to seem possible and realistic.

Matthew: Somebody that has, that feels hopeless, that there is no, no indicator that life's gonna get better... it's really just those little tiny things that begin to accumulate. And so, when we're talking about hope to somebody else, that's what we have to remember. You can't go from rock bottom to pie in the sky, you know. That's, that's unrealistic, and so, but, to look at it, like, in little gradual steps, because then I can visualize that.

4.3 Hope Is a Relational Experience

In addition to being a lived experience and a spiritual one, hope is a relational experience. As I conducted interviews, the deeply relational nature was one of the most dominant themes I observed. Over and over, informants described hope as happening through connection. In fact, the role of others was often an integral part of the story for many of the informants who described a 'turning point.' For example, Ben told the story of when he knew that hope was real again, which he also called the moment his life

changed. It happened when someone at his recovery center noticed he was in a bad mental spot. That person pulled him aside, sat down with him, and declared they would not be leaving until Ben talked about what was going on, so they did. It meant everything to Ben that someone noticed him and saw him worthy of their time.

Similarly, another informant, Josh, explained that his ‘aha moment’ was when the treatment center’s director reached out to him, paving the way for an open and frank conversation.

I mean, it was just... it's really indescribable. It's just something I'll never forget. Like, I'll never forget that conversation. And, I think, I think there had been little spots in my story where I had seen little glimmers of hope, but, like, that was, like, the most prominent one, where like a beam of hope shot into my life. Like, where I really understood, okay, we can do this. Like, I've got somebody that can really do this and help me and, you know, I mean, it's just a breath of fresh air. I mean, it was, was amazing.

4.3.1 You Have the Support of People Around You

For some informants, an action as simple as someone taking the time to get to know them and ‘showing they gave a shit’ was important evidence to them that they had the support of those around them. Informants explained that the process of recovery cannot be a solitary one. Thus, regardless of its form, support is a crucial component to recovery, and it is also a source of hope.

Ben: I have a choice today to . . . who is in my support group, and who is surrounded around me, you know, and that's hope, you know. That is pure hope.

Hillary: I think also having support and love from people... it lifts you up, and you, you believe, like, success is there, and it can be attainable.

4.3.1.1 Friends and Family

Support sometimes came in the form of friends and family, playing a vital role in the informants' experience of hope and recovery. When asked to describe intense moments of hope, many told stories involving their friends or family who, in one way or another, gave them what they needed to pursue recovery.

Olivia: I was going to do the time. That's what I've always done. Like, fuck it, I'm just going to take the time. I want to sit here. . . . [My now husband] asked me to take drug court. . . . I did have somebody out there, like, encouraging me. . . . I think I just needed that one person to just believe in me. Somebody who had seen the bad and believed that there was something better. And that was enough to just kind of push me.

Jonathan: They were taking us to a [twelve-step] meeting . . . and I was like, 'Ugh, I don't want to go. I'm gonna know people there. I'm not ready.' And, I walked in the room and a friend of mine that I'd known for years saw me and hadn't seen me in years, and was, like, so unbelievably, undeniably over the top emotionally happy to see me and just gave me the biggest hug. . . . I was like 'Yes, I'm home. This is where I'm supposed to be. I'm gonna be okay.'

When I asked one informant, Matthew if there was a moment of hope that stood out above the rest, he described a similar experience. He told me about the day he left jail to go to a treatment center. With some hesitancy, his mom agreed to give him a ride there. They ended up spending the day together, and they had a chance to talk.

She shared with me how she loved me, how she, you know, accepts me, you know, that she had forgiven me for all the stuff I did in the past, and that she believed in me. And so, that was probably the most energizing, so to speak, because suddenly some, you know, someone that I needed more than anything cared and wanted, wanted me to be okay. And, I had never really heard it from her perspective. . . . She was so scared that, you know, my decision was going to cost my life. . . . It gave me a lot of hope that she wanted and needed her son.

Later in the interview, Matthew opened up a bit more about why that conversation was so impactful. Less than six months prior, Matthew was intending to take his own life. That day, his mother called to check on him. Matthew looks back on that moment with overwhelming gratitude.

Honestly, just really what I needed that day was just somebody to say, 'we love you and we're going to get you through this.' That's, you know, um, you know, that's what I needed to hear.

Furthermore, as informants made progress in their recovery, the relationships they were repairing nurtured their hope. They watched in awe and gratitude as their families welcomed them back into their lives: Informants were invited to family holidays, left alone in a house, even given the codes to the security system that was installed because of them. Parents gave informants access to their end-of-life documents, and siblings cosigned for apartments when informants did not have sufficient credit. Many informants gained back custody of their children and managed to gain their forgiveness. For these informants, after having lost everything and everyone and feeling very alone, it meant the world to regain their families' and friends' trust.

For some informants, however, certain relationships were yet to be restored, and this remained a hope of theirs. One informant described hoping for their children to respond to the letters he was sending, another hoped to find love again, and another hoped, simply, to not ever have to be alone again.

4.3.1.2 Others in Recovery

Although informants were overjoyed to have the support of their family and friends, they were adamant about the hope in having the support of people who know the

experience of SUD and recovery. For many informants, finding others who knew exactly what the darkness was like was a salve for their loneliness.

Katie: Like I can sit here and talk to you 'til I'm blue in the face, but you don't know exactly what it's like, you know what I mean. Like, I can try to explain the darkness and this, that, and the other to you, but, like, to another alcoholic or an addict, they're like, 'Yeah, I know exactly what you're talking about,' you know what I mean.

Katie: You know, you feel like you're alone. You feel like there's nobody out there that is going through what you are going through, you know. You feel so low about yourself.

Hannah: I was on the streets so much. I didn't have good relationships with women. . . . I was like, 'I'm probably gonna get in a fight my first day here,' you know. And that was the only thing I was really focused on when I got there. I just—I think they told me, 'Welcome home,' and I hadn't been told that in a, a very long time. And it was just, like, a sense of relief.

Finding others also created a safe haven free of shame. Darren described how, after he relapsed, he suffered extreme withdrawals that required medical attention. After leaving the hospital, while on the way back to the treatment center, he drank again. When he showed up to the treatment center, he was drunk.

