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Hope as Reclaiming Narrative Agency: The Communication Processes Facilitating Hope at a Community-Based Support Program

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**HOPE AS RECLAIMING NARRATIVE AGENCY:
THE COMMUNICATION PROCESSES FACILITATING
HOPE AT A COMMUNITY-BASED SUPPORT PROGRAM**

by

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DISSERTATION

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Requirements for the Degree of

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ABSTRACT

This study, using interviews and in situ group observations, explored the communication processes that facilitate the emergence of hope at a community based support program (CBSP). No literature within the communication field focuses on hope and there are no studies that explore the co-construction of hope through communication. Within the extensive studies of hope in other disciplines, the communication lens is absent. Within the literature of wellness, positive and supportive communication, narrative, and mutual aid groups, there are no studies that focus on emergent hope or the communication processes facilitating hope. Hope is widely accepted as critical to life and wellness. However, there is a gap in the existing literature across disciplines with no studies exploring the communication processes and social interactions that facilitate hope. In addition, no studies explored the communication processes in situ involved in the emergence of hope.

Taking an appreciative approach, the data collection (24 interviews and 13 group recordings) and analysis focused on what was going right rather than critiquing or contrasting the program. The CBSP is a sacred story space where narratives and narrative fragments are shared, redeemed, and hope is germinated. The data revealed that communication processes, especially narrative, at the CBSP are central to the emergence of hope for participants.

The findings of this study ground hope firmly as a communication narrative concept. Narrative construct is refined to incorporate a duality of narrative. The duality of narrative holds to the social constructionist concept of the co-construction of self narratives while simultaneously acknowledging the agency of the individual to choose what and in what ways the contributions of co-constructors are woven into the narrative of self and reality. The construct of hope is also refined by adding the concept of reclaiming the agency within the construct of the duality of narrative.

Three major communication processes were identified through thematic analysis and connecting strategy analysis: reflexive moments, transitional messages, and story space. In addition, dynamic group interactions were identified as facilitative of hope including reflexive sharing and murmurations. Each of these findings are explicated with the identification of types of each provided.

This study proposes a narrative synergism model to explicate the interplay among the communication processes that facilitate hope at the CBSP. The three communication processes at the CBSP, story space, murmurations, and transitional messages, work in a reciprocal interplay with each influencing the others. The narrative synergism created in this dynamic interplay facilitates reflexive moments which in turn facilitates the

reclaiming of narrative agency and the resultant emergence of hope. These processes are all based in narrative and their interaction is a dynamic synergism, creating something greater than the sum of the parts – that is, hope.

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION.....	1
Introduction	1
Site of study	4
Mutual aid groups	6
Preview of RQs	8
CHAPTER 2 LITERATURE REVIEW	9
Literature review	9
Paradigmatic framework	10
Theoretical framework	14
Review of Literature	41
Hope	41
Hope and health	52
Wellness	56
Narrative	64
Positive and supportive communication	70
Mutual aid groups	75
Spirituality	80
CHAPTER 3 METHODS	86
Methods	86
Research design	86
Research questions	88
Goals	89
Conceptual framework	91

Methodological Tools and Analysis	95
Site of study	95
Methodological choices	97
RQ1a	98
RQ1b	102
RQ1c	104
RQ1d	106
Primary RQ	108
Validity	110
CHAPTER 4 FINDINGS	115
Findings and Analysis	115
Refinement of Conceptualizations	116
Refinement of Narrative Definition	116
Refinement of Hope Definition	117
Findings by Research Questions	118
Research Question A	119
Research Question B	125
Research Question C	147
Research Question D	165
Spirituality	178
CHAPTER 5 CONCLUSION	183
Conclusion	183
Key Findings	184

Duality of Narrative	184
Hope	187
Model of Narrative Synergism.....	189
Theoretical Contributions	199
Reflection on Research Goals.....	205
The Community-Based Support Program (CBSP) Model.....	208
Limitations	211
Directions for Future Research	212
REFERENCES	215
APPENDIX A	240

LIST OF TABLES AND FIGURES

TABLES

Table 1 – Literature Review Chapter Organization	9
Table 2 – Types of Reflexive Moments.....	132
Table 3 – Transitional Messages.....	136
Table 4 – Story Space	141
Table 5 – Group Communication Processes	147
Table 6 – Group Narrative Sharing.....	148
Table 7 – Reflexive Sharing Effects	156
Table 8 – Group Communication Patterns.....	165
Table 9 – Kononia Reciprocities	171

FIGURES

Figure 1 – Interactive Research Design Model.....	87
Figure 2 – Narrative Synergism Model	189

Chapter 1

Introduction

My friend would capture every eye when she entered a room – a brilliant scholar, generous and caring person, and gracious. Yet behind this mask of grace and beauty were dark secrets. One of those secrets was she struggled with alcoholism. I was privileged to be the one person she entrusted with these secrets. Having struggled with the grip of alcohol for most of her life, she had found recovery. During her sober years she excelled and won the favor of most who met her. But when alcohol's siren's song became more than she could resist, the downward spiral was quick and devastating. In the darkness and delusions of addiction, she lost her grip on hope. She could not find a way to envision a positive purpose and future. No effort to reach her seemed to be able to break into her darkness. The grief-stricken voice of her husband informing me of her suicide will never leave me. Her loss and my inability to reach her with hope motivate this study.

I have a dream that one day we would understand hope well enough to reach those with the deepest of despair, well enough that each child and parent, each student and teacher, each patient and doctor, each person – rich or poor, wounded or well, would envision a future in which they are willing to participate...That men and women would understand their unique potential contributions within a larger vision of a hopeful life (Jevne, 2005, p. 287).

This dissertation begins with the hope of adding to our understanding of the importance of hope and the ways in which we each can be participants in the co-

construction of hopefulness in others to help create places of greater health and well-being.

According to the World Health Organization (1948), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Hope is a key foundation to wellness. Hope is the flower bed where seeds of mental, physical, and social well-being can take root and grow.

The importance of hope for health and quality of life cannot be overstated. A multitude of studies in various fields have implicated hope as a significant contributor to positive outcomes. Hope has been found to positively affect health and treatment outcomes (Gottschalk, Fronczek, & Buchsbaum, 1993). Snyder provides an extensive overview of correlates of positive outcomes and hope (2002). Hope is largely viewed as critical to health and quality of life in individuals, relationships, and communities (Barge, 2003; Groopman, 2004; Scioli, et al., 1997). An extensive collection of research has suggested that hope has the power to influence health and wellness from the neurobiological level (Groopman, 2004) to general quality of life (Elliott, 2005). Although hope is widely held as critical to health and well-being, no research in the communication discipline has explored the communicative construction of hope. Hope is critical but where does it come from and how is it created?

Our realities, and therefore our hope, are created through interactions with others (Charon, 1979). Our interactions with others shape our view of our selves, the present situation, and view of the future. The situations we define then in turn influence and shape us. In other words, we co-construct our reality and are reflexively shaped by the

reality we have created. Hope, then, is shaped and constructed in our interactions with others and then in turn shapes and influences us.

Underlying this study is the assumption that just as health is not merely the absence of disease, positive and hope-building communication is not merely the absence of negative communication but is “the presence of positive, enhancing, and facilitative talk and gestures” (Pitts & Socha, 2013). Therefore, seeking to identify the ways in which hope is constructed can provide meaningful understanding and guidance for assisting people who are suffering.

In recent years, a movement in positive scholarship has begun to adopt a “what is right orientation” rather than focusing on critique. During the 1990s scholarship took an affirmative turn toward what is good and positive rather than identifying what is broken and wrong. For example, some scholars in community building and conflict management turned toward rooting interventions and community building in affirmation and identifying community strengths, assets, and capacities (Barge, 2001); positive psychology emerged as a focus on strengths and wellbeing (Seligman, 2011); research and practice in appreciative inquiry within organizations emphasized identifying successes and best practices to facilitate organizational change (Busche & Kassam, 2005); Seligman (2008) began a turn toward positive health by extending positive psychology with the belief that people desire wellbeing in its own right above and beyond the relief of suffering; and Pitts and Socha (2013) and Socha and Pitts (2012) edited collections of articles in interpersonal communication and positive communication in health and wellness which focus on a turn toward the positive side of communication. This dissertation is built upon the assumption of positive scholarship – there is value in

exploring the positive. In particular, searching for the emergence of hope and identifying communication that facilitates the co-creation of it.

Site of Study

Following the path created by this turn toward the positive, I explore the emergence and existence of hope in the narratives and the communication processes in a growing community-based support program utilizing self-help/mutual aid groups. The site of study is a growing weekly 2-hour religious community-based support program (CBSP) in the Western United States with the stated goal of helping people “find support, hope, and healing in the challenges and struggles that life can bring.” The complex program incorporates multiple levels of communication processes – from a large community gathering to small group interactions to interpersonal interactions at multiple stages.

Participants are welcomed by greeters stationed in multiple locations providing answers to questions and helping them find seats. The diversity of the participants suggests that the leaders and volunteers are successful at creating a casual and welcoming environment despite the large size and technology. The seating is similar to theater seating with a stage, large projection screens, and professional sound and lighting. The first hour consists of a large-group community gathering. The live music interjected with positive messages is performed on the stage and projected onto the screens. The music and multi-media presentations are followed by an approximately 20-minute message targeting individuals with “hurts, habits, or hang-ups” projected onto the multi-media screens.

The community gathering is followed by a variety of smaller mutual aid support groups ranging from 6 to 13 weeks per session. The groups are issue-specific with some groups having closed attendance. Attendance is self-selected and non-restricted. An example of offered groups include: 12-step addiction groups (including alcohol, drugs, gambling), anger management, grief share, divorce care, chronic illness, destructive relationships, and stress and anxiety. Each group is peer-led utilizing various curricula. The group leaders often make contact with group members during the week through phone calls and emails.

The CBSP started as a Celebrate Recovery program in January of 2011. Celebrate Recovery is a religious-based step program based on the Alcoholic Anonymous 12-step program. (The program currently utilizes a 12-step curriculum entitled Life Recovery.) In just five months, the program grew significantly and was expanded to address additional issues beyond addictions as well as shifting to a different curriculum for the 12-step. The founder stated “We recognized that we all struggle with pain, loss and destructive behaviors.” The stated goal of the CBSP is to help people find support, hope and healing.

The CBSP began with approximately one hundred (100) people including leaders in January 2011. As of January 2014, the program averages 700 to 750 adults in the community gathering with approximately five hundred (500) participating in support groups. In addition, the program offers child care for an average of one hundred thirty-five (135) children from infants to middle school ages. The CBSP functions largely on the efforts of one hundred and thirty (130) volunteers. There is one full-time and three

part-time paid staff. The free child-care program is managed by thirty (30) volunteers and ten (10) volunteers manage the worship and multi-media.

The program averages fifteen (15) to twenty (20) groups per week facilitated by an average of sixty (60) volunteer group leaders. Group numbers ranges from an average of fifteen (15) to twenty (20) different groups per week with group attendance ranging from six (6) to one hundred (100) per group. Depending on the size, groups may have one (1) to six (6) leaders and table facilitators. For example, a current group entitled Safe People averages ninety (90) to one hundred (100) people sitting at tables of ten (10) people with a table facilitator.

This CBSP is an ideal site for this study because hope is a central element of the stated goals of the program. The diversity of the participants and volunteers provides a useful sample including many who have found hope and healing through participation in the group. The rapid growth and success of the CBSP provides a suitable site for the appreciative approach for identifying the ways in which hope is constructed. The rigor of this study is enhanced by the multiple layers of communication processes at the CBSP. The frequency of the use of narratives at all levels provides a rich foundation for analysis.

Mutual Aid Groups

Supportive communication has been studied from sociological, psychological, and communication approaches establishing its importance to well-being (MacGeorge, Feng, Wilkum, & Doherty, 2012). Social support incorporates multiple activities and can be summed as “people helping people” with positive life benefits for both interactants (du ‘Pre, 2000). Self-help and mutual aid groups are a specific type of support group where individuals gather together to address an issue of mutual concern.

The terms self-help and mutual aid associations are used in inconsistent ways throughout academic literature as well as public discourse (Humphreys, 2004). Mutual aid groups are differentiated from professionally led support groups by their “experiential knowledge and peer reciprocity, enabling members to both give and receive holistic, empathetic support” (Seebohm, Chaudhary, Boyce, Elkan, Avis, & Munn-Giddings, 2013, p.3). Self-help draws upon an individualistic paradigm rooted in the power of the individual. Mutual aid, on the other hand, is inherently social and reciprocal and therefore communicative in nature (Humphreys, 2004).

Research suggests that participation in addiction-related self-help organizations can result in reduced alcohol and drug use, diminished depression and anxiety, and improved social functioning (Humphreys, 2004). The social and reciprocal aspect of mutual aid organizations extends to benefits beyond the individual to the broader circles of the social world including families, communities, and societies (Borkman, 1999; Humphreys, 2004). The multiple communicative layers of the CBSP site of this study provide opportunities for supportive communication at the community level as well as group and interpersonal levels.

Mutual aid groups are inherently communication-centered. Group members engage in a reciprocal helping through sharing perspectives on life and issues. Through the empathetic communicative give and take, especially of personal stories, members gain clarity and personal synthesis (Gitterman, 2004). Narratives are a primary force of construction of identity and sense-making of our worlds and experiences (Charon, R., 2004; Fisher, 1989). As group members share stories, they not only share their existing

perspectives but also narrate identities and futures of hope and healing into reality.

Narratives serve a prominent role at all communicative levels at the CBSP program.

Preview of Research Questions

This research takes an appreciative approach toward the study of the communicative processes that facilitate the emergence of hope. Selecting a site of study, the CBSP, which has experience significant growth and success over the past few years provides a rich source of data for analysis. This study explores the communication processes at the CBSP that facilitate the construction of hope. In addition, the participants' narratives are analyzed regarding hope and wellness, shifts in narratives as participants move toward more hopeful perspectives, and the ways in which the communication processes at CBSP create shifts in narratives toward hope.

The following research questions guide this study.

RQ: What are the communication processes at the CBSP that facilitate hope among participants?

RQa: What stories do participants tell in interviews about their development of hope in CBSP?

RQb: To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes?

RQc: To what extent and in what ways do CBSP leaders in interviews attribute participants' development of hope to CBSP communication processes?

RQd: What communication patterns, potentially related to the development of hope, can be observed in CBSP group sessions?

Chapter 2

Literature Review

Researchers and lay people widely agree that hope is critical to health and well-being. But how can we communicate with struggling and hurting people in ways that co-create and co-narrate hope? Utilizing an appreciative approach, this dissertation seeks to discover the emergence of hope in the narratives and communicative processes at a community-based recovery and support group program. The aim of this chapter is to review relevant research and theory while identifying the ways in which this current research contributes to existing knowledge on hope, well-being, narrative, and mutual aid support. In particular, I argue that although a vast array of research has explored hope and its many positive health and well-being correlates, no literature was found exploring the communicative construction of hope in situ.

Taking a communication-centered and appreciative approach lens has the potential to contribute in meaningful ways to the existing literature. I use symbolic interactionism, narrative theory, and affirmative approach as frameworks for this study. In this section, I discuss the frameworks for this study including my paradigmatic position, theoretical frameworks, narrative theory, and the appreciative approach. A review of relevant literature is provided on hope, wellness, narrative in wellness and recovery, supportive and positive communication, mutual aid support groups, and spirituality.

An outline of the literature review chapter is as follows:

I. Paradigmatic Framework
a. Ontology
b. Epistemology

II. Theoretical Framework
a. Social construction
b. Narrative theory
c. Affirmative Approach
III. Review of Literature
a. Hope
b. Hope and health
c. Wellness
d. Narrative
e. Positive and supportive communication
f. Mutual aid groups
g. Spirituality

Table 1**Paradigmatic Framework**

A researcher's research design should be consistent with and guided by her ontological and epistemological assumptions. I believe that as human beings, we are constantly in the process of making meaning from our experiences. In this section, I will discuss my current ontological and epistemological positioning.

The field of communication exists as a diverse landscape of a variety of approaches to research and theory. These approaches are guided by differing philosophical assumptions. Each of these positions contributes in valuable ways to our understanding of communication and the world. This diversity, however, requires scholars to reflexively consider and articulate their position. The two major philosophical assumptions that influence communication research and theory are the researcher's ontology and epistemology

Ontology

Ontology incorporates the assumptions regarding the nature of being (Littlejohn & Foss, 2011). Within the field of communication, ontological assumptions are focused

around issues relating to human interactions, particularly the nature of the social world and the people that populate it (Miller, 2005). I currently hold a middle ground between the realist position which perceives the social world as external to human cognition and the nominalist position which views the social world as existing only in the symbols used to structure reality therefore the social world is not a real or objective thing.

I hold that the social world consists of meanings and behaviors that reciprocally influence each other. The meanings are constructed through interactions with others. These meanings are inextricably linked to history, community, and the individual. “Our experiences, histories, and traditions give us ways of understanding things, and we cannot divorce ourselves from those interpretive frames” (Littlejohn & Foss, 2011, p. 135). Our interpretations and understandings are not islands but rather are intertwined and emergent from the amalgam of our past, our cultural socialization and frameworks, and our individual experiences.