I get back in there, and they're like . . . 'Are you already drunk?' I'm like, 'Yeah, I don't wanna talk about it.' . . . You got guys, instead of judging me and giving me a hard time or turning their back on me—you know, here's me in my, my shittiest form, you know. Just beat down. And, they're, they're grateful to see you, you know, and they're hugging you. And that, that... you just break down and cry. Like, you know, it's like, the first time in a long time, I felt safe again. I was like, 'It's over,' you know.

The support, and the hope that comes with it, does not stay within the walls of treatment centers. Informants described the recovery community as large and connected.

Alex: I got about 300 contacts in my phone... and maybe not that many... but if I spun my phone like a little roulette wheel, I stopped my finger anywhere in there, and if I need help, then they're gonna come help me with no expectation of anything in return.

When informants did ask for help, they always found it. Many times they received more than they asked. For example, if they asked someone for advice, but that person lacked experience with that particular issue, that person would get them connected with someone who could relate better.

Josh: It's just this huge network of people that before—It wouldn't take a few phone calls, and you're going to find somebody who can tell you exactly that same situation you're dealing with.

As I conducted interviews, I was able to experience this element of hope in my own way. I often began interviews by sharing about my aunt, who has lost custody of her children (i.e., my cousins) and is currently in prison due to the consequences of her SUD. As I heard many informants explain how they not only overcame their SUD but also repaired its destruction, my aunt's situation, which had long felt so doomed, seemed less insurmountable. At times, that feeling of hope was so overwhelming that I was compelled to express my gratitude to the informants for giving me a new perspective on her future. Informants often offered their encouragement, prayers, and advice. A few informants gave me messages to pass along to her, and some informants named resources. One informant was even willing to find contacts for people who have had experiences similar to hers, so that they could provide her with their support.

4.3.2 You Have Others in Recovery As Your Guide and Evidence

In addition to the hope informants found in the support they received from others in recovery, informants described the hope they found in the stories and observation of others' recovery.

Jacob: I think seeing people that, that have gone through the same thing, and I see what they have now, made me want it. And it just, it showed me that there's something different. There was hope.

Hillary: You know, my whole life I've heard things. So, when I see other people succeed, and I see people happy, and, like, and then I feel that on the inside—Once I see that, I know it's hope.

Hannah: I get to see the hope in the women's eyes that was there, that had worked some steps and got where they was. . . . people that would even come and tell their stories. Like, I was like, I was, I'm that person. You know, like, they gave me hope. Like, okay, I don't have, I don't have to be this way.

Caleb: It was, it was seeing the people that were further along than me. Seeing what what they were doing with their lives and wanting that. I seen that it is possible to change your life because they are doing it, and that's what I wanted, and that's what kept me going.

For some informants, before they could find hope for their own recovery, they needed evidence for the reality of recovery at all. In other words, some informants did not even believe in recovery until they saw it working in others.

Jacob: If I hadn't heard their stories, I wouldn't believe that they knew what I was talking about. But when they start telling their stories, and I feel inside, and I'm thinking to myself, 'That's happened to me, that's happened to me.' And, I see this guy smiling and shaking hands and being happy. Well, that's what I want. How do I get it, you know?

Laura: *I used to think, like, 'Are these women faking this?' Like, because I could see older people in the house that I thought that they came in just like me. And now, they, like, look decent, and they're smiling and laughing and things like that. And, I was like, 'There's no way that... How did that happen?' or, you know. So, I understand now that that was something that kind of kept me going then, in the very beginning of my recovery, and was kind of my first introduction to the solution as well. Like other people who have been where I was and looked happy. Yeah, so that was my first experience with, with hope, for sure.*

Joseph: *I thought it was like a cult almost. I thought they were all lying. I thought they were all full of shit. I thought there's no way in hell these people are all sober, you know. Like, there's no way, you know. Until I stuck around a little while and started paying attention and listening and becoming friends with some of them. And I finally realized, you know what, they might be right, you know. This might be for real, you know. There might really be a chance that I can get clean and sober and stay that way. But, at first, like I said, it definitely, I thought it was a bunch of shit.*

Once they saw recovery working, had hope in the truth of recovery, and had hope in their own recovery, informants described how important it was to be able to watch how others were leading the way. When informants did not know what they were doing, they looked to the examples of those who had been where they were.

Heather: *I followed the lead of people I admired in recovery. . . . I tried to emulate what they do and follow their lead and their example. And I still do that today. . . . Asking people who have gone before me for help. . . . I've always felt like those relationships are so important in recovery and in career and in many aspects of life. That's how I've learned, like, to do stuff, to be functional.*

4.4 Hope Is a Revivifying Experience

As informants watched others in recovery around them change, they also began to change themselves. For many informants, the change that came with hope gave them a

new self. In that vein, one informant described hope as “being able to self-actualize.” Others said it in a different way: hope was realizing they could be someone different than they had been, or becoming the person they felt they were meant to be.

Darren: That's the big difference, is how prideful and happy I am with myself today. How much I respect myself, you know.

Josh: I became a totally different person almost overnight.

Joseph: The way you operate changes, you know. Like, your whole demeanor is different, you know. Like, I don't know how to describe it. Just, like, I'm not the same person I used to be. I'm definitely not the same person.

Jacob: I realized that everything I thought I knew was wrong. So, I had to change attitudes and behaviors. . . . I started seeing things in a different way. . . . I decided to try something different. And, next thing I know things are changing, and that's when I started to get hope.

Caleb: I'm definitely a different person now. You know, that person that I was then is not who I am. . . . I got in touch with who I was meant to be. . . . There's something bigger for me.

Jennifer: I definitely can say that I love who I'm becoming. I'm not where I want to be yet, but I'm definitely no where near the person that I was a year ago, you know.

In fact, one informant felt so changed that they changed their name. They explained that, after hope and recovery, they were no longer the person that used to go by that name. Other informants also showed change in visible, but different, ways. For example, one informant described being able to evaluate emotional situations to search for the truth, which allowed them to respond rather than react in anger or imprudence. Another informant described being able to be comfortable in their skin in such a way that they could

share their opinions instead of being pushed around. Informants were not just being restored; they were being reborn, and it was the kind of change others noticed.

Alex: When you see this stuff, you don't really know it's working for you, but people always tell you, 'Hey man, you look different, you know. You all right. You look good.' . . . It gets to a point where you start getting enthusiastic about it kinda—not in a sense of the word like Christmas morning, but more like working out and someone said, 'Hey man, you gettin' big.' Kind of like, kinda like that feeling.

Having a new self also allowed informants to believe in themselves again. When asked to define hope, many informants identified their sureness in themselves as a crucial part of the definition.

Joseph: Believing in yourself when nobody else would.

Hillary: Belief in yourself. . . Like, without it, you don't succeed, but once you get it, like, even when stuff happens in life, and [life] shows up, that [hope is] still there.

Caleb: Believing, believing that there is, that there is worth in yourself. That it's there for you to achieve.

4.4.1 You Are Given Purpose and Meaning

Part of the revivifying experience of hope was finding purpose and meaning. When recounting their experience with hope, many informants described the feeling of having, or being given, purpose and meaning. For one informant, that was hope itself: Hope is being able to live a life with purpose and meaning. Moreover, a lens of hope, dialed to purpose and meaning, allowed some informants to make sense of their painful experiences. In that way, hope served a dual purpose. Hope not only allowed them to see the purpose in their experiences, but sometimes hope is also what gave the experience its purpose.

Phillip: *I've been brought back to life. And, I mean, brought [back] through Narcan, but, then, I've [also] been brought back to purpose, you know.*

Olivia: *It's, like, I've known since I was little that everything I've been through serves a purpose. Like, it has built the person that I am for a reason. . . . I serve a bigger purpose. I know I do. I just don't know what it is.*

Ben: *The only thing we can do is rely on hope—good or bad, you know. . . . If I give up hope, then what's the purpose of [the bad]?*

Even if the purpose was unknown, it was having a purpose that was important. For example, when I asked Caleb if he had ever had a moment where hope overwhelmed him, he told me about the day he called the treatment center: “She [the receptionist] told me that there was a spot for me, and it gave me a purpose again.” Then, I asked if, in that moment, he knew what his purpose was. “Nope,” he replied, “I just knew it was something new.”

4.4.2 You Are a Helper

Since that moment when he called the recovery center, Caleb had gained some clarity about his purpose:

My purpose, and the way I feel is, like, doing this [interview], you know. Taking my personal falling and hitting my face and getting back up, going through all the physical and emotional and things that I've been through, and telling people about it, so, hopefully, they don't have to go through the same.

Helping others was where many informants found their purpose and their hope. In a similar manner, helping others was also a really important part of sustaining their hope and their recovery.

Hillary: *I started helping people. . . . You go from seeing this, like, dark person in the beginning that's hopeless to, like, eventually, like, within time this light comes on and, like, their whole life is different. And when you start to experience that, it just, like fuels your hope, you know. . . . So, it's like you're having a really bad day, but you get outside yourself and you help somebody else, like, it renews you as a person in your spirit and you become hopeful again and happy and serene.*

Hannah: *It's like I get to see this light bulb come on in these women's eyes, and this glow come back to them instead of feeling hopeless. They don't want to die today. . . . I can tell my story on how, what I went through and let them realize, you know, I've been there, I've done that, and you can talk to me. Like, I'm here. It's absolutely amazing. . . I don't just help them, they help me.*

Alex: *I'm so focused on everybody else's recovery that I don't have time to use this . . . [It's] kind of, what keeps me sober. . . . It's like my life has continually got better by putting someone else's needs in front of my own, and then you just continue going with it.*

For one informant, Ben, the interview was a source of hope because of the opportunity it presented to help others. For him, the interview came at exactly the right time and was exactly what he needed. His father had tested positive for COVID-19 and was unlikely to survive.

This is a whole shot [of hope], you know, right on time, as they say, with what's going on with my dad. What better timing, then, to help someone else? To be able to help someone else, wherever this goes and leads, and whatever you do with it, you know. It gives hope to me that you're going to help someone else through this.

Helping others was also an important part of how informants answered the question regarding how they would explain hope to someone who had never had or experienced it.

Several answered that they would explain hope the same way they help others: They would tell their story.

Jane: I don't even think I could really explain it any other way than telling them my story; More of, like, a lived experience. . . . If I share my story with somebody else, and they know that there's hope, they know that they can do it, they know that it's possible.

Hannah: I would probably tell them my story and tell them what I've been through, and what I had to do to get where I was, to realize, you know, there is hope. . . . Like, tell them my story and be like, 'This is what it could be like if you just give something a chance.' Because if you have a chance, you have hope.

In fact, many informants worked in recovery, so they did, in fact, help others by sharing their story and hope on a daily basis. Many were peer mentors, or recovery program teachers, and one had even become a social worker in order to help others like them. Consistent not only with the aims of their jobs and the purposes of their experiences but also consistent with other elements of hope, when I asked informants what they hoped for, many included this role of hope. That is to say, they hoped to continue helping others.

Darren: I'm hopeful that I'm in a position where I help other people daily, and that, you know, I'm, there's other people piggybacking off my sobriety just as much as I am them, and, you know, me staying sober's helping somebody else staying sober.

Alternatively, one informant hoped they would no longer have to help others. They shared their hope that, one day, they would show up to work and their boss would send them home because no one else needed to be cured of their SUD. That informant's desire to give back was so noticeably vigorous, and they were not alone. One informant even gave me their hope for my study.

Ben: *I hope everything that has been said and done here today with, with your stuff that you're going to be doing. . . . I, I hope it reaches one person, you know.*

4.4.3 You Are Capable of Knowing Normalcy

In addition to a purpose and meaning, a new self brought many informants the hope of knowing normalcy. Until then, some informants had not known what normalcy was, or that it existed.