In contrast to the nominalist position, these meanings also structure our social world in ways that function as external structures that guide behaviors. Behaviors and meanings are socially constructed as a duality of structure. A construct within Giddens’ structuration theory (Giddens, 1984), duality of structure was his attempt to overcome the conflict in social theory between the social constructionists and the structuralists. This construct acknowledges both the constructive power of communication to create our social world while also recognizing that these constructions constrain future behavior. “When we communicate with one another, we create structures – patterns of rules and norms – that range from large social and cultural institutions to smaller individual relationships” (Littlejohn & Foss, 2011, p. 275). As people in the community continue to

act in accordance with the socially and communicatively constructed structures, they reproduce and reinforce the structures that then constrain future action. Over time, this reproduction and reinforcement results in the perception of a logical force of structures.

The construction of social reality is an unintended outcome of individually intentional acts (Littlejohn & Foss, 2011; McPhee & Poole, 2009). The duality of structure suggests that structures are both the medium and the outcome. As a medium, structures provide the rules and recourse for people to interact meaningfully. As individuals intentionally plan action and communication utilizing the rules and resources, the rules and resources are recreated and reinforced. It is only through communication that rules and resources exist – an outcome of interaction. Structures provide clear pathways with well-defined boundaries. The norms, rules, relational expectations, social institutions, and meanings result in patterned behaviors and meanings. These patterns are the default behaviors and meanings and require less cognitive effort and risk. This study seeks to identify communication patterns and processes.

My ontological position informs my study of the emergence of hope at the CBSP. Hope as part of our social reality is constructed and reinforced through interactions with others. Hope is not an individual cognitive state or personal trait but is created in historically, culturally, and situationally grounded interactions. This position informs the creation of my research questions and guides my methodology.

Epistemology

Assumptions regarding knowledge and how we come to know what we know are questions of epistemology. Meaning-making (our social knowledge) is constructed in and through interactions with others and often takes the shape of narratives (Pearce &

Cronen, 1980; Riessman, 2008). The ontological duality of structure allows for a modified subjectivist epistemological position. My position is that knowledge and meaning arise through interactions and human agency allows individuals to behave in unpredictable ways. However, the communicatively constructed structures (duality of structure) constrain behavior and result in patterns of thought, meaning, and behavior which can be observed. The patterns can appear causal because people often choose the path of least resistance and risk – the default constrained by the structures of social construction.

The construction of meaning largely takes the shape of narrative (Fisher, 1989, Riessman, 2008). Fisher argues that humans are natural story tellers and narratives are the central aspect of our knowledge of self and the world. We are storytellers telling many interrelated stories simultaneously (Pearce, 2007). Scholars focusing on health narratives, recognize the importance of story-telling and story-creating in the process of making sense and finding meaning in the face of illness and life disruptions (Eggle, 2002; Frank, 1995; Gray, 2009; Kleinman, 1988; Morris, 1998; Sharf, 2009). The majority of participants in the CBSP are facing life disruptions and challenges. This study explores the ways in which narrative sense-making co-construct hope for participants.

The middle epistemological ground where both social construction and structure can co-exist through the construct of duality of structure, guides this present study. This study is focused on seeking to identify and understand the communication processes (patterns) that create hope (or the lack thereof) at the CBSP. My assumption is that hope is constructed through the multiple communication layers existent at the CBSP. I also assume that there may be common communication patterns across groups that construct

hope. In this way, the duality of structure informs my study – hope is constructed through communication and people often create in patterned ways. The communication patterns (structures) are historically, situationally, and culturally guided. This provides the opportunity to observe common patterns across groups and individuals.

Theoretical Framework

The theoretical framework serves as a vantage point and lens through which a scholar views, interprets, and makes sense of a communication phenomenon. Standing from the vantage point of social construction, narrative theory, and affirmative approach, hope is an orientation toward the future constructed through the symbolic interactions with others past, present, and imagined, and narrated in life stories. These interactions and sense-making activities often occur in narratives – both fragmented and coherent. In this section I discuss social constructionism, narrative theory, and the appreciative approach.

Social Construction

Social construction refers both to the process of people jointly constructing their understandings of the world through communication and to the movement of scholars who use this approach to research and theory development (Leeds-Hurwitz, 2009). The concept of social construction was first introduced by Berger and Luckmann (1967) and has its roots in symbolic interactionism. The relevant concepts of social constructionist thought for communication studies and this dissertation are the premise that people make sense of the world and experiences through interactions with others and that communication is the warp upon which this social reality is woven.

The term social reality implies a distinction from physical reality. The focus of social constructionist thought is on the meanings and understandings created through interactions of the physical realities and experiences. Social construction scholars vary in the degree of “reality” they believe exists apart of the language. The continuum of beliefs of social construction scholars vary from those that accept an underlying physical reality (weak social construction) to those holding the view that even the concepts of real and unreal are social constructions and therefore question the “reality” of the physical world (strong social construction) (Leeds-Hurwitz, 2009). I hold the weak social construction view and this perspective informs this current study.

Health, illness, and well-being are social constructions based upon the “reality” of physical experiences. However, what physiological experiences are interpreted as illness, health, or fall into normal or abnormal categories of well-being are meanings constructed through interactions with others (du Pre, 2000; Hallenbeck, Goldstein, & Mebane, 1996; Kleinman, Eisenberg, & Good, 1978; Lupton, 2000; Payer, 1988). For example, Payer (1988) found that interpretations of symptoms, diagnoses, and recommended treatments varied widely among providers in France, Germany, England, and the United States. Further discussion of the social construction of wellness and its relevance for this dissertation is provided later in this chapter.

Social construction perspective not only addresses issues of our understandings of our world but also the construction and understanding of our selves (Gergen, 1999). We make sense of our personal experiences and shape our view of our selves through our interactions with others. Often this construction of self occurs through narrative. We understand ourselves and present ourselves through narrative (Bruner, 1990; Gergen,

1999; Hallberg, 2001; Riessman, 1990). We are often called upon to tell our story, to make sense of our lives in narrative form. Often those struggling with life adversities including addictions, loss, and chronic illness, are called upon to narrate. Further discussion of narrative theory follows this discussion of social construction. The communicative processes occurring through the interactions at the CBSP that assist in the construction of narratives embodying hope are the focus of this study. In this section on social construction, I discuss symbolic interactionism and coordinated management of meaning theory.

Symbolic interactionism. Symbolic interactionism conceptualizes meanings, selves, and societal structures as arising through people's actions and interpretations (Charmaz & Belgrave, 2013). The first key concept of symbolic interactionism is that people act toward objects based upon the meanings assigned to them (Blumer, 1969; Charmaz & Belgrave, 2013). Objects, physical and abstract, have no inherent meaning within them but rather the meanings are assigned to them as people interact (Blumer, 1969).

People's actions toward an object are guided, shaped, and constrained by the created meanings. For example, when a physiological experience is assigned the meaning of a symptom of disease, individuals act based upon that meaning by going to a medical professional. If the same experience is assigned the meaning of normal life experience, then they will not likely seek out medical treatment. In a similar way, people assign meanings, predictions, and values to the future (and therefore hope). Their current behaviors are shaped, guided, and evaluated by these meanings. Therefore, if an individual's meaning assigned to the future is full of possibilities, then his or her actions

in the present will be shaped and guided by that meaning. For example, if an individual with a chronic disease assigns meanings to the future that incorporate potentialities for meaningfulness and purpose in life and with a level of quality of life, then they are likely to enact positive health behaviors. These assigned meanings are not static and learned passively, but rather are constantly under revision through interactions with others (Charon, 1979).

We understand situations and assign meanings to experiences and objects through defining and naming them (Blumer, 1969; Charmaz & Belgrave, 2013). The process of naming is inherently evaluative, guiding both perceptions of self and actions for both self and others. A key process in recovery from addictions is the naming of self and condition (Brown, 1995; Kleine, 1987). For the recovery group, Alcoholics Anonymous (A. A.), the process of naming self has powerful rhetorical force (Klein, 1987).

“I am Michael. I’m an alcoholic”. The first time I made this compound utterance in front of the A.A. community, I felt my throat thicken and my knees nearly buckle. Why? I had frequently introduced myself to communities of strangers with an act of self-identification, but never before had I yoked that act with “I am an alcoholic.”(Klein, 1987, p. 153).

This naming ritual in A.A. has definitional and evaluative power affecting self-concepts, actions of self, actions of others toward self, and relationships with others, community, and the future. For socially disapproved or deviant identities and illnesses, the naming can result in stigma with serious consequences (Goffman, 1963). I argue that hope is seen in this naming process. For example, hope or hopelessness can be seen in

whether an individual names self and self-condition with an identity that incorporates a future full of positive potentialities or one that has closed inevitable negative endings.

The second concept is that those meanings arise out of social interactions. Social interactions are historically and culturally grounded involving the use of language and symbols. Individuals are members of multiple symbolic social worlds. These different social worlds have unique histories and frameworks upon which individuals create meanings. Through communication, an individual learns the perspectives, frameworks, and meanings of these social worlds (Blumer, 1969; Charmaz & Belgrave, 2013; Charon, 1979).

By interacting with others, one learns the historic and cultural meanings and evaluations regarding objects, self, relationships, and the future. What experiences and behaviors are conceptualized as healthy, normal, sick, deviant, as well as the associated future predictions associated with the experiences and behaviors (and therefore hope) are constructed through drawing upon historic language symbols, past meanings, and responses from others. An individual suffering from addictive behaviors, experiencing the loss of a loved one, suffering from an abusive relationship, suffering from past trauma, or seeking to manage anger emotions, assigns meaning both definitional and evaluative to his or her experiences. Whether these experiences are constructed as deviant or culturally approved and constitute a state of wellness or ill health, not only directs the actions of help and support seeking, but also frames the degree of hopefulness in individual's future. The individual then uses these perspectives, meanings, and frameworks to interpret, make sense of, and determine actions toward experiences and

situations. Perceiving the effects of the actions and sense-making, the individual reflects, adapts, and modifies the interpretations in the on-going experience or situation.

Finally, the social interactions are a reflexive dance of interpretations with a reciprocal relationship between interpretations and actions. Social reality is created as individuals act, interpret the responses and actions of others, and draw upon past historic significant symbols and meanings in an ongoing cycle.

A person I see in a situation may be a black, a teacher, a male, an artist, a scholar, a liberal, and upper class, but what I focus on and how I act will depend on how I define the situation, and the definition, in turn, will be determined by which perspective I use to define it (Charon, 1979, p.15).

This reflexive dance continually creates and recreates meanings while guiding, directing, enabling and constraining actions. In this way, reality (including our hopefulness toward the future) is ever changing similar to the wave and sand at the shoreline. Each wave (like an individual act) interacts, is buffeted by, and responds to the other waves while having constructive force on the sand at the shoreline (like social reality). Each wave is not individually constructing the ever shifting beach shoreline, but in concert with the ongoing symphony of waves, the beach takes shape - just as social reality is created by the symphony of individual interpretive communicative acts. The sand ledge, slope, and shape then reflexively influences the waves and is in turn recreated and reshaped by the ongoing symphony.

Role taking is another symbolic interactionism concept relevant to this study. By taking the role of the other, we perceive others perceiving us which develops our definition of self. An individual envisions how the other person is viewing, judging,

assessing, or perceiving him or her. Self emerges out of this role taking activity (Blumer, 1969). This is particularly relevant when considering issues of hope and recovery for individuals struggling with addictions, trauma, and other adversities. If an individual takes the role of the other and assesses others to be judging self to be worthless, stigmatized, deserving of the suffering, and doomed to remain in their current condition, this role taking can have a profound effect on his or her hope and recovery. If we act toward things based on the meanings assigned through role taking and social interactions, then communicative interactions are crucial to hope and recovery.

People make sense of experiences by constructing a model of their world through interactions with others both past and present (Leeds-Hurwitz, 2009). The meanings assigned to the physical world, experiences, and the interactions are created as we draw upon our past and current interactions. Our past, our culture, and our language are all reflexively created and recreated through communication. The very act of drawing upon, practicing, and utilizing the culture and language reinforces and re-creates these realities (Mokros, 2003). Individuals struggling with addictions, chronic illnesses, past trauma, and hurtful experiences seek to make sense of their past experiences, present context, and the future by drawing upon these reflexively created tools.

The labels utilized by others regarding a person's present situation (addiction, chronic illness, trauma, etc.) serve a framing function (Benford & Snow, 2000; Burke, 1966; Goffman, 1986). As a frame or screen, the use of these labels function to filter and select aspects of the situation for significance while excluding other aspects. The choice of words, labels, and symbols "necessarily directs the attention into some channels rather than others" (Burke, 1966, p. 115). The very act of defining a situation and its

parameters is a symbolic act with consequences. Boylstein, Rittman, and Hinojosa (2007) found that the metaphors used to label, understand, and describe the stroke experience by patients affected their view of self and was associated with shifts in depression and physical functioning. Those stroke patients who utilized open-ended metaphors such as “journey” experienced lower levels of depression and increased physical functioning as compared to those who utilized closed metaphors such as “war” or other win/lose frame metaphors. Our labels and co-creation of definitions of the present context has real consequences in the lives of individuals seeking recovery and wellness as well as on hope.

Individuals struggling with adversities often are facing an uncertain future and therefore, seek to assign meaning and predictability to their futures. I argue that the ability to envision and co-construct a positive future (hope) is an important aspect of recovery. Their hope is the outcome of this symbolic interaction regarding self, the past, the present experiences, and the future.

The understanding of the present context then is based on a web of socially constructed reflexive interconnections among meanings and symbols used to frame the past, the present context, and the future. Therefore, how a person perceives his current context and situation is a complex interaction of socially constructed meanings. The uncertainty of the future and outcomes then allows the person to also construct an envisioned future (whether hopeful or not).

Interactions with a suffering other, therefore, carry the weight of responsibility. Levinas (1969) proposes that the face of the other, their being, calls us to responsibility to see them not as an object but as a fellow being. This seeing the other leads us to the

responsibility to interact in ways that are mindful of the other (Levinas, 1969). When an individual recognizes that interactions with others have reflexive power to influence and create reality for both interactants, Levinas' call is all the more weighty. How an individual perceives self, other, the situation, the past and the future are all rooted in interactions with others (Blumer, 1969; Charon, 1979; Crable, 2009; Mokros, 2003). These elements are critical components of hope.

Symbolic interaction places communication at the center of meanings and social reality rather than in the mind of the individual. Although interpretation is a key aspect of meaning making, these interpretations are of the result of participating in a dance of interaction. Meanings are dynamic and although they are historically and culturally grounded, they are in ongoing flux. The social interactions through which we assign meanings take various forms. However, one of the more powerful forms is narrative.

Coordinated management of meaning. Developed by Pearce and Cronen (1980), coordinated management of meaning (CMM) built upon social constructionist and symbolic interactionism thought with a decidedly communication focus. The theory focuses on ways in which complex meanings and actions are coordinated through communication. The theory has evolved since its introduction. Pearce and Pearce (2000) extended CMM into a practical theory useful for providing guidance for improving public discourse and the management of conflict. CMM scholars attend to the communication processes rather than outcomes.

Relevant concepts within CMM for this study include the idea that we create social worlds with boundaries, rules, and expectations. "All of us create worlds that are "complete" or "whole" within their own horizons and that are structured by a geometry of

“oughtness” that tells us what things mean and what we should, could, must, or must not do about or because of them” (Pearce, 2007, p. 40). As a result, there are multiple social worlds. In addition, these social worlds are constructed through communication and action. Therefore, as we each interact with others, we are shaping, constructing, reshaping, or changing social worlds. This communication process creates unique social worlds with a common process of communication. At the CBSP the communication processes are involved in the constructing, shaping, reshaping the participants’ narratives and worlds in terms of hope.

According to CMM, every interaction involves interpretation (meaning) and action. The meanings and interpretations guide and lead to action while action then creates or reshapes meanings. The central claim of CMM is that interactants must attend to their own meanings, interpretations, and actions while simultaneously responding to the meanings and actions of others (Littlejohn, 2009). These actions and meanings are based upon experiences which form contexts. These contexts are fluid and dynamic, interacting and inter-influencing each other in a way similar to symbolic interactionism. CMM refers to these in-flux contexts as reflexive loops.

Coordination is another central concept within CMM. Coordination is the dance in which individuals engage as they interact with each other to create meanings. CMM is focused on this process – “the way in which people put their actions together, regardless of whether they are well coordinated or not” (Pearce, 2007, p. 81). CMM scholars consider the patterns of communication that occur, that is, the process and co-creation, and why the particular coordinated construction occurred the way it did even in the face of non-agreement regarding meanings and lack of mutual understanding.

CMM theory views coordinated action and the patterns that emerge as individuals taking turns. Within the social construction paradigm, “CMM’s distinctive contribution is to focus on turn-by-turn coordinations” (Pearce, 2007, p. 89). The focus is often on what people do at critical moments (bifurcation points) within the coordinated pattern. What is done at these bifurcation points in an interaction are guided by cultural rules, norms, and expectations as well as contexts. Bifurcation points are moments of choice within the communication dance where a response can take the communication in a different direction, where the choice matters in what is co-created. At the CBSP, the coordinated actions, that is the turns, bifurcation points, and resultant patterns of the mutual aid groups and individual interactions are the constructive forces that facilitate narrative shifts toward hope.

Within CMM, these patterns, turns, and contexts form logical force. “A logical force is a cognitive connection among meanings and actions” (Littlejohn, 2009, p. 201). Within a context and interaction, certain meanings and actions feel expected and logical even pre-determined. These logics often result in people acting and assigning meaning in ways that are outside their original intentions and even contrary to health and wellness. Individuals struggling with addictions and other life adversities often become trapped in life narratives with negative logical force. At CBSP an aspect of the facilitating individuals to create or reshape their stories to embody hope may include raising awareness of or purposefully choosing to change the pull of logical force, the bifurcation points resulting in possibilities of creating and co-creating different stories.

Central to this dissertation is the CMM focus to consider the “events and objects of the social world as made, co-constructed by the coordinated actions” of persons-in-

conversation (Pearce & Pearce, 2000, p. 408). It is in the dance of communication, between the actions and meanings, where speech acts, episodes, forms of communication, selves, relationships (Pearce, 2007), and I would argue also hope, are made. It is what occurs “between” individuals – the communication patterns and choices in the turn taking dance – where the co-construction of social worlds, and hope, is made. The overarching view of this dissertation is to consider hope as an object within our social world that is co-constructed through communication and to question what communication patterns occur to facilitate this emergence of hope.

Building upon CMM theory, Littlejohn (2004) while developing theoretical praxis for conflict management and mediation proposes the concept of transcendent communication. Transcendent communication involves three components: experiencing the tension of difference, moving toward constructive communication, and creating contexts for shared meaning and action. Transcendent communication builds upon Buber’s concept of dialogue and the I-Thou relationship. In the I-Thou communication, each interactant sees and respects the other’s human dignity, value, and worth throughout the interaction. I-Thou communication centers on honesty, authenticity, respect, and mutual responsibility. Although developed within a conflict management frame, versions of transcendent communication may be occurring at the CBSP in the co-constructing of narratives of hope for individuals struggling with addictions and life adversities.

Narrative Theory

“Stories are everywhere. Human meaning making processes are so embedded in narrative forms that it is quite difficult to locate instances of human life that are alien to narratives” (Botella, Herrero, Pacheco, & Corbella, 2004, p.119). Over the past several

decades, narrative as a conceptual framework, methodology, and object of study has taken a prominent place across various disciplines. The narrative turn began in the 1990's in the fields of philosophy, psychology, social sciences, and medicine with an increasing appreciation for narrative (Angus & McLeod, 2004). This burgeoning interest and expansion of academic scholarship and narrative-informed praxis has resulted in a wide array of definitions of narrative ranging from the strict Labovian literary model (1972) defining narratives strictly as a story about a specific past event with a linear time sequencing and common literary properties to Fisher's view as narrative incorporating all communication and the way in which people reason – "narrative is a philosophy of reason, value, and action" (Fisher, 1989). Within much of the narrative scholarship in the field of communication, narrative is conceptualized as having both an epistemological and ontological force.

Epistemological force. The majority of narrative scholars conceptualize narrative as an epistemological force. It is through narrative that we make sense of our world. Making sense of events does not necessarily mean that the event is meaningful itself but that the person can integrate the events into his or her life story in a sensible manner (Hallberg, 2001). Fisher (1985, 1987, 1989) introduced the narrative paradigm theory as part of the academic debates fueled by the interpretive turn. Fisher argued that humans are natural story tellers (*homo narrans*) and narratives are central to the knowledge of our selves and the world. In contrast with post positivist logical rationality, he proposed that humans possess narrative rationality including narrative fidelity and probability. People assess a story's truthfulness based on whether the story is coherent

and rings true. He argued that all communication is narrative and serves as our paradigm for knowing and gaining knowledge.

Other scholars conceptualize narrative as a form of communication through which we gain meaning of our world. In health communication, Eggly (2002), Gray (2009), and Sharf (2009), view narrative as the process through which people make sense of their illness experiences. Whereas Boje (2001, 2009, 2011), Mumby (1993), and Czarniawski (1997) focus on narrative sense-making in organizations.

As an epistemological force, narrative allows people to understand their past, present, and future in coherent and culturally appropriate ways. Narrative is a transaction between or among people – a narrative requires an audience. Consistent with symbolic interactionism, that transactional interaction shapes and co-creates the narrative and the meanings. When facing illness for example, it is through narrative that people seek to bring meaning, coherence, justification to experiences and actions, to assert a sense of control, and to restore their sense of self to their disorderly and disrupted lives (Frank, 1995; Hallberg, 2001; Haidet, Kroll, & Sharf, 2006; Vanderford, Jenks, & Sharf, 1997). In a similar way those who are struggling with ‘hurts, habits, and hang-ups’ and participating in the CBSP are seeking to bring coherence, order, predictability, and meaning into their life stories as they seek recovery and hope.

Ontological force. The second common assumption among disparate narrative scholars is viewing narrative as an ontological force. Consistent with social constructionist views and symbolic interactionism, many narrative scholars see reality as created through narrative (Charon, 2006; Fisher, 1985, 1987, 1989; Mumby, 1993). Taking a postmodern lens, Czarniawski (1997) and Mumby (1993) frame this reality as

always in flux, shifting, and dynamic as individuals interact, co-construct narratives, and create their realities. Narrative in the communication field is often conceptualized as not only an epistemological force through which people create knowledge, but also as the process through which social reality is co-created in interaction.

Various scholars (Charon, 2006; Eggly, 2002; Gray, 2009, & Sharf, 2009) focus on narrative as the ontological force of identities particularly in illness. People not only narrate their experiences but actually narrate self into reality. Identities are constructed through narrative (Bruner, 1990). Stories are the self's medium of being (Frank, 1995) and we "become the stories through which we tell about our lives" (Riessman, 2003, p.7). In the process of narrative interaction, individuals strategically select and exclude elements to include in their narratives in the performance of self (Riessman, 1990, 2003). Through this performance, we co-construct our selves with and before others (Goffman, 1984; Riessman, 1990) guiding others in their interpretation and valuing of our self. The reciprocal performing and constructing of self is an ongoing process. Often when people face illness, trauma, or other ruptures of 'normal' life, they narrate in ways seeking to bring coherence and meaning to their disrupted life and identities (Bruner, 1990; Riessman, 2003; Weegmann & Piwowitz-Hjort, 2009). These narratively constructed selves are inherently imbued with value within the cultural context. For those struggling with adversity, addictions, or other socially disapproved conditions, the negative valuation constructed through narrative can make recovery difficult. I argue that these narrated identities within cultural contexts also co-construct conceptualizations of the future and therefore hope. For example, does the life story of a person struggling with an

addiction or other adversities incorporate an envisionment of a future where change and positive meanings are possible?

Definition of narrative. The disparity among conceptualizations of narrative demands scholars articulate their definition within their work. I draw upon and coalesce the work of various narrative scholars to formulate a working definition of narrative. For this dissertation, narrative is conceptualized as both a retrospective and prospective sense-making communication activity existing in various forms and fragments that is co-constructed in interaction with others resulting in the construction of identities, social realities, and orientations toward the future.

A retrospective sense-making perspective dominates much of the narrative scholarship and typically views narrative as a structured, plot-driven, and often linear sense-making of the past. The narrative process begins as raw experience as individuals begin attending to aspects of the experience (Riessman, 1993). This attention is both selective and exclusive. What is noticed or attended to in the experience is based on culture, language, past experiences, among other things. The individual then begins the narrative (telling) process in interactions with others. This is the beginning of narrative. The telling draws upon resources from the cultural context (Riessman, 1993). In a transactional (symbolic interactionism) process of sharing, listening, responding, and adapting, the narrative is co-produced (Blumer, 1969; Riessman, 1993). Through narrative we structure, organize, assign meaning, and provide value justifications for actions (Bruner, 1990; Cragan & Shields, 1998; Czarniawski, 1997; Gray, 2009; Mumby, 1993; Riessman, 2003; Sharf, 2009). Individuals select through a process of selection and exclusion, aspects of their past experiences to strategically assemble into a coherent,

culturally approved story structure (Boje, 2008; Mumby, 1993; Riessman, 2003). At the CBSP, individuals share and narrate their experiences with the shared problems. In this process, the communication may also transactionally help shape and co-construct narratives of hope.

Although much of narrating seeks to retrospectively make sense of past experiences, the potentialities of the future are often embedded within the retrospective framing in the narrative. In addition, narratives can also be prospective (Boje, 2008; 2011). Through narrative interaction we not only frame the future but prospectively narrate the future. This is particularly relevant for this study on hope. I argue that how we both narratively frame and prospectively narrate the future is intertwined with the concept of hope.

Consistent with symbolic interactionism, the responses of the interactants shape the on-going construction of narrative. The narrative might take a different form with a different audience (Riessman, 1993). Narrative is a socially symbolic act in a “double sense that it takes on meaning only in a social context and it plays a role in the construction of that social context” (Mumby, 1993, p.5). We become the stories that we tell (Bruner, 1990) and these identities and the worlds created through narrative constrain our actions and thoughts, including our hope and behaviors toward the future. The construction of narratives serves a framing function which not only provides meaning but also serves as interpretive guides to the audience (Boje, 2008; Bruner, 1990). This framing function can also incorporate a framing of the future or provide guidance for moving forward to the future (Haidet, Kroll & Scharf, 2006; Harter & Bochner, 2009).

Although narratives can be constructed in the Aristotelian beginning, middle, end format, some scholars argue that narratives can also exist in fragments (Boje, 2008; Czarniawski, 1997), chaos (Frank, 1995), episodic formats (Michaels, 1981), and even some traumatic experiences cannot yet be spoken (Frank, 1995). Boje (2008) argues that constraining narrative to structured retrospective sense-making with beginning, middle, and end formats fails to see the other ways in which people use narrativized sense-making in situ. In this more nuanced narrative conceptualization, narrative as a coherent, linear, structured, plot-driven, retrospective sense-making is differentiated from story which is the on-going, often fragmented, in situ narrativized sense-making process in interaction with others. This conceptualization is more consistent with symbolic interactionism. In a social constructionist perspective, there is no one “story” but rather a simultaneous, on-going dynamic interplay of multiple stories. This interplay is part of the interpretive dance of interactions. Interactants engage in communication that constructs the story and at times the narrative. The interpretive dance may result in different fragments and stories.

Boje (2001; 2009; 2011) proposes a differentiation between living story and narrative. Living story is the life in the moment, that is, the ongoing, incoherent, chaos of life. Narrative is the putting the living story into a coherent, culturally approved, format and flow. Stories often lack coherence and are in flux as the storyteller selects, excludes, and shapes narrative fragments in the process of co-constructing meaning. In this living story, nonlinear and at times disconnected story fragments co-exist as the co-constructed sense-making process proceeds. These stories and fragments are referred to as

antenarratives. Antenarrative has a double meaning: the before (ante) narrative and the bet (ante) that the story will become narrative (Boje, 2008).

Boje, Rosile, and Gardner (2004) propose that ‘story space’ is where the co-mingling, morphing, and collision of the story fragments in living story occur. This story space is where story is co-constructed. When stories take narrative shape and cease changing, they leave the story space. Narratives lose the dynamic flux of living story as they are told and retold and become petrified narratives (Czarniawski, 1997). I propose that individuals in addictions and other adverse positionalities may often create petrified narratives. These petrified narratives are often prospectively negative and create negative or defeated identities. Boje (2008) argues that although petrified narratives have lost their “life,” they can reenter the story space to be restoried and reshaped.

This more nuanced conceptualization of narrative is particularly suited for this dissertation study. The focus of this study is the communication processes that facilitate the emergence of hope in the narratives of people participating in the CBSP. Viewing narrative, story and story space as transactional embraces the social constructive force of the sense making process occurring at the CBSP as individuals seek and grow in hope. As individuals transactionally narrativize the meaning of their past, present, self, and future in situ, hope can be lost, found, or can flourish. This dissertation draws upon this concept of narrative as an epistemological and ontological force particularly in terms of the future as a framework for investigating hope.

Affirmative Approach

This dissertation takes an affirmative approach to researching hope. Over the last fifty or more years, interpretive social science has developed and expanded a host of

sophisticated tools with which to examine, expose, demystify, and debunk existing accounts of reality. In so doing, the development and expansion of vocabularies of deficit have encouraged “cultural enfeeblement” (Ludema, 1997). “There is virtually no hypothesis, body of evidence, ideological stance, literary canon, value commitment or logical edifice that cannot be dismantled, demolished or derided with the [arsenal of critical weaponry] at hand” (Ludema, 1997, p. 1019). In response to this growing body of deficit focused work and vocabularies, some scholars are beginning to call for Construction and affirmative scholarship. A turn toward the affirmative and positive in psychology, organizational scholarship, and the broader communication field began to take hold in the 1990s.

The first of two underlying assumptions of this approach is that positive health, psychology, wellbeing, and positive communication are not merely the absence of the negative but the presence of the positive. One of the seeds of this turn can be found in the 1940’s with the World Health Organization’s preamble to the constitution in which health is defined as “the state of complete physical, mental, and social wellbeing and not merely the absence of disease.” (Preamble to WHO Constitution, 1948). The concept that the positive (hope) is not automatically found in the absence of the negative (resolving or addressing the problem) is an assumption for this study.

The support programs at the CBSP context of this study seek to facilitate hope beyond merely addressing adversities. Clearly, not everyone who participates in the CBSP successfully addresses their adversity issue and finds hope. However, increasing numbers of individuals participating at the CBSP are finding recovery and hope. This study seeks to identify what is working to facilitate hope within the CBSP. The second

major assumption is that a focus on the negative and the use of deficit language can lead to disempowerment and blame framings (Barge, 2001). Hope is inherently empowering. I argue that hope-focused communication is a form of affirmative strengths-based communication. Below, I review relevant developments in positive psychology and positive communication.

Positive Psychology. Seligman (2011) states that the 1990's saw the beginnings of a "tectonic upheaval in psychology called positive psychology as a scientific and professional movement" (p.1). Although the term 'positive psychology' appears to be first proposed by Maslow (1954) wherein he noted that the field of psychology has been far more successful at focusing on and revealing the negative than the positive of potentialities, virtues, and achievable aspirations. However, the articulation of the positive dates back to ancient philosophers and religious leaders. Seligman (2011) calls for more attention in research and practice on identifying and facilitating the positive. Positive mental health does not reliably ensue when negative mental states end (Seligman, 2008). "Mental disorders, in short, somewhat impede, but do not remotely preclude positive emotion, engagement, purpose, positive relationships, and positive accomplishment" (Seligman, 2008, p. 4). He developed a theory of authentic happiness and later revised the theory to the theory of flourishing (Seligman, 2011). Since the 1990's, scholarship in positive psychology has grown to the point of warranting a dedicated journal, *Journal of Positive Psychology* as well as multiple edited texts.

This affirmative turn in psychology has yielded meaningful research findings as well as praxis. For example, Woodward and Joseph (2003) explored the positive psychological changes within the personal experience narratives of individuals who had

suffered physical, emotional, or sexual abuse as children leading to post traumatic growth in the individuals. Rather than focusing on the negative effects of the childhood trauma, they explored the ways in which the participants found and experienced positive psychological change and growth. Through a narrative thematic analysis, they identified ten themes that led to post traumatic growth. In 2006, Calhoun and Tedeschi edited the *Handbook of Posttraumatic Growth: Research and Practice* wherein the leading scholars recognize that the struggle with crisis and tragedy can sometimes lead to highly positive changes and growth.

Snyder (2002), a significant contributor to positive psychology. His extensive work focuses largely on hope includes the development of the hope scale. His scholarship and the many scholars building off of his work, take a post-positivist stance including the development and validation of hope instruments. This body of work is important in the turn toward the affirmative and to this dissertation. However, his conceptualization of hope is limited including the exclusion of transcendent hope and hope in the face of improbabilities. In addition, this body of work fails to explore the ways in which hope emerges and the communication processes that facilitate it. Further explication of the concept of hope is provided later in this literature review. His work is mentioned here for its weighty contribution in the affirmative turn and hope.

The praxis of positive psychology focuses on facilitating good lives and enabling people to be their best (Linley, Joseph, Maltby, Harrington & Wood, 2009). Positive psychology has been applied in clinical, health, educational, occupational, and forensic psychology contexts. Childhood mental health interventions using positive psychology include a strengths-based approach wherein providers seek to develop a family's

strengths by focusing on talents, skills, possibilities, values, culture and competencies that promote and enhance family functioning rather than focusing on deficits and problems (Davis, Mayo, Piccora, Wimberley, & Success 4 Kids & Families, 2013; Saleebey, 2012). Other applications of positive psychology include clinical work in wellbeing therapy, mindfulness interventions, quality of life therapies, posttraumatic growth, happiness interventions, and strength identifications in education and clinical settings (Linley, Joseph, Maltby, Harrington & Wood, 2009).

The affirmative turn has also influenced research in health. Seligman claims that positive health is desirable in its own right and is not merely the absence of physical illness (2008). Consistent with other fronts in the turn to the affirmative, positive health seeks to identify and facilitate quality of life, wellbeing, and positive states. This approach is a counterpoint to the focus on disease, illness, and recovery from illness. The focus is to seek to understand and promote optimal human functioning, the qualities of the essence of good health, and to understand how and why people flourish (National Research Council, 2001). The Robert Wood Johnson Foundation is currently granting research in positive health stating: “the emerging concept of Positive Health takes an innovative approach to health and well-being that focuses on promoting people’s positive health *assets*—strengths that can contribute to a healthier, longer life” (Robert Wood Johnson Foundation Website). This dissertation seeks to contribute to the movement of positive health through affirmatively exploring what is “going right” in the communication processes at the CBSP.