Caleb: *Normal childhood, I guess you would say. Both of my parents really weren't there growing up, though. I was kind of raised by a friend's parents. . . . Both of my parents do have substance abuse disorders, so growing up, I, and seeing those things, I guess I kind of thought that was normal.*

Jennifer: *You get so wrapped up in this delusion, you know what I mean, that, you know, you're not, you don't see things for what they actually are when you're wrapped up in the middle of it. Especially somebody that, that's all they've known for their whole life, you know. That's, they're, it's a, it's a sick certain sense of security and familiar, as fucked up as that is. Like it's sick, you know what I mean, it's, it's delusional, and it's safe, so. It's just, it was my normal.*

Jacob: *I was born into an alcoholic family and with drugs involved. To me, that was just a normal thing. I didn't know that could be any different. And to be honest, I've really never caught on to that until, until here recently. I mean, to me, that's just the way life was. . . . I guess I've been an alcoholic since I can ever remember, you know. I started off drinking since before I remember. I remember being drunk the first time at five. By thirteen I was a full blown alcoholic in school. I had liquor in my lockers. I was drinking from the time I got up to the time I went to bed. And that carried out. Went to jail a few times... DUIs, you know, getting in fights at bars, you know. And to me all this was still normal life. I didn't know any different.*

Some described the jealousy—or anger—they felt when they saw others living normal lives, or were even told what normalcy was.

Jacob: *I had, I never knew it. What I knew, what I thought I knew, was all delusion. It wasn't normal. It wasn't okay, you know. And I lived life thinking it was. And when people said it wasn't, I was like, well, you know, you've just been sheltered. You don't know what real life is.*

Katie: *I'd be out on the front porch just drinking, and, you know, I would see somebody drive by and be, like, 'You know, they have a perfect life, I bet. . . . I wanted to be one of those people that I've seen passing in the car. Just going to work and having a normal life, coming home to the news, cooking dinner, you know, enjoying my family and, and normal things.*

Ben: *It made me mad when I see people just happy, you know. I knew that hope came from, from the happiness, you know. The happiness came due to the hope, you know, even in just a normal lifestyle. . . . It's, it's a lifestyle that normal people do. You go out and you work, you come home, take care of your children.*

For others, normalcy was all they had wanted for a long time.

Ashely: *I knew, I knew there was a better life. I just didn't know how to get there, you know what I mean. Like, inside of me, I knew this, there were, there was other stuff out there, you know what I mean. This is not normal. And I just didn't know how to get there.*

When informants did begin to experience normalcy, it gave them a new perspective on life and its possibilities.

Jennifer: *I never knew what living normal or what sobriety even felt like. So [the treatment center] was my first taste of everything, 'cause like I said, all I'd ever known was drugs, you know. From my parents, from everybody around me, even my foster home... like, that was my normal.*

Ben: *That's what this [recovery center] does: It gives you hope that you can live in a normal society and be okay with yourself.*

Hillary: *That was really, like, the turning point of my life. Like, and that's where I think hope comes in because eventually, like, once that switch had been changed that—Like, once I figured out that the life and all that that I had been living was not normal, like, I realized also that, like, the depression that I was dealing with and the insanity was because I was hopeless. . . . And, for me, like, once I discovered what that looked like, my life changed.*

Hillary also described the first time she laughed until she cried, an experience that was very abnormal for her then but has since become much more normal.

This is gonna sound really stupid—When I was in treatment, I remember another, like, thing that happened, and I never forgot it, but I remember, like, laughing until I cried, you know what I mean. And, like, I had never experienced, like, true, like, being joyful, you know what I mean. Like, to where you can laugh and cut up and, like, you don't have to be drunk or high to do it, and it's genuine, you know what I mean. . . . It's always stuck out to me. I remember the first time I laughed until I cried. And now it happens all the time, you know. But, like, it, it was a big deal to me to be able to have real, like, emotions and them not, not be all negative or positive, you know.

As has been the trend, just as normalcy gave informants hope, normalcy was also their hope.

Phillip: *I hoped to be able . . . to have the energy to be normal-ish.*

Darren: *My goal is to be normal again, you know. I do my things that I need to do for my recovery, but I try and be as normal as I possibly can, you know.*

4.5 Hope Is a Felt Experience

Informants struggled to put hope into words. My question, “How would you define hope?” was often met with a grimace of uncertainty and a response of “Oh, that’s hard.”

For one informant, it was like they knew what they wanted to say, but it just wouldn't come out. Others eventually described it as a feeling.

Jonathan: *You'll know it when you feel it. I wouldn't even know how to tell somebody what hope feels like or looks like, but I would tell them, you know, that 'when you have it, you'll know it.'*

Alice: *Like the best feeling in the world, you know. You can't see, but you can still feel. That feeling whenever something makes you smile.*

Hillary: *It's a feeling that, once you get it, it's hard to lose it.*

One informant called hope the feeling of harmony. Many other informants pointed to the feelings of, safety, warmth and comfort that hope brings.

Jacob: *Like a security blanket. Just a warm, fuzzy feeling. I mean, it's, it's hard to describe. But, just know I'm safe.*

Phillip: *This kind of feminine energy, like, divine. . . . Like, like, feminine, but it was warm and safe, and those were things that I equate to feminine energy, like, my mother, you know, my grandmother.*

Katie: *It's hard to explain, but even, even trying to think of what hope is, I mean, I just a warm feeling in my heart, you know what I mean? ... It's so hard to explain what hope looks like to me 'cause, like I said, I mean, it just—if I can transfer this warm feeling that just come over me when I'm trying to explain it, then that, that would be it right there. It's just warm and fuzzy and happiness and peace. . . . Like the warm sun on your face, the breeze through your hair, the smell of a flower. All just warm, comforting things.*

Many informants emphasized the deeply personal nature of hope. They insisted that hope is “the internal things,” like peace and love and joy and serenity. Additionally, they clarified that hope is an individual experience, and it is unique to each person.

It's something inside yourself that you can't make show up on your own.

Ben: The feeling has to come. You have to experience it to know what it is, you know. Everybody's going to be different, you know. Their hair might not [stand up], you might not start shaking.

For some, the feeling of hope even came with physical sensations. Many informants reported having goosebumps during the interview as they talked about hope with me. One informant described the physical experience that came with reflecting back on experiencing hope after years without it.

Ben: I tingle. My hair stands up. I smile, I cry. . . . I mean it's, it's a magical situation to live in. . . . Not just live in it, but work with it, knowing that there's going to be hope on the other side, you know. There, there is something more. You can't put it into words.