Positive communication. The turn to the affirmative can be seen in organizational communication, mediation, and interpersonal communication scholarship.

In organizational scholarship, appreciative inquiry emerged as an affirmative change method. In one of the early works in appreciative inquiry, Cooperrider and Whitney (2001) define it as the “search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms” (p. 3). Appreciative inquiry begins with the assumption that every social system works to some degree and that the role of the researcher is to identify those things which give the system life (Cooperrider & Srivastva, 1987).

After 2001, the scholarship and application of appreciative inquiry had grown exponentially including multiple books, consulting firms, dedication national conference, research, and meta-analyses (Busche, G. R. & Kassam, A. F., 2005). Appreciative inquiry brings people to places of recognizing, acknowledging, and valuing those things that are good, positive, and what is ‘going right’ within a context, organization, or in an individual’s life.

One of the key aspects within these theories is that the co-creation of generative metaphors through appreciating the positive can serve as provocative starting points from which previously unthought-of action and change can begin. Nonliteral language has been shown to be essential units of thought (Zaltman & Coulter, 1995) and the basis of the human conceptual system (Lakoff & Johnson, 1980). The primary function of metaphor is to provide a “partial understanding of one kind of experience in terms of another kind of experience” (Lakoff & Johnson, 1980, p. 153). Metaphors are often embedded within narratives and provide some of the framing for understanding.

Consistent with this approach, helping individuals shift their metaphors and narratives has resulted in positive health outcomes (Boylstein, Rittman, & Hinojosa, 2007; Kopp & Craw, 1998).

Some examples of extending this idea of finding the positive include: Lutgen-Sandvik, Riforgiate, & Fletcher's (2011) research exploring how work can be a source of positive emotional experiences; numerous scholars exploring meaningful work in terms of interest, job satisfaction, work-life balance, life satisfaction, and spirituality (Cheney, Zorn, Planalp, & Lair, 2008); and the exploration of trust and perceptions of justice within organizations (Hubbell & Chory-Assad, 2005). Although a body of work exists exploring how narrative, metaphor shifts, and appreciative inquiry methods can bring about positive change and new ways of seeing and understanding a situation, no work has conceptualized hope in the change process or the communication processes that facilitate its emergence. In addition, no work has explored how these shifts in generative metaphors and narratives are co-constructed to facilitate hope for recovery.

Prior to the affirmative turn in other disciplines, Pearce and Cronen's (1980) theory of the coordinated management of meaning evolved beyond providing an understanding of how people coordinate their actions to co-create meaning into a practical theory of how coordinated meaning making can be more positive, productive, and create positive worlds. This theory states that humans live *in* communication and that the on-going communicative interactions create social worlds. Through viewing social worlds as created through the interpretive dance of coordinated actions and meaning making, the possibilities to create better and more positive social worlds becomes within grasp. Pearce envisioned the potential for a "communication revolution"

where people, communities, and nations could engage in cosmopolitan dialogue seeking to understand the other and co-create better social worlds (Pearce, 1989).

Communication within the CBSP can be viewed as attempts to co-create better social worlds for those seeking recovery and hope.

Embracing this potential to create better social worlds, scholars in mediation and conflict management practice have employed concepts from coordinated management of meaning (Barge, 2001; Freeman, Littlejohn, & Pearce, 1992). Barge (2001) discusses how in January, 2000, conflict theorists and practitioners gathered to discuss how transcendent discourse could be cultivated within communities. “One of the most provocative themes generated from the conference was the value of affirming what works well in a community” (Barge, 2001, p. 90). Embracing this approach, Barge (2012) identified how fostering vocabularies of hope rather than vocabularies of deficits promotes relational and community reconstruction as well as expands people’s capacity to identify and build upon what is ‘the best’ within a community. Creating vocabularies of hope and inquiring into life-generating experiences of the collective good can help create compelling images of the future that can move people to enact positive change (Ludema, 2000). The majority of the work in this area focuses on organizational and community levels. Limited, if any, work has explored these communication processes and the effect on hope and recovery. People struggling with adversities and addictions often envision entrapped and negative futures where the possibility for change is absent. At the CBSP site of this study, communication processes encourage the facilitation of shifting narratives to envision and embrace hopeful futures.

Interpersonal communication scholarship has explored affirmative communication throughout the past decades. However, Socha and Pitts (2012) edited the first volume focusing exclusively on the positive aspects of interpersonal communication. “It is about time someone focused in a single volume the positive” aspects of communication (Duck, 2012, p, xvi). Interpersonal communication inherently includes positive communication concepts including compassion, gratitude, forgiveness, courage, and support. However, “few published studies have described interpersonal communication at its best” (Mirivel, 2012, p. 57). Communication excellence is worthy of study and emulation. Like scholars in other fields, too often communication scholars have focused on problems, issues, deficits, and the ‘dark side’ of communication (Mirivel, 2012). Socha and Pitts’ (2012) edited text includes work on synchrony in positive intercultural interactions (Yun Kim, 2012), communication excellence (Mirivel, 2012), listening as positive communication (Bodie, 2012), humor as relationship enhancers (Meyer, 2012), positive religious/spiritual coping (Baesler, Derlega, & Lolley, 2012), among others.

Following the overwhelming response to their open call to their first edited text revealing an increasing interest in positive communication, Pitts and Socha (2013) edited a second text focusing on positive communication in health and wellness. The importance of this text is that it focuses on how communication can generate health and wellbeing across life domains. This approach supports the approach of this dissertation in recognizing the constructive power of communication toward wellbeing. Hope is critical to wellbeing. Davis, Mayo, Picora, Wimberly, & Success 4 Kids & Families (2013) investigate the ways in which strengths-based communication in a child mental

health initiative can create discourses of hope. Although they take a social constructivist stance, their conceptualization of hope is based upon Snyder's (2002) post positivist hope theory and does not explore communication processes constructing hope. Further discussion of the limitations of this conceptualization of hope is discussed later in this literature review.

This affirmative approach to theory construction, research, and praxis is gaining ground across disciplines including the communication field. As we create our social worlds through and in communication, we have the power to create positive, uplifting, ethical, and hopeful worlds for ourselves and those with whom we share this world. Investigating, explicating, theorizing, and understanding the ways in which communication processes co-create positive worlds is an important endeavor. In particular, how communication processes at multiple levels can construct and facilitate hope is an important contribution in this movement toward the affirmative. Limited, if any, studies have explored the social construction of hope in situ. The CBSP of this study is a site of success in the co-creation of hope for many attendees. With new testimonies of recovery and hope being regularly shared and the rapid increase in attendance, this site is a valuable site to explore 'what is going right' and the life-generating power of communication to co-create hope.

Review of Literature

Hope

"The phoenix hope, can wing her way through the desert skies, and still defying fortune's spite; revive from ashes and rise" (credited to Miguel de Cervantes (1547-1616)). Hope rising from the ashes despite fortune's spite and taking flight is an

inspirational and uplifting thought. Hope seems intuitively good and is considered by many to be a necessary component to life. But what is hope? Hope is a paradox – something so familiar and common in the vernacular yet conceptually difficult to define. We all know when we see someone who has lost hope and speak of people finding hope. However, when asked to define hope, we struggle with its ambiguity. Within academia and across disciplines there exists a multiplicity of definitions and conceptualizations. I review some of the prominent historical and contemporary conceptualizations of hope. I then explicate a working definition of hope for this dissertation. Finally a discussion of the literature on the link between hope and wellbeing is provided followed by an articulation of areas of contribution for this present work.

History of the hope construct. Hope has historically been the purview of religion and philosophy. In ancient Greek mythology, a jar full of all the evils of the world was given to Pandora, the first woman on the earth. Pandora was instructed by Zeus not to open the jar under any circumstances. Driven by her curiosity, she opened the box. As the evils were released from the box, she hastily attempted to replace the lid but only hope was stopped from escaping. The ancient Greeks viewed hope negatively as something that confused the mind and that which people cling to in vain. Contrasting this negative perspective, in the historical Judeo-Christian doctrines, hope is positive and central to the character of God. Hope is prominent within the Biblical texts with a total of 58 references in the Old Testament and 75 references in the New Testament. It is both a gift and virtue. As a divine gift, it requires an active human response (Ludema, Wilmot & Srivastva, 1997). God is the essence of and giver of hope. For example, God is the hope of all Israel (Jeremiah17:13), the God of Hope and the giver of hope (Romans

15:13), the object of hope (Psalm 25:21; 31:24; 42:5), and giver of promises on which people hope (Acts 26:6; Romans 8:25). For centuries, hope remained in the purview of theologians and philosophers.

In the 1940's, hope entered the academic discourse through Gabriel Marcel's publication *Homo Viator: A Metaphysic of Hope* (1944). He contrasted hope with despair and associated it with liberty and love. For Marcel, hope was part of the spiritual mystery and an entity in its own right having transformative power. "Hope is for the soul what breathing is for the living organism" (Marcel, 1944, p. 10). From his perspective hope arises from the temptation to despair and simultaneously is the antithesis to despair (Elliott, 2005). For Frankl (1946) hope is a resource to be drawn upon in times of adversity. As a holocaust survivor, he argued that hope gives life meaning as well as sustains life.

Hope based scholarship quickly expanded in the fields of medicine, especially nursing, and mental health. In 1959, Karl Menninger introduced the concept into the field of medicine. Menninger identified hope as critical to the practice of psychiatry and medicine. With an objectivist perspective, he defined hope as an object to be observed, discovered, and studied, as well as something that can be lost or extinguished (Elliott, 2005). Elizabeth Kubler-Ross (1969) defined hope as a valuable medical commodity and the ability to manage patients' hope as a responsibility of physicians.

The first objective scale, developed by Gottschalk in 1974 (the Hope Scale), moved the academic discussion of hope beyond theoretical discussion to an empirically quantifiable instrument (Gottschalk, 1974). This shift to empirical measurability resulted in a proliferation of publications on hope in the health sciences throughout the 1990's.

Numerous scales have been developed, tested, and supported with further publications that explore each scale in various health contexts. The majority of studies are grounded in the objectivist, post-positivist assumptions which view hope as a measurable and discoverable possession of the individual and a variable in experimental research.

Taking almost an autoethnographical approach, Groopman (2004), an oncology physician, explicates his journey to understand hope for himself and his patients. “We are just beginning to appreciate hope’s reach and have not defined its limits. I see hope as the very heart of healing. For those who have hope, it may help some live longer, and it will help all to live better” (Groopman, 2004, p. 212). This common belief that hope at the very least improves lives and at most is critical to life is foundational to this study.

Embracing the affirmative turn, many nursing researchers undertook an exploration of hope in the medical field. Although the body of literature on hope in nursing research is extensive, the conceptualization of hope remains contested and at times ambiguous and vague (Kylma & Vehvilainen-Julkunen, 1997). Nursing scholarship has contributed numerous multidimensional objectivist measurements of hope (Herth, 2005). Much of the hope work in nursing focuses on applying existing knowledge on hope to clinical practice (Farran, Herth, & Popovich, 1995; Herth, 2005). The practice of nursing is inseparable from the engagement with patients’ suffering experiences. Therefore, nurses are in a strategic position to influence hope (Herth, 2005). Much of this work views the nature and target of hope as dynamic and in flux (Herth, 1993; 1996). An extensive body of both qualitative and quantitative literature in nursing focusing on hope has explored numerous predictors, outcomes, populations, and contexts

(Herth, 2005). There is widespread agreement within the medical field that hope is critical to health and wellbeing.

With the affirmative turn in psychology, hope emerged as a focus of study. Within cognitive science, hope is conceptualized as a mental and emotional resource promoting health (Ludema, Wilmot, & Srivastva, 1997). Hanna (1991) proposed that building and enhancing hope is more productive and efficacious than seeking to reduce hopelessness. Ezra Stotland's *The Psychology of Hope* published in 1969 with a cognitive-behavioral approach was the first extensive examination and conceptualization of hope as an individual positive cognitive construct within an individual's schema. Hope from this perspective was disassociated from any religious, philosophical, or social contexts and framed as a psychological variable leading to specific behaviors (Jacoby, 2003).

Hope theory developed by Snyder (2002) has become one of the prominent perspectives of hope in cognitive and clinical psychology (Du & King, 2013; Rand & Cheavens, 2009). This original work has spawned an extensive body of literature on hope by psychological researchers, clinical psychologists, and other social scientists. Hope within this theory is conceptualized as a stable personality trait that reflects the extent an individual believes his or her future will be positive (Alarcon, Bowling & Khazon, 2013). Within this conceptualization, hope is comprised of three components: goals (goal directed thoughts, both approach and avoidance), pathways (envisioning pathways to reach goal), and agency (perceived capacity or ability to use pathways to achieve goal) (Rand & Cheavens, 2009; Snyder, 2002). According to the theory, hopeful thinking requires both the perceived ability to generate pathways to a goal and the perceived

ability and determination to use the pathways. As evidenced by the extensive body of literature birthed from this conceptualization, it has contributed in meaningful ways to our knowledge on hope. However, by focusing on pathways and agency, it excludes more nuanced, complex, and transcendent aspects of hope for people suffering with adversities. It excludes the hope that gives us strength and meaning even in hopeless conditions (Havel, 2004). Through utilizing qualitative methods this present dissertation seeks to explore hope as experienced by participants at the CBSP struggling with many life adversities and as emergent in interactions.

By the 21st century, hope has become “a self-sustaining industry” (Eliot, 2005, p. 27) with a multiplicity of voices expanding, illustrating, and amalgamating the concepts, definitions, and research on hope. However, this expansion of research and voices has rendered a clear, agreed-upon definition of hope problematic. “Hope is, or can be, positive, negative, divine, secular, interpersonal, individual, social, ideological, inherent, acquired, objective, subjective, a practice, a possession, an emotion, a cognition, true, false, enduring, transitory, measured, defined, inspired, learnt...and the list goes on” (Eliott, 2005, p. 28). Hope is something familiar to all yet seems just out of our grasp.

Much of the existent literature on hope takes a post-positivist, objectivist stance in the approach to hope. Snyder’s theory (2002), as well as most other theories and work in hope, advance a strongly Western individualistic conceptualization of hope, placing hope solely within the individual (Du & King, 2013). This approach fails to recognize the constructive power of social interactions as well as the narrative and communicative sense making processes. Rather than seeing hope as residing in the person, in this current

study, I position hope as residing in and through relationships and interactions – it is an ongoing dynamic communicative constructive force.

Much of the existing work is “grounded in reflections on hope rather than on its exercise or practice” (O’Brien, 2010, p. 30). There is an absence of research exploring the emergence of hope in situ considering the multiple levels of contextual, relational, and communicative ways that hope is constructed. The social constructionist approach of this present study exploring the communication processes that facilitate the co-construction and emergence of hope contributes to the existent knowledge base on hope by entering this void.

Hope is multifaceted and complex. Many of the existing approaches fail to account for the more dynamic and perhaps more mysterious elements of hope, such as the terminal patient with cancer who holds on to hope while fully acknowledging the status and prognosis of his or her condition. O’Brien (2010), Havel (2004), Groopman (2004), and Barge (2003) all discuss hope as transcending beyond the probable and particularized goals to meaning, purpose, and value – that the world somehow makes sense (Tennen, Afflect & Tennen, 2002). Hope, in this deep and powerful sense, is not the same as joy that things are going well, or willingness to invest in enterprises that are obviously headed for success, but rather, an ability to work for something because it is good, not just because it has a chance to succeed. (Havel, 2004). They discuss the type of hope that stands in defiance of the current conditions and probabilities, such as aid workers who “know that their hopes will not be fulfilled yet they hope nonetheless” (O’Brien, 2010, p. 31).

O'Brien (2010) provides an example of this type of hope: "Those who pass through those gates (of hell), who enter countries, walk within villages, and sit down in the homes of those whose lives have been ravaged by genocide, war, extreme poverty, and disease – those who travel through the many layers of hell on earth, they dwell in hope. ..." "I am angry. I am outraged, at times I am depressed. But I never lose hope." Rather than being abandoned, hope seems to flourish on this side of the gates (of hell)...probability is irrelevant. Possibility alone, sustains hope" (p. 29). These are those who hope and live 'as if' - as if the world was as it should be, as it could be. I believe a more encompassing definition of hope can embrace both the agency and pathways view of hope while also including transcendent types of hope.

Working definition of hope. In the absence of a consensus on the definition of hope, I present a working definition for this study. Hope is a reflexive positive orientation toward the future co-constructed in relationship through communication prospectively narrated in life stories, both fragmented and coherent, that serves as a foundation for health, healing, and wellbeing.

This working definition draws upon two major commonalities within the existing hope literature. The first commonality is the underlying assumption that hope is always future-focused (prospective) (Groopman, 2004; Raleigh, 2012). The future that hope envisions is not isolated but is interwoven with the past and the present. "It transcends the world that is immediately experienced and is anchored somewhere beyond its horizons" (Havel, 2004, p. 82). Whether the future is imminent or in the afterlife, hope is always about what is yet to be. Intuitively, one does not hope for the past. This clear future-focus of hope dates back to ancient times, as evidenced in the Bible, "For hope

that is seen is no hope at all. Who hopes for what they already have?" (Romans 8:24, NIV).