For many informants, the best feeling that came with hope and recovery was the peace of mind. It was a dominant topic of conversation during interviews. In fact, the peace and relief that comes with hope have already been referenced. For example, Laura described a weight lifted off of her, and Joseph described a ton of bricks being lifted off his shoulders. Many agreed with Laura and Joseph in their own descriptions of hope.

Phillip: A breath of fresh air . . . a thousand pounds of weight just coming off your chest. I mean it was just like overwhelming, just relief, and just peace.

Ashley: I was relieved. Immensely. Like, it washed through my whole body, that sense of relief. . . . I was just sitting in the back of the cop car, like, smiling because I had ran myself ragged, man. . . . That's, that's—when I was in the back of the police car is when I started feeling hope. . . . That was the beginning of it. That was the beginning for me. . . . I knew it sitting in the back of the cop car. . . . I could feel it for the first time, you know what I mean. Like, I didn't have to do that shit anymore. It was the best feeling.

Sleep was a frequent topic during interviews because, for many informants, that feeling of peace allowed them to sleep in a way they had not for a long time.

Katie: There was just such a, there was just such a peace about me. . . . You don't even realize it. . . . You go to sleep at night, and you wake up and you're like, 'Man, I feel great. I feel such peace.'

Hillary: You go to bed at night, and you don't have to worry about, like, shit that you've done catching up with you. And, you don't have to worry about, like, 'Oh my gosh. Like, who did I hurt?' or 'what did I do?' And, you start to sleep really peacefully, and then you get up, and you, like, jump up. . . . I can get up, and I can get straight up. . . . Before I had to use something to get out of bed and then continue to use to keep going. . . . that was, like, really important to me. . . . Like, life is good, you know.

Josh: I had finally found a peace within myself, and, like, that was kind of the hope that I was given, was that I'll be at peace within myself and that, if I close my eyes at night and lay down, I can go to sleep, finally, because there's peace within.

In addition to describing what the peace that comes with hope is like, Josh also described having hope in keeping that peace (and the peaceful sleep that came with it). Like him, and like informants did for other aspects of hope, once informants knew of peace, they hoped to keep it and to have more of it.

Matthew: More than anything, I desired peace. . . . That's what I wanted, and that's what I still [want], is just to fill up [with] peace and be content, where there's not all panic... or at mercy, or fear of, 'Oh my gosh. How am I gonna, you know, not be dope sick tomorrow? How am I going to get [the drugs] and be okay?' What I really just desired was just peace.

CHAPTER 5. DISCUSSION

In the following sections I take a closer look at the findings I have described. I revisit Snyder's and colleagues' (1991) theory of hope and appraise it according to the informants' experiences. Then, I emphasize the cyclical nature of hope, by which I mean how hope acted as a process in informants' lives. Finally, building from the work of Simone Weil (1951/2009), I offer a perspective of hope that calls attention to the potential of its orienting nature.

5.1 A Return to Snyder's Hope Theory

One reason I undertook the topic of hope was because I believed hope was poorly represented in current theories and academic conversations. I specifically presented the theory of hope developed by Snyder and colleagues (1991), who conceptualized hope as having three components: goals, pathways, and agency. In the following section, I examine each component of hope in comparison with informants' experiences with hope.

The first component of hope, goals, refers to desired outcomes (Snyder et al., 1991). Although informants specifically distinguished goals from hopes, that may not be a sufficient argument against this component of hope. Academic work often requires using imperfect words as a proxy to describe something for which there is no perfect word. On the other hand, informants purposefully avoided imputing too much specificity to their desired outcomes. They intentionally relied on ambiguity. Hope was, at most, "something better." Furthermore, informants emphasized that "something better" was often an issue of perspective. The outcome itself did not matter as much as the attitude with which you

approached it. That said, hope goals may not be simply a bad proxy but, instead, a notion so lacking in nuance that it can only be inaccurate.

Pathways is the second component of hope, and it refers to plans for meeting the goals. Hope pathways was measured using questions like, “I can think of many ways to get out of a jam” (Snyder et al., 1991). With this component of hope in mind, I often asked informants how they knew what to do in order to move forward. With consistency, informants answered that they did not know. They only knew to follow the examples of others around them or to trust the process. Some informants called this “doing the next right thing.” Other informants admitted that they still did not really know, or that they only knew because the steps they were taking did not lead to more misery. Moreover, for many informants, the relational nature of hope meant that getting out of “jams” often only happened because of help from others, such as a higher Power, family member, or another recovering person. That being the case, pathways, like goals, may be too narrow of a concept to accurately capture the experience of hope as described by the informants.

The final component of hope is agency, or determination directed at goals. Hope agency was measured using questions like, “I meet the goals for myself” (Snyder et al., 1991). Apart from the issue of goals, which I have already, agency may be the component for which there is the most evidence in the interviews. I previously described hope as a lived experience, pointing to how informants understood hope as something that gives drive and motivation. Informants also described how hope gave them a new self, one in whom they could believe. These aspects of hope could support the agency of hope; however, the idea of agency should still be approached with caution because of the relational nature of hope. More specifically, informants rarely saw the process of hope as

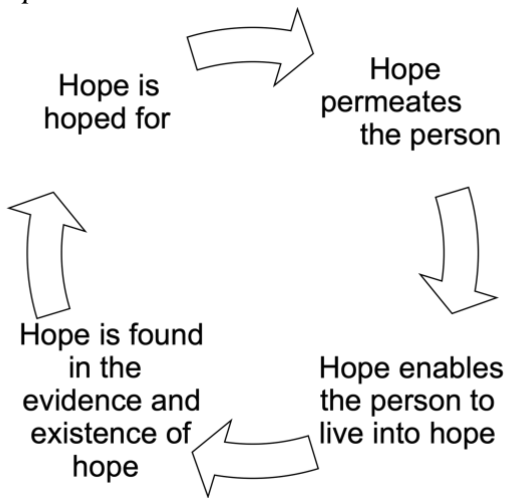
a solitary one. Many emphasized the importance of doing the work of hope and recovery themselves, but they also acknowledged that they needed the “scaffolding” of support and help from others, including a higher Power. Thus, the agency of hope cannot be conflated with independence or self-sufficiency.