The second commonality is uncertainty. Hope is embedded in uncertainty which is ever present in the future. It is not called hope when one looks toward what is certain or when an outcome is highly probable. Hope exists in the fact that the future is not determined, predictable, or controllable, and that the unexpected happens, and at times the improbable becomes reality (Ezzy, 2000; Groopman, 2004; O'Brien, 2010). Even the most gruesome and aggressive cancers can sometimes be stayed by primitive toxic therapies such as chemotherapy. They rarely are, but sometimes the unexpected happens (Groopman, 2004). In this uncertain future, rather than focusing on the probable, hope stakes a claim for what is possible. In light of this embracing of uncertainty, O'Brien (2010) draws upon the work of Arendt and Augustine to posit that hope orients one toward beginnings – natality. Through hope one can begin and create self and social reality anew.

Consistent with social constructionist thought, hope is reflexive in that it is simultaneously being constructed and reconstructed in communication as each communicative act reflects back shaping the on-going construction of reality. It is created through interactions with others (Charon, 1979). Hope is part of this reflexive interpretive dance through which we construct and reconstruct our meanings. Our interactions with others shape our view of our selves, the present situation, and view of the future. The situations we define then in turn influence and shape us. In other words, we co-construct our hope (or lack thereof) and are reflexively shaped by the hope reality we have created. Hope, then, as reflexive is shaped and constructed in our interactions

with others and then in turn shapes and influences us. This reflexive co-construction occurs through communication and within relationships (Blumer, 1969; Ludema, Wilmot, & Srivastva, 1997). It is in and through relationships with others that the co-construction of meaning and hope emerge.

Ludema, Wilmot, & Srivastva (1997) relate this in-relationship aspect of hope to Buber's (1970) I-Thou relationship. Hope emerges in the communicative interactions that occur in the ontological space between the I and Thou – the “spiritual interconnection” (p. 1032). Hope from this position transcends both the I and the Thou as it is created by both interactants in the ‘space between’. Vaillot (1974) claimed hope to be essential to life, present in the bonds between individuals (relationships) and influenced by the actions of others (communication). Relationships and communication become central within this perspective of hope and for this dissertation.

As an orientation toward the future, this working definition of hope extends the conceptualization of hope beyond Snyder's pathways and agency as well as beyond the multiple views of hope including a personality trait, emotion, and cognition. Hope as a positive orientation toward the future, allows for the incorporation of many of these various perspectives while not excluding the transcendent, reflexively constructed-in-communication, and more nuanced views of hope.

Jevne (2005) submits that hope is an orientation and Havel (2004) proposes that hope is an orientation of the spirit and a state of mind. O'Brien (2010) speaks of hope reorienting a person toward natality and away from endings. Orientation is being aware of one's position in reference to others, place, and time. In chemistry, orientation refers to the relative position of one atom to others within a connected structure. Similarly, we

are all connected in community but each have an orientation in relation to self and community.

Hope as an orientation acknowledges the present circumstances but refuses to allow the present and past to bind the visions of the future and in so doing allows for a new positionality and possibilities. In addition, as an orientation or standpoint, hope is the vantage point from which one views the possible future and from which one can begin action in the present. For example, a cancer patient said, “My hope is sacred. What right do you have to insist I hope only for what you hope; to privilege your hope over mine? Hope is to have a vision. To see the yet unseen. I don’t have to see what you see” (Jevne, 2005, p. 275). As a co-constructed envisionment of the future, hope guides and shapes actions in the present. This allows a place for the agency and pathways perspective without constraining hope to this pragmatic, post-positivist conceptualization.

Within the field of nursing, Farran and Popovich (1990) identify four central attributes of hope for clinical assessment processes. Their ‘hope process framework’ is discussed in more detail in the methodology section of this dissertation. It is mentioned here as an extension of the working definition. The four attributes identified include: experiential, spiritual/transcendent, relational, and rational thought. Farran, Wilkin, and Popovich (1992) refined the concepts to: health, others, purpose, and engaging process. Although the hope process framework is a clinical assessment tool, it provides a useful lens for exploring the emergence of hope and the communication that co-constructs hope.

As people look toward the future, they narrate their faith, beliefs, dreams, values, goals, and meanings prospectively. As previously discussed in this literature review,

meanings are often negotiated through narrative. Narratives can be retrospective or prospective (Boje, 2011). The meanings assigned to the future can be narrated in fragments embedded within retrospective narratives or can be independently prospectively narrated. Hope exists in the story space of prospective narrative making.

Hope and Health

Hope is largely viewed as critical to health and quality of life in individuals, relationships, and communities (Barge, 2003; Groopman, 2004; Scioli, et al., 1997). “Hope and biological life are inextricable intertwined” (Deegan, 1996, p. 93). Hope has also been referred to as a life force (Herth, 2000). “It is core to the well-being of both clients and counsellors” (Edey & Jevne, 2003, p. 45) and the very heart of healing (Groopman, 2004). Beyond the academic literature, it is intuitive that hope is important to life. We refer to individuals who have committed suicide or have suicidal thoughts as having lost hope. We speak of people in recovery as finding hope. Hope is the foundation and the fertile soil upon which recovery, healing, well-being, and quality of life grows.

The work in hope scholarship is as multivocal as the philosophical and conceptualization differences of hope are varied. However, across disciplines and approaches, hope has consistently been correlated and associated with positive life outcomes and wellbeing. Following is a sample of these studies.

A vast array of studies in medicine and psychology has supported the role of hope in health. “Having a sense of hope is the foundation of recovery from mental health problems” (Clarke, 2009). Lower hope scores were correlated with increased frequency and severity of illness (Scioli, et al., 1997). Hope is an important resource for coping for

persons with chronic illness (Elliott & Oliver, 2009). Hope has been found to positively affect health and treatment outcomes (Gottschalk, Fronczek, & Buchsbaum, 1993).

Lower levels of hope were found to be associated with psychopathology and greater anxiety (Erickson, Post, & Paige, 1975). Hope has been associated with greater intentions to engage in positive health and preventative activities as well as greater attention to and use of medical information (Snyder, Feldman, Taylor, Schroeder & Adams, 2000).

Anxiety and depression among Italian cancer patients was inversely associated with hope (Vellone, Rega, Galletti, & Cohen, 2006). Hope scores were negatively correlated with Social Alienation-Personal Disorganization Scale scores (Gottschalk, Fox, & Bates, 1973). An extensive overview and critique of both quantitative and qualitative studies exploring hope and various health outcomes is provided in *Hope and Hopelessness: Critical Clinical Constructs*, (Farran, Herth, & Popovich, 1995).

Patients suffering with posttraumatic stress disorder often initially report a profound sense of hopelessness when first entering therapy (Gilman, Schumm & Chard, 2011). Gilman, Schumm, and Chard's (2011) study focused on determining whether hope served as a change mechanism that underlies the efficacy of cognitive-behavior therapy. Higher hope among Veterans receiving treatment for posttraumatic stress disorder at mid-treatment was predictive of lower patient-rated posttraumatic stress disorder severity at post treatment. Combat veterans seeking inpatient treatment of posttraumatic stress disorder have a "profound lack of hope" (Irving, Telfer & Blake, 1997, p. 477).

Particularly relevant for this study, individuals with low hope tend to ruminate unproductively about being stuck (Michael, 2000) and do not learn from their past

experiences becoming stuck in negative cycle (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). A study of chemically dependent adolescents found a statistically significant relationship between hope and the use of alcohol, tobacco, and marijuana (Wilson, Syme, Boyce, Battistich, & Selvin, 2005). Scoring high on hope scales was predictive of using less alcohol, marijuana, and cigarettes than those with lower hope for adolescents. In this study, hope appeared to be a distal determinant of substance abuse for this population (Carajal, Clair, Nash, & Evans, 1998). They also found that higher hope was associated with superior coping and greater perceived social support. Counselors working with clients participating in counselling interventions at the Hope Foundation of Alberta found that their work with clients was enhanced when they consciously drew attention to hope (Edey & Jevne, 2003). Consistent with the affirmative approach, they found that “hope is more than the absence of debilitating symptoms” (p. 477). For adults residing at a substance abuse recovery home, hope was predictive of substance abstinence (Mathis, Ferrari, Groth & Jason, 2009).

These examples from the large number of studies exploring hope demonstrate the importance of hope for health and wellbeing. However, hope as a variable tells only one side of the hope story. It is often “grounded in reflections on hope rather than on its exercise or practice” (O’Brien, 2010, p.30). When constrained to goal-based thinking and action and therefore the potential of the actualization of a goal, it fails to fully appreciate the life giving, meaning giving, quality-of-life giving power of hope in the lives of those in hopeless situations - such as the humanitarian aid workers who “know that their hopes will not be fulfilled; yet they hope nonetheless” (O’Brien, 2010, p. 31). When reduced to a variable with defined boundaries, the power of hope seems at best

abstract and theoretical and at worst limited to the established boundaries. The critical nature of hope as an orientation is seen and felt in the lives of people. “To hope under the most extreme circumstances is an act of defiance that permits a person to live his life on his own terms. It is part of the human spirit to endure and give a miracle a chance to happen” (Groopman, 2004, p. 81). Nothing in the future is absolutely determined, so there is always reason to hope.

Focusing on the abstract nature of research findings and statistics can limit one’s ability to see the suffering of despair when one envisions his or her future closed off with only the progression of the present suffering; or when someone’s heart becomes hard and she cares about nothing and the “deep sense of hopelessness of despair begins to settle over the human heart” (Deegan, 1996, p.94). We can miss the intensity of the existential struggle of the human spirit who is fighting to hold on to hope -- experiential and existential aspects of hope. These studies don’t see the pain in the eyes of loved ones as they struggle to communicate hope to one who can no longer envision a positive or meaningful future. These studies also do not speak of the joy and light that enters a person when the seeds of hope planted through multiple communicative interactions finally begin to take root. The person reenters the land of the living where he can begin anew and life has meaning, purpose, and a future. This present study matters because hope deeply matters. Hope is life-changing and life-restoring. When one finds hope in the recovery journey, the positive effects are not limited to her life but ripples out in concentric circles touching other lives. Hope matters for individuals, families and communities. There is an absence of scholarship investigating the emergence of hope, the co-construction of hope in community, and the communication process building hope

in situ. This study seeks to address that void by entering a hope-building space to explore the communication that co-creates hope in a hope-giving and growing community of recovery.

Wellness

The above samples of the expansive work in hope demonstrate that hope is associated with positive health from a biomedical perspective. Hope is also critical from a wider wellness perspective. People suffer a lack of wellness from a host of causes. Most individuals participating in the community based support program are suffering but not always from a biomedical or diagnosable mental health issue. However, they are suffering non-the-less and are seeking hope and recovery. Wellness is a holistic and balanced concept of health (Breen, Wildy, Saggars, Millsteed & Ragavendra, 2011). The concept of wellness has largely entered the academic discourse as part of the challenges to the reductionist biomedical paradigm and the appreciative turn.

The socially constructed meaning assigned to a lack of wellness incorporate epidemiological and etiological aspects. From a communication perspective, biomedical and other epidemiological perspectives are co-constructed through communication. This meaning-making is important because it guides and directs actions towards illness and suffering for health care providers, loved ones, and communities. Throughout time, individuals and communities co-construct theories regarding the definition and maintenance of health and wellness as well as definitions of illness and etiology. Historically, communities maintained beliefs that the key to health and wellness was balance both humeral and spiritual. The dramatic changes in communities and lifestyles occurring with the rise of the industrial revolution brought equally dramatic effects on

health, wellness, and etiological beliefs. Wellness and illness beliefs incorporate causation beliefs, value assignment, and prospects for the future (hope).

Some of the early significant etiological theories were contagion, miasma, and zymotic theories (Krieger, 2011). Contagion perspectives held that diseases were spread through person to person contacts. The ill person produced poisons that were transferred to the next person. These poisons or toxins were conceptualized as invisible and non-living. This perspective evolved into miasma. Miasma proposed that rotting filth, moral evil, and impoverished areas projected toxins or invisible non-living poisons into the air. Finally, zymotic theories suggested that disease was spread through invisible, non-living poisons that came from the exhalations of sick people.

All three of these epidemiological and etiological perspectives were part of the co-constructed meaning of wellness and illness. The naming and framing process is never neutral, however. Moral beliefs constructed with the etiological beliefs resulted in the marginalization and discrimination of individuals and communities. During times of crisis, these beliefs have resulted in attempts to purge entire people groups from communities. For example, during the time of miasma, the fact that much of the disease and suffering occurred in the impoverished areas combined with the belief that moral filth and poverty caused disease which resulted in policy-level actions including quarantines, laws banning immoral behavior such as gambling and prostitution, the use of violence to enforce moral laws, and discrimination against the impoverished and the socially deviant even at times killing the blamed people. Widespread value and attributional blame could clearly affect a person's hope. Community responses to wellness and illness frame the potential and reasonableness for hope for individuals.

A paradigmatic breakthrough occurred with the emergence of germ theory. Rather than viewing etiology as invisible non-living toxins, germ theory introduced the living, invisible germ. Germs were now believed to be the cause of all disease (du Pre, 2000). The purposeful use of metaphors (agriculture and war) to disseminate this new paradigm resulted in wide-spread adoption of this perspective among the lay population (Krieger, 2011). Agricultural metaphors framed the germs as seeds. Each seed only produces specific plants – an apple seed will not produce an oak tree. In the same way, germs produced very specific symptoms and had specific causal pathways and projected outcomes. Also consistent with the seed metaphor, not all seeds sprout explaining why some people got sick and others did not. Also utilizing the war conceptual metaphor, germs were set up as the enemy of man requiring funding to develop resources to fight them. These germ enemies were invaders into the body and communities.

Eugenics entered the field as a new etiology and epidemiology. Grounded in Darwinism's evolution and survival of the fittest, disease was perceived to be caused by inherited genes (Krieger, 2011). Within this deterministic paradigm, people and communities were either fit or inferior. Individual's and communities' hope would be influenced and co-constructed along these assigned meanings. Clearly illustrating the value-laden aspect of the construction of meaning, this paradigm had devastating effects on individuals and communities. Actions based on this meaning system included forced sterilization in many countries. The Nazi ideology was influenced by eugenic thinking. Perceiving the fictitious Aryan race as the fittest and most superior provided the justification and rationalization for horrendous inhumane actions including the elimination of the perceived inferior, sick-infested genes. This marginalization and

discrimination was not limited to the horrors of the holocaust. In the United States, eugenic beliefs perpetuated the discrimination against people of color in which they were framed as sick-gene infested and inferior. Eugenics provides a dramatic and tragic example of the value-laden power of assigning meaning with the resultant guides to action and effects on hope.

The current dominant epidemiological and etiological paradigm is the biomedical and lifestyle web of causation. Unique to the previous theories, the biomedical paradigm takes an atheoretical stance making it resistant to alternative voices (Morris, 1998). This paradigm is reductionist – reducing disease etiology and epidemiology to microbiological causes that follow the laws of chemistry and physics. All diseases can be reduced to the micro level. Utilizing a complex systematic conceptual metaphor, the biomedical paradigm frames the body as a machine. Drawing upon the systematic concepts of machines, the body requires maintenance to remain functioning properly with the potential for repairs and replacement of parts to return the machine to normal (healthy) functioning. The paradigm emphasizes molecular microbiology as causal pathways to disease. The parts (microbiology) explain the whole (body or community). This reductionist position assumes that all causal pathways to disease can be understood, explained, and treated at the microbiological level. The mechanistic metaphoric framing can result in disappointments, disillusionments, and loss of hope when the ‘machine’ is unfixable or the ‘regular maintenance’ failed to prevent a breakdown (Krieger, 2011; Morris, 1998).

The web of causation perspective considers lifestyle behaviors as freely chosen individual actions. These lifestyle choices are framed in terms of risk factors exposing

individuals (by their free choice) to biological causal pathways to disease. This assigned meaning can easily lead to blaming the individual for their illness. In addition, when an individual living a preventative low-risk lifestyle comes down with cancer or some other illness he often experiences disillusionment and can lose hope. The distribution of diseases among a population is seen as the simple sum of individual freely-chosen behaviors (Krieger, 2011). This epidemiological position is decontextualized and reductionist focusing attention on microbiology and the distribution as a result of free choice behaviors while drawing attention away from social and environmental factors and etiologies.

The biomedical paradigm and web of causation have become widely embraced by the popular culture. With the constant introduction of new technologies into the lives of everyday people promising convenience, less distress, and less pain, and the latest drugs improving the lives of people with once fatal diseases, the promise of science and biomedical wonders seemed boundless. The wonder drug mentality has resulted in the development and propagation of drugs for not only once life-threatening disease but for life's inconveniences such as balding and the common cold (Conrad, 2007; Morris, 1998). This optimistic utopian thinking is reflected in the statement of Dr. Thomas in the 1970's. "I cannot imagine any disease that we cannot think our way around. After we have learned to penetrate and master all the mechanisms of today's diseases, we will be automatically situated to handle anything new that arises" (Krieger, 2011). However, when the regular maintenance fails or the disease has not been mastered, an individual can lose their grip on hope.

The biomedical paradigm has become part of the deep level cultural assumptions in the West. It is assumed that if an individual engages in the healthy lifestyle (makes freely-chosen behavior choices) and practices regular check-ups (also drawing upon the machine tune-up conceptual metaphor), he or she is expected to be “healthy.” Within this utopian frame, health is conceptualized as disease-free, pain-free, young, and beautiful (Morris, 1998). This utopia is promoted through the marketing and media which parades the latest pharmacological discovery to relieve even the most common historical distresses of life from headaches, to menopause and baldness (Conrad, 2007), the latest facial cream to erase the signs of aging (the anti to healthy), and perfect, young, gym-fit, “healthy”, albeit photo shopped, bodies.

The biomedical cultural assumptions involve binary categorical thinking – a person is either healthy or ill. Morris (1998) frames this categorical thinking in terms of citizenship. A person is a citizen of the land of the healthy or receives a visa to visit the land of the ill. Within the paradigm the visit to the land of the ill is either for the purpose of being fixed and returned to a normal healthy life or to die behind the curtain hidden from the eyes of those living in the land of the healthy. This framing leaves no place for the chronically ill, undiagnosed, disabled, mentally ill, or those struggling with a multitude of life hardships.

Over the years a number of scholars and practioners have proposed alternative epidemiological and etiological frames. These alternative voices have struggled to gain ground partly due to the atheoretical stance of the biomedical paradigm and the power structures that reinforce this dominant frame. Some alternative voices include sociopolitical, psychosocial, and ecosocial (Krieger, 2011). The sociopolitical

epidemiological frame focuses on power, political and economic factors as etiological forces. The psychosocial paradigm has gained some traction but still struggles for acceptance. This paradigm can be seen in the World Health Organization's definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It proposes that individual perceptions and responses to social factors such as hierarchies cause biological effects resulting in diseases. An example of this paradigm is the extensive work done on the biological and disease effects of chronic stress as a result of social positioning (Sapolsky, 2004). The ecosocial approach proposed by Kreiger (2011) embraces the key concepts of the sociopolitical and the psychosocial as well as much of the biomedical in an attempt to provide a broader frame. Although these alternative voices expand the biomedical epidemiological perspectives to incorporate social and environmental etiologies, they are still bound by biomedical binary categorical thinking. Health is still conceptualized as disease-free.

Wellness extends beyond the categorical thinking. A life well-lived is not constrained by disease or other illness. Scholarship in well-being emerged largely from the appreciative turn in psychology and health promotion. Much of the work in this area focuses on subjective well-being commonly defined in terms of life satisfaction and happiness (Oishi, Diener, & Lucas, 2007). In the communication field, Chen & Feeley (2012) studied the effects of enacted support on well-being operationalized as life satisfaction. Other scholars have explored communication and quality of life (Nussbaum, 2007). Nussbaum (2007) argues that communication is at the heart of quality of life. From a social construction perspective, communication is more than the heart – it is the constructive force of quality of life, flourishing, and hope. Keeley and Baldwin (2013)

propose that authentic communication and social support can even contribute to wellness at the end stages of life for both the terminally ill and the support giver.

The challenge is that the wellness scholarship has not developed an agreed upon conceptualization of wellness. In addition, health practitioners often have inconsistent understandings of the concept (Breen, Wildy, Siggers, Millstead & Raghavendra, 2011). In addition, a variety of theories and models have been proposed (Durayappah, 2011). Seligman, although beginning with happiness theories, expanded into well-being theory with the question – what makes life worth living? I argue that hope is the foundation of building a life worth living.

As I stated earlier, the absence of disease, distress, mental illness, addictions, and other sufferings is not equivalent to wellness. Wellness is not the absence of the negative but the presence of the positive. “Being engaged with the people you care about, having meaning in life, achieving your work goals, and maintaining good relationships are entirely different from not being depressed, not being anxious and not being angry. These dysphorias get in the way of well-being but they do not make well-being impossible; nor does the absence of sadness, anxiety, and angry remotely guarantee happiness” (Seligman, 2011, p. 182). After initiating the call in psychology to pursue positive psychology, Seligman work led him to revise his authentic happiness theory to well-being theory. He proposes that the goal of positive psychology and foundation to well-being theory is to increase flourishing (Seligman, 2011). Well-being theory is a construct composed of five elements: positive emotion (happiness and life satisfaction), engagement (experiencing flow and being absorbed in activities), meaning (belonging to and serving something that you believe is bigger than self), positive relationships, and

accomplishment (pursuing an achievement for its own sake). Pitts and Socha (2013) edited volume of positive communication scholarship in health and wellness utilizes well-being theory as a framework for the text.

Expanding wellness beyond the biomedical categories of healthy or ill opens the possibilities for hope and flourishing for all people irrespective of their current positionality or health situation. The broader wellness construct is important for this study. An individual struggling with an addiction may have a biomedical disorder but they are also lacking wellness. An individual in an abusive relationship may not be suffering from a biomedical or mental health disorder but is also lacking wellness. On the other hand, a person struggling with a chronic illness or cancer can flourish, have hope and a form of wellness. Although communication scholars have addressed positive communication, no work explores the communication processes in situ that move people toward hope and wellness. Many participants in the community based support program site of this study are lacking wellness and are seeking hope. Narratives at the community, group, and interpersonal levels are in the process of constructing degrees of hope and wellness. The explosive growth of the program suggests that it is a place of hope and a rich site for exploring the construction and movement toward hope and wellness.

Narrative

As discussed in the theoretical framework section, people make sense of their world, experiences, and futures through narrative. Specific to this study, a wide variety of theoretical and empirical work has addressed the narrativization of illness and recovery. Much of the work within the health communication, medical, and mental health

fields explore narratives in phenomenological terms (Charon, R., 2004, 2006; Eggly, 2002; Frank, 1995; Gray, 2009; Kleinman, 1988; Morris, 1998; Sharf, 2009). That is, how individuals frame and make sense of their illness experiences through narratives including what the illness means to the sufferer as well as significant others. “The personal narrative does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering” (Kleinman, 1988, p. 49).

Frank’s (1995) work explores how patients often feel forced into narrating their illness into coherent, biomedical plots that are fictitious. He argues that there is an increasing medical colonization of narratives, wherein people not only incorporate biomedical language into their illness narratives but also conform their narratives to the master texts of medicine. He proposes three illness narratives: restitution narrative, chaos narrative, and quest narrative. The restitution narrative is the standard biomedical form: an individual is healthy, gets sick, goes to a medical professional, and then is healthy again. The restitution narrative is consistent with the hope conceptualizations of hope as the actualization of a goal.

Frank argues that this narrative form is largely expected of the ill and excludes those who are chronically ill, have cancer, mental illness, and similar situations. He labels these individuals as existing in the “remission society”, where they do not fit into either the healthy or the ill categories. Frank (1995) and Morris (1998) argue that the biomedical expectations of society and the medical profession are problematic and inconsistent with the experiences of people.

The chaos narrative is similar to the antenarrative of Boje’s work. It is not a coherent narrative and lacks the biomedical plot. However, it is the living story of a

person in the midst of a confusing and traumatizing illness experience existing in fragments. The quest narrative is held up by Frank as the ideal and as a counter narrative to the biomedical restitution narrative. The quest narrative changes the focus and framing of the plot from a cure and restoration to “normal” full health to that of a journey of self-discovery, strength, and growth. Consistent with hope as an orientation, the quest narrative focuses on natality, value, and purpose in life.

Acute illness, chronic illness, mental health illness, or the suffering brought on by addictions and life adversities often shocks one out of ‘normal’ and ordinary reality and meanings (Riessman, 1990). New meanings and stories have to be constructed. Assumptions regarding life and the future (issues of hope) are called into question. Faced with a disrupted life world, individuals struggle not only with the suffering of their situation but also to make meaning of their suffering, their identities, and possible futures both retrospectively and prospectively (du Pre, 2000; Kleinman, 1988; Frank, 1995). The prospective elements within these narratives are foundational to the construction of hope but hope is often only given cursory attention.

The literature that incorporates prospective narrative elements does so in terms of future trajectory expectations. Although these elements are prospective and hold the potentials for changing future trajectories, the literature fails to discuss how these prospective narratives construct and frame hope. Some examples include the following. Haidet, Kroll and Sharf (2006) in their analysis of patient illness narratives, discuss how a patient’s narrative shifted from perceiving her diabetes as unchanging to one with the potential to change. They go on to state that the potential-for-change story became empowering and opened up possibilities for more favorable future outcomes. It seems

intuitive that this narrative shift reflects changes in hope but it is not addressed. Hallberg (2001) discusses the importance of the narrative approach in nursing wherein nursing staff can help patients restory their situation in ways that make it worth living. Again, it seems intuitive that hope is part of this process but is not discussed. Similarly, Sharf (2009) argues that through active and emphatic listening those who attend to and bear witness to suffering narratives can assist the suffering in the process of restorying their life and finding constructive ways to live and understand the present. Research exploring the metaphor shifts in stroke victims found that self-identity shifted with the metaphor shifts. Patients who framed their stroke experience and recovery in win-lose frames, such as war, were more likely to experience increased depression and reduced recovery of functionality over time than those with open framed metaphors (Boylstein, Rittman, & Hinojosa, 2007). These and other studies examine how changing life stories and narratives can relate to better outcomes. No studies were found that explore how hope is constructed in these narratives or how it plays a role in change and improved wellbeing.

Narrative therapy in psychology other therapy fields is based on the assumption that the framing of narratives guides and directs current actions and influences biological and psychological outcomes. The primary focus of narrative therapy is on the meanings people attribute to their experiences and situations. These meanings constructed through narrative enable and constrain behaviors and actions. Narrative therapists seek to assist in the construction of more expansive meanings enabling different and positive actions (Polkinghorne, 2004). In this process, they help patients re-story their lives or construct narratives with alternative potential outcomes (Angus & McLeod, 2004). Mattingly (1998) describes how occupational therapists strive to assist quadriplegic patients to

figure out ‘what story am I?’ as they struggle to adapt to the challenges and changes in life. Waitzkin and Magana (1997) discuss the ways in which culture shapes the lived experiences of trauma into narratives. They further discuss how assisting individuals to construct empowering coherent narratives from a terrible narrative of trauma can help individuals function and cope. Although some work in this area gives a nodding acknowledgement to hope, the scholarship fails to recognize, explore, or discuss the ways in which these narratives are constructing hope (or not). The majority of this work remains focused on retrospective sense making and how this sense making constructs identity with its effect on wellbeing.

Some recent work in narrative has expanded from the phenomenological exploration of how people make sense of their world and self through narratives to how these life stories can provide motivation and frameworks for change (Adler, 2012; Dunlop & Tracy, 2013). For individuals facing recovery from physical health, addictions, and life adversity challenges, constructing hopeful narratives that enable change is critical to recovery. When individuals can envision or dream of something better than their current situation and construct prospective narratives of change, it can provide motivation to enact behaviors in the present to move toward improved futures. In addition, hearing the recovery stories of others can provide the modeling and framework for envisioning and constructing self-recovery narratives (Pierce, 2004; Weinberg, 2013).

A number of scholars have looked at the narratives constructed within self-help addiction recovery programs such as Alcoholics Anonymous (Denzin, 2009; Diamond, 2000; O’Reilly 1997). Alcoholics Anonymous and other addiction recovery programs

encourage participants to develop coherent redemptive life stories, that is, stories about their addiction experiences leading to a positive change ending with the life and past redeemed. This approach to recovery assumes that individuals change their behaviors to align with the revised life story (Dunlap & Tracy, 2013). Research has found that there are associations between positive and redemptive life stories and wellbeing (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). Dunlap and Tracy, 2013 found that for alcoholics in his studies, self-redemption narratives predicted behavior change and improved wellbeing suggesting that the revised life stories may have guided and facilitated behavior change.

Bradbury (2012) explores the ways in which retrospective narratives may provide resources for articulating future possibilities. In challenging the prevailing conceptualization of nostalgia, he argues that it is a “kind of backward looking hope” (p. 342). The object of nostalgia and hope, he argues, is neither place nor time but is a longing for the self that was and is yet to be. By attending to and recollecting the past and our past selves, we can recognize how our past and our self could have been different. Reflexively looking back may enable us to be reflexive about our current situation. “Through the distance across which the stories of our past must be read, we may be able to incorporate new versions of ourselves for acting in the present toward the future” (p. 345). Recognizing that our past could have been different, allows one to conceptualize and generate options for current actions and to envision the kinds of futures that may be possible. He further argues that the opposite of hope is entrapment, that is, an inactive, passive present with the inability to conceive of a positive future. His conceptualization that one of the functions of retrospective narrativizing is to “dislocate

our positioning in the present, to open not only windows on the world but new ways of viewing ourselves” (p. 348) and possible futures is particularly relevant for this present study. People struggling with addictions and other life challenges participating in the CBSP groups often engage in retrospective narrating that acknowledges the constructive power of choices made in the past and seek to envision alternative futures. I argue that hope is constructed through this narrating process.

Although work in narrative recognizes the power of narrative to go beyond making sense of the past to providing frameworks for the present and future, the existing work fails to explore the constructive process of narrativizing. Work within the fields of narrative medicine and narrative therapy recognizes the co-construction of narrative. However, work focusing on the co-construction of narratives of hope is absent. Although Bradbury (2012) addresses the power of narrative to provide resources for narrators in the present, he locates the narrative and narrative power within the individual rather than in the co-constructed story space. Within the existing narrative literature, narrative remains in the possession of the individual rather than in the story space where interactants engage in the interpretive dance that constructs what would not be constructed alone. From a symbolic interactionism perspective, this present study positions the narrative and the construction process within the story space. In this story space, hope can be co-created and that hopeful narrative can contribute to wellbeing and provide resources for actions in the present.

Positive and Supportive Communication

The centrality of communication to the co-construction of our worlds and the development of hope are foundational to this dissertation. For those struggling with life

adversities, supportive and positive interactions with others can facilitate wellbeing and may encourage the construction of hope. Burlison and MacGeorge (2002) defined supportive communication as “verbal and nonverbal behaviors produced with the intention of providing assistance to others perceived as needing that aid” (p. 374). Scholarship on supportive communication assumes the direct connection between supportive communication and wellbeing (Albrecht & Goldsmith, 2003; MacGeorge, Feng, Wilkum, & Doherty, 2012). Supportive communication is embedded and integral to ordinary relationships and relational interactions (Albrecht & Goldsmith, 2003). Social support and supportive communication is an “umbrella term for providing a sense of reassurance, validation, and acceptance, the sharing of needed resources and assistance, and connecting or integrating structurally within a web of ties in a supportive network” (Albrecht & Goldsmith, 2003, p. 265). These types of interactions are particularly necessary for those struggling with addictions and other adversities. These types of interactions may occur at the CBSP that is the site of this study.

The list of factors influencing supportive communication identified by researchers continues to grow but can be categorized as message, source, context, and recipient factors (Burlison, 1990). The complexity of factors and interacting forces in supportive communication makes a clear and simple linear explanation of effects out of reach. Much of the research in social support has focused on messages and outcomes. However, supportive messages are only a part of the larger supportive interactions and the co-construction of support (Burlison, 1990). Work exploring the communicative constructive process of hope through supportive and positive communication is largely absent. This dissertation contributes to the existing knowledge through the social

Construction, qualitative, and appreciative approach to the communication co-constructing hope at the CBSP.

A large body of research has demonstrated the positive psychological, physical, and relational outcomes of supportive communication. Supportive communication and positive social support influences interactants in the areas of adaptive coping, improved patterns of health behaviors, increased self-esteem, improved attitudes toward life, and increasing a sense of purpose (Albrecht & Goldsmith, 2003). It seems intuitive that these benefits of social supportive communication would all feed into a positive orientation toward life and the future (hope). Supportive communication has been found to support not only psychological wellbeing but physiology as well including immune, endocrine, and cardiovascular systems (Albrecht & Goldsmith, 2003; Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

A prominent explanatory theoretical view of social support is Cohen and Wills' (1985) buffering model. It proposes that social supportive communication has both main effects and buffering effects for health. The model theorizes that social support buffers or moderates the effects of stress and thereby increases health. The main effects component proposes that social support has direct main effects on health irrespective of stress in providing on-going positive life experiences, predictability, and overall self-worth.

Clearly not all supportive messages have positive outcomes. Sometimes well intended messages of support result in additional stress and are interpreted as nonsupportive (Apker & Ray, 2003). The source of support, type of support, how the support is communicated, how well it responds to the experienced needs of recipient, and

the context all influence whether the communication is interpreted as supportive (du Pre, 2000; Kuuluvainen & Isotalus, 2014). Burleson and MacGeorge (2002) identified four message features that influence the supportive nature of communication: presence of a discernable supportive intent, use of politeness and facework, the informative or propositional content, and the person-centered quality of the communication.

Social support can take a number of forms. Action-facilitating support is enacted tangible support and information-based support. This can include performing tasks to assist someone and is also referred to as instrumental support. Nurturing support takes the form of esteem, emotional, and social network support (du Pre, 2000; Goldsmith, 2009). Esteem support is messages that focus on communicating value, worth, dignity and competence. Emotional support is empathetic messages focusing on the feelings of the other. The enactment of this type of support is largely seen in listening behaviors (Burleson, 1990). In particular, supportive listening involves focusing on the other person, remaining neutral, concentrating on and legitimizing the other's feelings, and summarizing what you hear. Social network support is the ongoing relationship maintenance and building during and in between crises. Being connected with others who regularly communicate value, liking, and respect contributes to wellbeing.