In sum, goals, pathways, and agency depict hope as absolute confidence that drives action in an environment of isolation. In contrast, the informants depicted hope as confidence amongst the unknown, driven by faith, and empowering action in an environment of community. That being so, the data that the interviews generated seem to support my opinion that the three components of hope Snyder and colleagues (1991) identified do not accurately encapsulate hope.

5.2 The Cyclical Nature of Hope

Informants both described hope as being a certain experience (e.g., looking and moving forward) and finding hope in that certain experience (e.g., hope in the ability to look and move forward and the occurrence of looking and moving forward). Furthermore, informants described hoping for that certain experience (e.g., hoping to keep looking and moving forward). In other words, that which is hope and gives hope becomes that which is hoped for. In this way, hope emerged as a cyclical process, depicted in Figure 5.1.

Figure 5.1 *The Cycle of Hope*



For example, Corey, like other informants, defined hope as the internal feeling of peace. He described the moment in which hope returned as when he felt a weight lifted off of his chest (i.e., hope permeated him). Now that he knew that peace, he was able to go forward with it (i.e., he lived into hope). He told the story of the day he had to go to court, and, although he was worried a bit at first, he was reminded of hope, and that was the end of his worrying. In other words, even returning to jail was okay because he had that peace within him. Moreover, being given that peace was hope (i.e., hope is found in the evidence and existence of hope). Finally, he had hope he was going to be able to keep that peace within him and that it would never be taken away again (i.e., he hoped for hope). Thus, because he found more peace in his hope for peace, he was further permeated by hope, and the cycle continues.

The cyclical nature of hope may be one reason why hope is so hard to define. More specifically, an individual engages with hope in multiple ways, and those ways all interact with each other. Isolating hope as only that which it is—not that which gives hope nor that which is hoped for—may be an impossible task because it may be that hope is also that which gives hope and that which is hoped for. Consequently, hope may be better

understood as a phenomenon of process rather than form. That is to say, hope may be both something that *is* and something that is *done*.

For instance, consider the definition of walk. As a noun, walk means “an act of traveling or an excursion on foot” (Oxford University Press, 2020, Definition 1). As a verb, walk means “move at a regular pace by lifting and setting down each foot in turn, never having both feet off the ground at once” (Oxford University Press, 2020, Definition 1). Even though walk as a noun and walk as a verb describe distinctly different concepts, they also describe the same concept. On first glance, walk as a verb seems to be the richer definition. As a verb, the mechanics are explored in a way that would allow someone without experience with walking to attempt it. On the other hand, if a person is unfamiliar with the words in the definition, or if they have never seen someone else walking, they may miss important nuances. For example, maybe they interpret “lifting each foot” as “lifting by raising each knee high” rather than “lifting by extending the leg up and forward.” Now, they are marching in place rather than walking. If that same person is given a definition that couples walk as both a noun and a verb, they may be able to recreate “walk” in a more accurate and useful way.

Hope may be similar. A full picture of hope may require acknowledging hope as both a noun and a verb, simultaneously and necessarily. In this way, the cyclical nature may be a crucial perspective for understanding hope.

5.3 The Orienting Nature of Hope

Simone Weil (1951/2009) was a French, mystic philosopher of religion who pushed many religious ideas to new boundaries in order to fulfill her commitments to social criticism and political activism. She is one of my primary religious and philosophical

influences, so it was hardly a surprise when I began to think of hope in light of her work, especially her work on affliction and love.

Affliction is a poor translation for a French word, *malheur*. No English word quite captures what *malheur* means, but affliction comes closest, even though it does not capture the inevitability and doom that *malheur* includes. As she described it, affliction is equivalent to death, accompanied by physical pain and self-hatred, and immortalized in the soul through its mark of slavery. Informants described the hopelessness of their SUDs in remarkably similar ways. Many became apathetic to death, and some became envious of it. Furthermore, informants hated who they were, one telling a story of being unable to look herself in the mirror and another describing how dirty she felt. Even more, informants felt they lost control of themselves. They were enslaved to their substances, and their lives revolved around them.

Weil further described affliction as “injecting a poison of inertia” into a person’s soul (p. 71). By doing so, affliction manages to “prevent him from seeking a way of deliverance, sometimes even to the point of preventing him from wishing for deliverance” (p. 71). Again, her description of affliction is strikingly parallel with the informants’ description of their hopelessness during their time of addiction. Informants recounted the feeling of being paralyzed, unable to move forward or even backward. A few informants remembered reaching a point where they wished for nothing but to have the substance they needed. If they ever wished for more, they wished for the substance to be good and cheap.

Next, Weil described affliction according to its relationship with love, which requires detailing the relationship between love and God. Accordingly, Weil argued that God is love. Through the Trinity, God loves himself, both in infinite nearness and, because

of the incarnation, infinite distance. That love can exist at all distances is an important premise of her argument. She further expanded it by describing the two things that lovers or friends desire:

The one is to love each other so much that they enter into each other and only make one being. The other is to love each other so much that, with half the globe between them, their union will not be diminished in the slightest degree. (p. 74)

Because humanity exists in this universe, it exists in distance from God. Thus, humanity cannot know God in perfect nearness at this time, but they may be able to know God in perfect distance. This leads to the next important premise of her argument: Affliction is distance from God.

In this way, affliction presents an opportunity to experience God—and love—in a uniquely profound way. Yet, the experience of affliction itself is brutal, even horrific. Even more, it cannot be lifted through an individual's will. As much as someone might search for relief in the form of nearness to God, it will only be granted by God coming near to them. That being said, Weil offered this: "It is only necessary to know that love is a direction and not a state of the soul. If one is unaware of this, one falls into despair at the first onslaught of affliction" (p. 82). In other words, if love only remains because it is seen or felt, it will crumble. Alternatively, love survives infinite distance because it remains faced toward love.

The parallels between Weil's description of affliction and the informants' description of hopelessness and SUD warrant consideration of whether Weil's description of love has any meaning for descriptions of hope. For example, is hope, like love, a direction rather than a state? Hope as a direction could have important implications for how hope is cultivated in those who struggle to see it. In other words, hope is no longer

something to find but, rather, something toward which to face. Stated in this way, hope in a hopeless situation may seem less quixotical as well as more attainable.