Support and mutual aid groups are formed on the foundation of supportive communication. We are social beings designed to live life connected with others. It is through communication that support and wellbeing are constructed through the gathering of people with similar struggles. Supportive communication in face-to-face support group meetings has not been extensively studied (Kuuluvainen & Isotalus, 2013). Aust (2013) found positive psychology's strengths and virtues of gratitude, courage,

forgiveness, and taking responsibility for one's actions within the Al-Anon literature. These narratives within the group's materials serve as frameworks for recovery for new members. Of particular interest to this present dissertation, Al-Anon members' narratives and descriptions of steps toward recovery incorporated expressions of hope for the possibility of change (Kuuluvainen & Isotaulus, 2013). Although their study identified hope, it is framed as a component of supportive messages rather than constructed through the interaction with others.

Peterson (2009) explored a unique online support group for men living with HIV and AIDS. This group is unique in that it requires members to talk only about positive aspects of life. Utilizing a thematic analysis, she identified four types of social support evident in this positive communication environment: emotional support, informational support, humor and inspiration, and political activism messages. Many members indicated they joined the group specifically for the positivity. The messages generally focused on overcoming hurdles and living. Although Peterson's study does not address hope, it is clear that this focus on positivity, overcoming challenges, and on 'living on' are all related to or even constructive of hope for members facing the adversities of this chronic illness.

Positive communication, intuitively encompassing supportive communication, is conceptualized as "relational communication facilitative of happiness, health, and wellness" (Socha & Pitts, 2012, p. 1). Positive communication, just as health, is not the absence of the negative but the presence of the positive. It is communication that allows us to thrive and flourish in a full spectrum of life experiences (Pitts & Socha, 2013). "In many ways, communication is the enactment of positive psychology that leads to

flourishing” (p. 2). Quality of life, wellness, growing, and flourishing are created in and through communication (Nussbaum, 2007; Pitts & Socha, 2013). Although Peterson and Seligman (2004) list hope as one of the virtues and character strengths in positive psychology, work exploring the communication processes and communicative co-construction of hope is absent in the literature. This present study explores the communication processes and the ways in which communication facilitates the co-construction of hope for participants at the CBSP.

Much of the work conducted in social support addresses issues such as types of support, whether interactants interpret messages as supportive, typologies of features of supportive messages, and the effects of supportive communication on health and wellbeing outcomes. This dissertation contributes to the existing literature through addressing the ways in which the supportive and positive communication processes in the CBSP facilitate the co-construction of hopeful narratives for those struggling with life challenges.

Mutual Aid Groups

At the community based support group program that is the site of this study, supportive and positive communication occurs largely at three communication levels: the macro or community level, the group level, and the interpersonal level. At the group level, the various small groups function as mutual aid groups. The terms support group and mutual aid group are used inconsistently within the literature (Humphreys, 2004). The concept of self-help carries individualistic conceptualizations (Borkman, 1999; Humphreys, 2004), that is, individuals taking action to help self. Support groups are typically groups managed or led by professionals. Mutual aid groups are groups where

individuals with shared problems come together to reciprocally assist one another. Also referred to in the literature as self-help groups where individuals accept self-responsibility within a mutual aid context (Borkman, 1999; Cline, 1999; Seebohm et al., 2013). A common saying within mutual aid groups is “you alone can do it but you cannot do it alone” (Borkman, 1999). This reflects the concept of self-responsibility within the context of a mutual aid group.

Support groups have been shown to improve mood, pain, adjustment, and coping (Cella, Sarafian, Snider, Yellen, & Winicour, 1993). Participation in mutual aid groups is associated with “a range of health-related benefits including improved health outcomes and more efficient use of health and social care services, increased self-esteem, improved relationships, better ability to cope, and decreased levels of isolation” (Seebohm et al., 2013, p. 392). Subjective and objective studies have shown that mutual aid groups improve well-being and quality of life.

The appeal of mutual aid groups can be seen in people’s “search for a sense of community bounded not by streets and villages but rather by shared experiences, symbols, and worldviews” (Cline, 1999, p. 516). Cline argues that societal changes including the loss of traditional sources of social support, changing health care needs, acceptability of alternative help, and the failure of professional institutions can account for the growth of the social support movement. The common shared experiences with similar others build community. There are “no barriers when you talk in group about common things and with course instructors who also have common experiences” (van Gestel-Timmermans & Brouwers, 2014, p. 84). This lack of strict hierarchy and commonality among all participants distinguishes mutual aid groups from professionally

managed support groups. At the heart of mutual aid is the belief in the power of people with shared problems working together to help each other (Humphreys, 2004).

Organizations and informal groups within the mutual aid and self-help group movement are complex and varied. Although in practice and in the literature mutual aid groups are diverse, some commonalities can be identified. Some commonalities include a shared problem, reciprocity of help, experiential knowledge, and the construction of communal meaning. Members sharing a problem or distress in common is a core commonality consistent across all mutual aid groups (Borkman, 1999; Cline, 1999; Humphreys, 2004; Seebohm et al., 2013). The shared problem may be defined and experienced as a problem for the member or may stem from stigmatizing experiences wherein society treats the member as if he or she has a problem. Within these groups, support is constructed as individuals help themselves both by accepting and by offering help to other members (Arminen, 2004; Cella, Sarafian, Snider, Yellen, & Winicour, 1993; Cline, 1999). This reciprocity is central to the effectiveness and curative features of mutual aid groups (Cella, Sarafian, Snider, Yellen, & Winicour, 1993).

Reciprocity of helping is the norm and an important aspect of mutual aid groups. Differentiated from the one-way helper-helpee relationship of many supportive communications, mutual aid group members both give and receive support (Humphreys, 2004). Members all have experiential knowledge with the shared problem. The firsthand experience of members and leaders provides the foundation for participation and the reciprocity of help. In the process of each member sharing personal experiences with the problem and working in concert to grapple with common challenges, the group co-constructs meanings, support, and positive views of the future (Arminen, 2004; Borkman,

1999). In the communication processes of giving help members simultaneously help themselves (Cline, 1999).

Another distinguishing feature of mutual aid groups is the reliance upon information, wisdom, and co-constructed meanings gained from working through and making sense of one's problems together within a network of experientially similar peers (Borkman, 1999). Unreflected experience remains raw experience. However, through a process of reflection, experiences can take on awareness and knowledge (Borkman, 1999; Humphreys, 2004). The mutual aid groups provide the space and process for reflection. Shared stories within the mutual aid process enable members to construct and reshape their meanings of their experiences with the shared problem (Seebohm et al., 2013). This co-constructed and experientially grounded knowledge becomes the experiential knowledge base for the group. This communal learning and meaning-making grounded in mutual experiences produce collective experiential knowledge.

One outcome of this collective experiential knowledge and communal meaning making is the creation of a space for thinking about the future (Seebohm et al., 2013). Members often reframe their illnesses and conditions through the communal meaning making in positive and hopeful terms (Borkman, 1999; Humphreys, 2004; Seebohm et al., 2013). Although some work give a passing nod to hope, no work was found that focused on hope as the creation of this experiential knowledge and communal meaning making. I argue that by creating a space to consider the future and reframe their problem, the process is also creating a space for the creation of hope.

The process of sharing within mutual aid is largely narrative. In Alcoholics Anonymous (AA) groups, narrative is the main form of discourse with most of AA's

primary texts composed largely of member stories (Humphreys, 2004). “Telling one’s own story about one’s own problems usually elides defensiveness in alcoholic listeners...and instills humility” (Humphreys, 2004, p. 40). The process of sharing one’s story validates the experience and reminds the member of his or her progress. The storytelling process within the mutual aid context constructs shared norms, values, and goals within the group (Cline, 1999). In addition, the narrative process allows members to recreate, reshape, and make meaning of their experiences and transform their identities (Borkman, 1999; Humphreys, 2004). “The self is recovered in and through the stories the member learns to tell” (Arminen, 2004, p. 319).

In a particularly relevant study, Arminen (2004) explores the narrative process in AA meetings where symbolic meanings are created through the sequence of stories. The therapeutic benefits of mutual aid occur as a result of the narrative process (sequence of stories) within the mutual aid group rather than in individual narratives. Taking a transactional view, mutual aid is achieved as members reciprocally narrate and shape their stories in relation to others’ stories. In this way, members help themselves while helping others.

In particular, Arminen’s (2004) study focuses on second stories in the group interactions. Second stories (stories told after the first story shared) are told “by reference to some problem relevant instance in the first story and subsequently the meaning of this first story is transvalued in the course of the second story so that the problem gains at least symbolically a resolution” (p. 333). In this way, experiences are co-constructed through a series of stories and members help others through the analysis of their own experiences as they seek to make them relevant for others. This process of linking stories

to previously shared stories is a crucial element of the creation of mutual support. Members can reflect upon their own experiences when other members share their experiences in mutually relevant ways. The second story process allows for experience story elements to be generalized and linked to previous stories so that they can be used to make sense of other experiences bearing symbolic resemblance. Through second stories, members help each other by helping themselves through organizing their own experiences. Although Arminen's study does not explore hope or the construction of hope through this narrative process, it provides a useful framework for exploring the communication processes at the CBSP which co-create hope.

The CBSP under investigation in this dissertation consists of various mutual aid groups addressing a variety of shared life challenges. Although hope is mentioned in passing as an outcome of mutual aid groups, no studies were identified that focused on hope. Hope can have transcendent elements which have been found to be important in many mutual aid groups. In addition, constructing a space to reconsider, reshape, and consider the future and one's identity is also intrinsically related to hope. Building upon Arminen's (2004) study of narrative processes in AA groups, this present study explores the communication and narrative processes that create a space for the co-construction of hope.

Spirituality

This present study does not specifically focus on spirituality, however, the site of study is a community-based support program offered through a local church. It is expected that spirituality will play some role in the recovery and emergence of hope for participants.

Spirituality has been identified as important to health, healing, and wellness (Parrott, 2004; Steffen, 2012; Wills, 2009). Spirituality has been conceptualized and operationalized in a wide variety of ways across disciplines. The multifarious nature of the concept of spirituality within academics (Huffman, 2015) makes using the term challenging. Spirituality is differentiated from religion. Spirituality is personal and typically focuses on personal meaning while religion is a collective experience (Wills, 2009). Spirituality is a multidimensional concept incorporating an active and hopeful process involving connection. Consistent with the working definition of hope in this present study, spirituality involves “seeking, striving, and moving forward” (Wills, 2009, p. 9). Maimes (2002) conceptualizes spirituality as “an inner quest for contact with the divine within oneself” (p.7). Wills’ (2009) definition of spirituality incorporates hope, “an active process engaging hope in the ongoing development of connection to self, others, and to the universe” (p. 13).

Spirituality and religiosity has been related to better health outcomes (Steffen, 2012; Wills, 2009). Research interest in the topic of religion and spirituality has grown in a variety of disciplines over the past few decades. Steffen (2012) conducted an abstract search with PsycINFO which identified 6659 hits and Medline which identified 4340 hits with spirituality or religion in the titles between 2001 and 2010. However, research in the field of health communication has lagged behind this interest (Miller & Teel, 2011; Parrott, 2004; Wills, 2009). Miller and Teel (2011) identified only 31 articles in health communication between 1999 and 2009 with either a major or minor focus on spirituality and or religion. Wills’ (2009) edited text appears to be the only communication text with a focus on spirituality in health care.

Spirituality has been extensively studied within the context of alcohol recovery programs such as Alcoholics Anonymous (AA) (Lietz & Hodge, 2013; Tonigan, 2007; Tonigan, Rynes, & McCrady, 2013; Zemore, 2007). God or a higher power is explicitly referenced in AA literature and a spiritual awakening is considered important to recovery. Research suggests that both atheistic and spiritually-focused individuals derive equal benefit from AA irrespective of spiritual orientation (Tonigan, 2007). Reductions in drinking in the initiation stages of 12-step program involvement “are explained, in part, by increased spiritual practices” (Tonigan, Rynes, & McCrady, 2013, p. 1169). Jarusiewicz (2000) found that 12-step members with over 2 years of sobriety expressed significantly greater levels of spirituality than those who had relapsed. Spirituality is important for recovery and sobriety in AA and other 12-step programs.

Transcendence or spirituality is one of the virtues and character strengths listed within the positive psychology literature. Although the site of this current study is a community based support group program run by a local church, membership or attendance in the church is not required for participation in the support group program and many participants are not members or regular attenders. Spirituality, however, is a prominent feature of the program. Spirituality can be a vital resource for people struggling with illness and other adversities (Peterson, 2011). Both spirituality and religion are associated with wellness and positive physical and mental health (Hill & Pargament, 2008). Spirituality has been positively related to psychological adaptation and negatively associated with stress, uncertainty, and psychological distress (Tuck, McCain, & Elswick, 2001).

Peterson (2011) found that spirituality is intertwined with experiences of social support and can function as a source of support and comfort. In particular, her thematic analysis identified three ways in which participants' relationship with God was associated with social support: new meanings and perspectives, a source of emotional support and control, and a connection to a spiritual community. She proposes that spirituality and/or a relationship with God functions as a form of social support. Spirituality and its relationship with wellness and social support are relevant for this study. In this present study, it is expected that spirituality may be intertwined within the communication processes that co-construct and facilitate hope.

Recovery from illness is often believed to include a spiritual component in many cultures (Humphreys, 2004). Spirituality for many people is a vital resource (Peterson, 2011). Many mutual aid groups emphasize the role of spirituality in the recovery process with many members viewing it as critical to transformation (Tonigan, 2007). Focusing on issues of life, death, suffering, meaning in life, and alterations to moral behavior have an intrinsically transcendent aspect. Many mutual aid organizations, particularly 12-step groups such as AA, overtly incorporate spiritual elements in the framework, literature, and practice of the groups (Borkman, 1999; Tonigan, 2007). Community based mutual aid groups are increasingly emerging in religious contexts including churches (Cella, Sarafian, Snider, Yellen, & Winicour, 1993).

As discussed earlier in this review of literature, hope has an intrinsic and historic relationship with the spiritual. Although spirituality is conceptualized and defined in a variety of ways, it is empirically and theoretically associated with health, healing, recovery, and wellness. The literature in the communication discipline still lags behind

other disciplines in this area although spirituality “comprises an integral component of lay discourse and lay theories associated with health” (Parrott, 2004, p. 1). The spiritual, in particular, people’s relationship with God, the hope found in God, the forgiveness and love of God, and the freedom and recovery that God provides to those who turn to Him are overt messages at the CBSP. This present study, although not focused on the spiritual, can contribute to filling the void in the communication literature.

Hope is critical to life and wellbeing. Although a widely accepted belief and stance across disciplines, limited work explores the ways in which hope can be fostered and grown. People suffering with various life adversities often are struggling to hold on to hope. Some lose their grip and descend into darkness. When individuals reach out for help in finding hope, what communication processes can nurture the fragile sprout of hope? The existing literature on hope, wellness, narrative, supportive communication, and mutual aid groups often mention hope or explore hope as a variable or outcome, which reinforces the importance of hope but fails to provide any understanding of how it can be fostered or how it emerges through interactions with others.

There are gaps in the existing literature on hope, wellness, narrative, supportive communication, and mutual aid groups that this present study attempts to begin filling. The communication discipline has much to offer in the exploration of the emergence and shifting toward hope for people facing life adversities. Communication is not only the heart but is the constructive force of our sense making processes. Our past experiences and our future potentialities are constructed in concert with others. Taking a communication-centered lens to the emergence and sustaining of hope for those facing various life struggles allows for gaining understanding of this co-constructive process.

Using an appreciative approach, this study explores a community based support program that is experiencing tremendous growth and helping many find hope and recovery. An investigation into the communication processes that co-construct hope is an important contribution to the existing literature. This provides the opportunity to study a site where something is “going right” in the facilitation of hope both in retrospective stories and as it occurs in situ.

This study contributes a social constructionist, qualitative, and communication lens to the exploration of hope. As a preview, the following research questions guide the methodology and analysis of this study:

RQ: What are the communication processes at the CBSP that facilitate hope among participants?

RQa: What stories do participants tell in interviews about their development of hope in CBSP?

RQb: To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes?

RQc: To what extent and in what ways do CBSP leaders in interviews attribute participants’ development of hope to CBSP communication processes?

RQd: What communication patterns, potentially related to the development of hope, can be observed in CBSP group sessions?

Chapter 3

Methods

The review of literature revealed that although hope is widely accepted as critical to life and health, there is an absence of scholarship providing explanations or understanding for the ways in which peoples' communication can facilitate the emergence of hope. This study seeks to begin to fill that gap. Utilizing qualitative research methods within an appreciative framework, I explore the communication processes at a community-based support group program (CBSP) that contribute to the emergence of hope in participants' stories.

The format of this chapter is based upon the interactive approach to qualitative research designed by Maxwell (2013). My methodological choices are discussed utilizing the structure of the model. I begin by discussing my research design. The research questions are the hub of the model and are presented first. Second, I discuss the goals of the research. The next section is the conceptual framework which includes sensitizing concepts. Third, the methodological tools and analysis choices are articulated. Finally, I discuss issues of validity relevant for qualitative research and this study.