In fact, the idea of hope as an orientation or even a habit of mind is not unfounded in other philosophical literature. Both Jayne Waterworth (2004) and Stan Van Hooft (2011) described hope in this way. Waterworth (2004) described hope as a kind of living toward a desired, hoped-for objective as if it will obtain (or even has already obtained) even though such an outcome is not wholly certain. Within that environment of uncertainty mediated by anticipation and desire, hope becomes motivating and orienting. Van Hooft (2011) also acknowledged the desire and uncertainty inherent within hope, but he incorporated an additional factor: a lack of control. More specifically, although the person who is hoping must have a certain degree of control so as to maintain their agency and action, there must also be a certain degree of a lack of control as well uncertainty that create anxiety or concern to which hope is the response. Accordingly, Van Hooft (2011) understands hope as that which “arises at precisely the point where agency leaves off . . . hope covers the gap between effort and outcome” (p. 35). That said, effort does not end when hope begins; rather, hope allows the initiation or continuation of effort that would otherwise seem useless and fruitless. In that way, hope acts as an orienting attitude, or even a directional habit of mind.

Waterworth’s and Van Hooft’s models of hope incorporated some of the elements of hope that emerged in my interviews. They both incorporated the nature of hope as lived, including the way in which hope is enabling as well as the way in which hope is motivating. In their inclusion of uncertainty and lack of control, their models also incorporated the nature of hope as spiritual, or the nature of hope as living into the

confidence that there is something bigger than one's self and greater than one's own power. On the other hand, these models are not representational of the entirety of hope as described by the informants in my study because they do not incorporate the experience of hope as relational, revivifying, and felt.

CHAPTER 6. LIMITATIONS AND IMPLICATIONS

6.1 Limitations

As I conducted the interviews, I noticed that many informants shared not only similar experiences but also similar language for describing their experiences. One explanation for this may be that many of the informants found recovery through a 12-step program such as Alcoholics Anonymous or Narcotics Anonymous, and the language they used is prevalent in the curriculum of these programs. For example, Alcoholics Anonymous emphasizes the necessity of discovering “a Power greater than ourselves” (Bill, 2001, p. 59) in the second step as well as the importance of working with and helping others with SUD in the twelfth step. In fact, hope is considered the second spiritual principle of recovery, preceded by acceptance and followed by faith (*Twelve spiritual principles (virtues)*, n.d.).

That being said, the influences on an experience are not necessarily manipulations of the experience. Rather, in phenomenological research, it may be that influences on an experience are a part of the experience itself. In fact, this is the case in the relationship between the researcher, informants, and data. As I explained previously, according to hermeneutic phenomenology, interviews are the creation between the interviewee and the interviewer. Thus, the path to trustworthiness is not through disentangling the interviewer from the data but, instead, through allowing the presence of the interviewer to enhance the data (Sloan & Bowe, 2014). In the same way, it may be that the path to a better understanding of hope in the midst of recovery from SUD is not through disentangling the

influence of 12-step programs from the experience of hope but, instead, to allow 12-step programs to aid in enhancing the understanding of hope.

6.2 Implications

As I argued in a previous section, Snyder's and colleagues' (1991) theory of hope does not capture hope in its entirety. Because they neglected characteristics that many informants argued were essential to hope, the theory is not only insufficient but fallacious. Consequently, the scales Snyder and colleagues (1991) developed to measure hope are deficient. As such, future researchers must endeavor to create improved scales that measure the experience of hope, not the experience of a theory of hope. Furthermore, because the nature of hope seems deeply personal, the best scales may be those developed through engagement with individuals who are experiencing hope. In doing so collaboratively, researchers and informants may themselves encounter the relational nature of hope, as I and my informants did during interviews.

Additionally, there is another further step for the future direction of research on hope: Differentiating it from other similar concepts, like positivity or optimism. There is a noticeable lack of research in this area. Often, authors might state that these concepts are distinct but do not delineate their differences (e.g., Snyder et al., 1996). To be able to do so will require a better understanding of hope, more research, and more interaction with those who can best speak to the phenomena and what may distinguish them. Further, my research focused only on hope within individuals with a SUD; however, White's (2007) definition of recovery includes their families and communities as well. Thus, future research should investigate the experience of hope within families and communities of those with SUD.

Anecdotally, I have also found that my study has had significant implications for my clinical work as a marriage and family therapist. When clients are struggling to implement the work of therapy into the action of their daily lives, I remember the informants who spoke of the paralysis they felt when they had no hope. At that point, my therapeutic work shifts from addressing the presenting problem to tackling the lack of hope about the potential for change in the area of the presenting problem. I often use a scaling question such as, “How hopeful do you feel about this situation?” to gauge my clients’ disposition. With fair consistency I have found that clients enact change only once they have hope for it. As a result, I cannot help but wonder whether there is a place and a need for a therapeutic model that uses hope as its primary intervention.

Finally, this study has implications for those working in the field of SUD recovery. A question I asked informants was, “How would your recovery have been different without hope?” Every informant answered that recovery without hope was impossible. In other words, without hope, they would not have had recovery. That being so, the importance of hope cannot be ignored nor neglected; recovery centers and other support services must take full advantage of the resource of hope.

For example, recovery centers and support services might hold conversations for which hope is the primary topic, or they may add scaling questions to their follow-ups or check-ins like the ones I ask my clients. They may even use a measure of hope as a way to evaluate the effectiveness of their programs. Like researchers, however, recovery centers and other support services must engage with individuals in recovery to best meet their needs, especially their need for hope. More specifically, it is imperative to understand where these individuals are finding hope. In my research, many participants described the

hope they felt when they saw others in recovery laughing or smiling or perhaps were even able to do so themselves. That being the case, recovery centers and other support services might host “Hurrah for Hope” events that are aimed at creating fun or play.

In sum, hope may be a fundamental or even pivotal condition for change. Future research, clinical work, and recovery work should examine not only what hope is but also how it operates in the lives of those who possess it as well as influences the outcomes they experience.

CHAPTER 7. CONCLUSION

In this study, I took a phenomenological approach to explore the essence of hope via lived experiences in the lives of individuals with a SUD who were in recovery. After providing support for the potential of hope as a resource for recovery, I critiqued Snyder's (2002) theory of hope and accompanying scales for measuring hope (Snyder et al., 1991). Then I presented my study before presenting my findings. In particular, I gave a picture of the essence of hope as lived, spiritual, relational, revivifying and felt through rich description and poignant exemplars. I also discussed further directions for my findings. First, I contrasted Snyder's (2002) theory of hope with informants' descriptions of hope in order to highlight the theory's inadequacies. Then, I rendered an observed pattern in the experience of hope, namely its cyclical nature. Last, I suggested that hope may be more usefully thought of as an orientation, or something toward which to face. Finally, I described how this research has implications for future research as well as for future clinical work in both therapeutic and SUD recovery settings.

As a final point, I leave you with one of my favorite answers to the question, "How would you explain hope to someone who's never had or experienced it?"

Alex: To describe hope to somebody whose never had it...I mean, maybe start with suspense, say something like

'Guess what.'

And you just don't say nothing.

APPENDIX A

Table of Informants

Name	Sobriety	Story of Addiction	Story of Recovery
Matthew	15 months	Began using alcohol and drugs in mid-life after creating new friends who used and wanting to understand their experience	Turned himself in to drug court after a relapse, went to recovery after feeling supported and loved by family
Laura	5 years +	Drank heavily before using and selling drugs with her family	Went to treatment after her counselor suggested it
Phillip	1 ½ years +	n/a	Chose the right kind of recovery after legal trouble and lots of looking for recovery in the wrong places/not completing treatment
Caleb	Almost 4 years	Began using and selling with family, used progressively more often and more intensely	Went to treatment after some psychiatric trouble, finally able to get mental health treated
Olivia	2 years +	Began using drugs at the age of 10, mostly a binge-user until she began ‘shooting up’ and became a ‘full-on junkie’	Chose drug court instead of jail time when encouraged by her boyfriend and feeling that someone believed in her
Katie	n/a	Began drinking after a major life transition, then using pain pills after a hospital visit	Chose treatment when faced with either homelessness or treatment
Darren	Almost a year	Began drinking at the age of 11, even getting drunk at school	Was a ‘chronic relapser,’ entering in and out of treatment, until he learned recovery has to be something you do for yourself
Hannah	2 years	Began using at the age of 12, became homeless, was in and out of prison/jail	Sent to treatment after letting her parole officer know she needed help

Hillary	n/a	Used with family, addicted by the age of 14	Sent to long-term treatment by drug court, finally able to get mental health treated
Joseph	3 ½ years +	Started drinking at the age of 12 and then using drugs, sent to prison before finishing high school	Went to treatment after seeing the pain a friend's family experienced because of their child's death from overdose
Jennifer	2 months	Began smoking weed at the age of 8, described a lifetime of addiction	Sent to recovery for the first time after getting into legal trouble but relapsed and returned again after having an 'aha moment'
Alice	3 years +	Used for most of her life, unable to override her desire to get high even though she hated it	Went to treatment after asking her parole officer for help and kept at it when she experienced it working
Josh	1 month +	Started drinking at the age of 13, struggled with several mental health disorders, eventually experienced consequences piling up	Did well in drug court for awhile but was sent to treatment after he relapsed, tried to just get sober at first but eventually also wanted to find recovery
Jane	2 years +	Used drugs after her mother's death	Went to treatment after going to jail and getting out on drug court
Jacob	11 months	Got drunk for the first time at 5 and was a full-blown alcoholic by 13	Went to treatment after getting into legal trouble
Ashley	3 years	Used and sold drugs with her family from a young age	Went to treatment after being arrested
Heather	n/a	n/a	n/a
Jonathan	13 years	Used alcohol and drugs as part of being a "party person" at first but eventually it became a daily necessity	Ended up in detox and went to recovery, tried many different ways before accepting 12-step recovery

Ben	1 year	Drank for the first time at 9 and used cocaine for the first time at 14, helped him deal with some difficult childhood experiences	Went to treatment after overdosing and having to be brought back to life
Alex	Almost 3 ½ years	Used weed to feel like he fit in, and then used painkillers and other drugs	Went to treatment after violating his mandatory supervision

APPENDIX B

Interview Guide

Informed Consent Confirmation: Before we get started, I want to make sure that you had a chance to review the “Informed Consent” document. Did you have any questions, or do you need any clarification about any part of the document?

Questions:

- I. Could you tell me a little bit about your story?
 - a. How did you get to where you are today?
- II. When do you remember feeling hopeful during your substance use disorder and recovery?
 - a. What was it like for you to feel hopeful?
 - b. How do you know when you’re hopeful?
 - c. What did you feel hopeful about?
 - d. What were your sources of hope?
- III. When do you remember feeling hopeless during your substance use disorder and recovery?
 - a. What was it like for you to feel hopeless?
 - b. How do you know when you’re feeling hopeless?
 - c. What did you feel hopeless about?
 - d. What evidence did you find for feeling hopeless?
 - e. What contributed to you feeling hopeless?
- IV. Would you say that hope has played a role in your recovery?
 - a. How do you think your recovery would have been different if you hadn’t felt hopeful?
 - b. How did hope help you when you encountered something that threatened your recovery?
- V. Can you give me a definition of hope?
 - a. How would you describe hope to someone who had never experienced it before?
 - b. What does the word “hope” mean to you?
- VI. Is there anything I didn’t ask that you wish I had?

Good Open-Ended Probing Questions for General Use:

Can you tell me more about that?

What was it like to experience that?

What is it like to talk about that now?

APPENDIX C

Summary Template

To [interviewee], hope is [description of hope]. Hope can be explained to someone who has never had or experienced it by [explanation of hope]. For [interviewee], recovery without hope is [recovery without hope].

[Interviewee] experienced addiction [pathway to and history of addiction]. They described this time as [description of experience of addiction].

[Interviewee]'s recovery began when [turning point, or event leading to recovery]. They began to experience hope when [beginning of hope]. [Interviewee] remembers this time as [description of experience of hope].

[Interviewee] hoped for [objects of hope]. Over time, [interviewee] also hoped for [more objects of hope].

Now, [interviewee] has been sober for [current amount of time in sustained recovery].

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