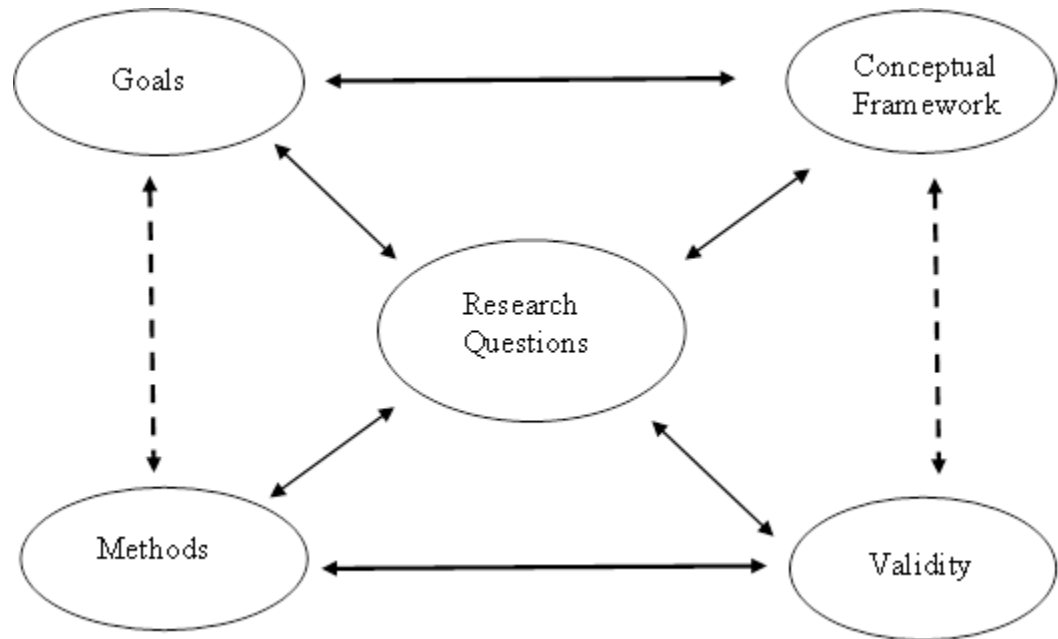
Research Design

Qualitative Research

Qualitative research methods are best suited to answer the research questions posed in this study and are consistent with the philosophical assumptions undergirding this dissertation. A well-designed qualitative study can offer "unique insights that illuminate lived experience and meaning-making" (Lucas & D'Enbeau, 2013, p. 213). Unfortunately, qualitative methods of analysis are often left ambiguous in published

articles. This contributes to the on-going struggle that qualitative researchers often face with perceptions of lack of rigor. A rigorous and meaningful study begins with a thorough research design.

Interactive Model of Research Design



The interactive model is a useful framework for qualitative research design (Maxwell, 2013). Five components make up the model: research questions, goals, conceptual framework, methods, and validity. The visual representation of this model is a square. Each corner represents a component with the research questions at the center of the square because they most directly influence and are connected to all other parts of the design. The upper two corners are the goals and conceptual framework. The bottom two corners of the model include methods and validity. Each component is connected to all other components in the model in an interacting and mutually influencing manner. This model provides the framework for an awareness and careful consideration of the effects of these choices on the entire design and whether the changes are consistent with the rest

of the model. Conceptualizing the connections between components as rubber bands, the model allows for some constrained movement throughout the process.

Research Questions

The research questions within the interactive model function as the hub with a guiding force on all portions of the design. The research questions “are the not the starting point or controlling piece of the design, to which all other components must conform. Instead, they are at the center of the design; the heart, or hub, of the model, the component that connects most directly to all of the other components” (Maxwell, 2013, p.4). Research questions provide both a focus for the research design and provide guidance for conducting the research.

Your goals, research paradigms, and existing knowledge about your topic need to be accounted for in your research questions. My paradigmatic positioning in social construction is discussed in the second chapter. My goals for this study are discussed below and the current knowledge is covered in depth within the literature review. The research questions below are consistent with social constructionism, the void in existing knowledge on hope, and my goals.

The research questions that guide this study are:

RQ: What are the communication processes at the CBSP that facilitate hope among participants?

RQa: What stories do participants tell in interviews about their development of hope in CBSP?

RQb: To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes?

RQc: To what extent and in what ways do CBSP leaders in interviews attribute participants' development of hope to CBSP communication processes?

RQd: What communication patterns, potentially related to the development of hope, can be observed in CBSP group sessions?

Goals

Goals function to guide design decisions and assist in justifying a study. Within the interactive model, three goals are identified: personal, practical, and intellectual. Personal goals are the motivations for doing a particular study. Personal goals influence both the choice of topic as well as motivation. The selection of this topic has personal importance. As discussed in the introduction chapter, a dear friend of mine committed suicide. I see suicide as the final step of one who has lost all hope. Unable to envision a hopeful tomorrow with meaning and purpose, the darkness and alcoholism won. I have always struggled with my inability to facilitate the emergence of hope in her life. There were times that I believed that I had and it seemed as if hope would win but ultimately it was snuffed out by the darkness.

My motivation is intimately linked to this personal experience. I now volunteer at the CBSP with women who are struggling to grasp a hold of hope. I am motivated out of this passion to help people find and hold onto hope. As stated earlier, the primary goal of this study is to identify the communication processes that co-construct narratives of hope for people seeking recovery at the CBSP.

My personal goals have a strong influence on the choice of topic as well as my motivation to pursue this study. These goals have important consequences on validity of the study if careful assessment of the potential influence is not conducted (Maxwell,

2013). The reflexive awareness of the ways in which the goals may be influencing and shaping the research through purposeful memo writing and reflection conducted throughout the data collection and analysis process is critical to a valid study.

Practical goals are focused on accomplishment including changing situations, meeting a need, or achieving an objective. My practical goals are also linked closely with my personal goals. Maxwell (2013) identifies three types of practical goals. The first is to generate results and theories that are understandable and experientially credible both to participants and others. The second is to generate results intended to improve practices, programs, or policies. Finally the third type is to engage in action research. My practical goal is to generate credible results and theories that can be used to improve the individual communication practices of those helping struggling people find hope as well as potentially improve the practices at the CBSP. My desire is to provide an understanding of the communication processes involved in the emergence of hope to provide tentative heuristics for those working with struggling people.

The final type of goal is an intellectual goal. As with both personal and practical goals, the intellectual goals are intertwined with the other goals. Maxwell (2013) identifies 5 types of intellectual goals. The two types of intellectual goals relevant for my study are to gain an understanding of meanings and the process by which actions and events take place. I am seeking to understand how participants in the study at the CBSP make sense of their experiences and the communication at the CBSP in terms of hope - to identify and gain an understanding of these meanings. In addition, it is my intellectual goal to understand the communication processes that co-constructs and facilitates the emergence of hope at the CBSP.

Conceptual Framework

Being mindful of the conceptual framework prior to entering the field acknowledges that researchers enter the field with preexisting knowledge, assumptions, biases, and philosophical assumptions. Researchers cannot separate themselves from these influences. Many qualitative scholars argue that it is not desirable to attempt to do so, but rather a researcher should reflect upon and clearly articulate her/his positionality, assumptions, and perspectives. Mindfulness and awareness of these influences improves rigor and increases the potentiality for the data to challenge these preexisting positions. Reflexivity and mindfulness also reduce the potential for the researcher to be led astray by these preconceived assumptions and expectations resulting in finding only what he/she sets out to find.

My conceptual framework, that is my sensitizing knowledge, is extensively covered in chapter two both in the discussion of my philosophical and theoretical assumptions as well as the review of literature review. Maxwell (2013), among other qualitative scholars (Charmaz, 2006), argues for the benefit of extensively articulating and even visually representing the researcher's starting position. This conceptual framework includes "the system of concepts, assumptions, expectations, beliefs, and theories that support and inform" the research (Maxwell, 2013, p. 39). This conceptual framework serves as sensitizing concepts for the researcher (Charmaz, 2006).

Sensitizing Concepts

Two key sensitizing concepts included in this section are hope and coordinated management of meaning. Researchers cannot enter the field with a blank slate. Although the foundation of a variety of comparative methods is the concept of findings grounded in

and emergent from the data, what is noticed and how data is analyzed is inextricably influenced by the researcher's perspectives and assumptions. Researchers enter the field with preexisting knowledge, assumptions, biases, and philosophical assumptions. These serve as sensitizing concepts. Sensitizing concepts shape both the data gathering and analysis processes. These sensitizing concepts are not rigid guides but rather influence the types of questions asked, what is noticed and identified as data, and how the data is analyzed by influencing what is selected and coded from the data.

Hope. For this study, sensitizing concepts of hope were established through an extensive reading of cross-disciplinary academic literature on hope. This includes various conceptualizations of hope and the components making up hope in each of these conceptualizations. In addition, communication theories and constructs are also part of the vantage point from which I engage the data. Reflexivity of a priori ideas and assumptions continue throughout the analysis process. The various conceptualizations of hope and components of hope serve as points of departure (Charmaz, 2006) in the process of analytically thinking about the data while not limiting the emergence of new or challenging ideas.

In addition to the working definition of hope explicated in the literature review, the four attributes of hope articulated by Herth (2000) and Farran, Wilkin, & Popovich, (1992) as part of the Hope Process Framework serve as further sensitizing concepts for this study. The Hope Process Framework is used as a clinical assessment tool for nurses. The four attributes include experiential, spiritual/transcendent, relational, and rational thought. The experiential attribute involves acknowledging "the pain of loss and suffering, the searching for hope, and the realization of the dialectic relationship between

hope and hopelessness” (Herth, 2000, p.1432). The interconnectedness with others is the relational aspect of hope. The spiritual and transcendent aspects of hope focus on “connectedness with something greater than self, for some a belief in a higher being or force. It involves finding meaning and purpose in one’s life” (p. 1432). Consistent with Snyder’s (2002) hope construct, the rational thought attribute focuses on the cognitive processes including goal refinement and reframing strategies. These attributes are useful starting points in considering how hope emerges in the communication processes at the CBSP.

The working definition of hope as stated in the literature review is a reflexive positive orientation toward the future co-constructed in relationship through communication prospectively narrated in life stories, both fragmented and coherent, that serves as a foundation for health, healing, and wellbeing. From an epistemological lens, hope is a meaning constructed through communication processes. It is assumed that hope is present in coherent, beginning-middle-end narratives as well as narrative fragments or ante-narratives. In addition, it is assumed that the narrative and interactive processes within groups situated within the larger intertwined historically and culturally grounded communication processes at the CBSP are meaning-making activities of which hope is a common construction.

Coordinated management of meaning. A more thorough discussion of coordinated management of meaning (CMM) is provided in the literature review. Key constructs of CMM relevant for methodology are included in this chapter. CMM is well suited as a sensitizing theoretical framework for this study because it addresses all contexts of communication from the microinteraction to societal processes and the ways

in which they construct meaning (Littlejohn & Foss, 2011). The research questions asked in this dissertation involve issues of communication processes that facilitate the emergence of hope. The CBSP involves communication processes at multiple levels which all may contribute to the co-construction of hope for those seeking recovery. Some key theoretical sensitizing concepts that guide this study include episodes, ante-narrative, conversational triplet, and storyboarding.

Social life is episodic and our social worlds are made up of episodes (Pearce, 2007). Episodes are a sequence of interactive speech acts with a beginning and an end. Episodes involve rules, norms, and expectations within a pattern of communication. Examples of episodes include ordering dinner at a restaurant, employment interview, argument, and a greeting. How an interaction is framed as an episode has a critical influence on the meanings assigned as well as meanings created in and through the interactions. For example, if an episode is framed as an empty ritual versus a heartfelt transcendent prayer will significantly influence the meanings and behaviors within the episodic speech acts. The speech acts within episodes are at times predictable and at other times, surprising. Within episodes, one speech act elicits responsive speech from the other interactant (Noblet, Barnett, & Littlejohn, 2013; Pearce, 2007). Individual speech acts intertwine with the speech acts of others to create our social worlds and meanings. Identifying episodes and the communication processes that construct them is a useful framework for this study. Interactions at the multiple communication levels within the CBSP exist as episodes. How these episodes are punctuated (identifying the beginning and end) and framed is a useful first step in the analysis process of the communication processes at the CBSP.

Ante-narrative is explained in more detail in the narrative portion of the literature review. Introduced by Boje (2011), ante-narrative is the fragments of story existing within the story space. The story space is similar to Buber's "the between" – the third space existing between interactants where the magic of meaning through interaction is enacted. As individuals seeking recovery engage in interactions at the CBSP, they are in the process of constructing meanings and stories while also at times restorying their experiences. This process occurring in and through the interactions involves noticing, selecting, framing, and making meaning of story fragments while piecing them together into more coherent narratives. Identifying the ante-narrative fragments and processes at the CBSP will provide a lens for understanding the processes that construct hope and recovery.

Being sensitized to the importance and constructive force of the sequences of stories, ante-narratives, and conversational triplets, provides a foundational starting place for data collection and analysis of the communication processes at the CBSP.

Methodological Tools and Analysis

Site of Study

The first methodological choice for this study is the site selection. The site of the study is a community based support program offering support groups for a variety of different life struggles from addiction to grief. The CBSP has experienced significant growth and participation over the past four years. The CBSP began in 2011 with approximately one hundred participants and by 2014 has grown to an average participation rate of seven hundred for the community group meetings and five hundred for the support groups. The stories of change and hope shared publically at the CBSP

combined with the increasing participation suggest that this is a site where some things are “going right.” Clearly, not all who enter the doors of the CBSP find hope, recovery, and change but based on the growth and participation rates, it is assumed that many do. Identifying and building on strengths and “what is going right” is the foundation of the appreciative approach. By identifying the communication processes that facilitate these life changes toward hope at the CBSP, this study seeks to contribute to the literature as well as provide tentative suggestions for those seeking to help the suffering find hope.

Recovery and support programs have at their heart a desire to see hope emerge in the stories and experiences of those suffering and struggling with life’s adversities. However, how is this accomplished? Through drawing upon the strengths and values of the communication perspective, this research hopes to identify the communication processes that contribute to these story changes in individuals seeking recovery at the CBSP. In this chapter, I explain my methodological choices.

The CBSP offers support and mutual aid groups for a wide variety of different issues. The start of new groups is staggered and many occur concurrently. The participation is voluntary and people often move among groups with new ones starting often. For example, a woman in a destructive relationship may start in the emotionally destructive relationship group and after the completion of the 13 weeks, may choose to join the anger management group, stress and anxiety group, or healing is a choice group. The 12-step addiction groups are closed to new members once the group is formed and begins. Individuals struggling with addiction will begin in an open share addiction group prior to committing to a 12-step group. The staff leader over the CBSP for the local

church in collaboration with and input from other staff members and volunteers make on-going decisions regarding which groups will be offered at what times.

The choice of this site is also based upon the potential to observe the co-construction of narratives through the mutual aid groups as well as the contribution of narrative modeling and other communication practices. This site provides a wide array of data collection opportunities.

Methodological choices

The primary research question explored in this study is: What are the communication processes at the CBSP that facilitate hope among participants? This question is explored through the lens of the subquestions. The findings of each subquestion provide the data for analyzing the contributions of the communication processes to the imagined futures (hope) within the participants' narratives. Throughout the data collection process, elements were carefully reconsidered or modified in response to new developments in the field (Charmaz, 2006; Maxwell, 2013). Discussion of the methodology for the primary question is discussed at the end of this section.

Qualitative research is a fluid and iterative process. The analysis process begins in the field and continues throughout the data collection process (Maxwell, 2013). During the data collection process, memos were written to record the researcher's emergent thoughts. The memos included thoughts regarding observations, thoughts of potential themes, recurring concepts, and ponderings. Reflexive thoughts regarding the researcher's assumptions and biases throughout the process and possible influences on the analysis were included in the memo writing. As the data collection progressed, the researcher recorded the thought processes and research decisions regarding any changes

or additions to interview questions and sampling decisions. The memos are comprised of 91 single spaced pages including text and diagrams. Memos are more free-flowing thought pieces regarding the researchers' thoughts, ideas, tentative theories, emergent patterns, and thoughts and decisions regarding purposeful sampling choices (Charmaz, 2006; Emerson, Fretz, & Shaw, 1995). Memos "not only capture your analytic thinking about your data, but also facilitate such thinking, stimulating analytic insights" (Maxwell, 2013, p. 105). The memo writing involves serious reflection, analysis, and self-critique. The memo writing facilitated the researcher maintaining a reflexive mindset and kept validity threat issues in mind. This transparent process increases rigor and validity of the research and findings.

The data collection of both interviews and group observations continued until data saturation was achieved. I began transcriptions during the data collection process as part of the on-going analysis. Pseudonyms were assigned for each interviewee to protect confidentiality. Data collection and in-field analysis ceased when saturation was obtained. Additional interview data and group data was collected to ensure that saturation was reached. Saturation occurs "when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties" (Charmaz, 2006, p. 112).

Research sub-question (a). The first sub-question is: What stories do participants tell in interviews about their development of hope in CBSP? The methodological choices to answer this question include sampling choices, data collection methods, and analysis approaches.

Sampling choices. Where in the milieu of lived story space to enter the field of study is an important consideration. The choice of site of study – the larger case of the

CBSP – is discussed above. The choices involved in addressing this sub-question are sampling decisions within the case. I use the term sampling because of its wide use even within qualitative studies. However, it can be problematic in that it can connote a purpose of representationalism and probability which is problematic for qualitative research (Maxwell, 2013). In using the term sampling, I am referring to the selection choices regarding what to observe and whom to interview made during the research design and throughout the research process. Throughout this study, purposive theoretical sampling is used to strategically select individuals, contexts, and groups that are specifically relevant to answer the questions. The purposive sampling is a form of theoretical sampling where choices are made to elaborate and refine the emerging theories and ideas during the research process (Charmaz, 2006).

Theoretical sampling is controlled by the emerging theoretical ideas (Glaser & Strauss, 1967). However, initial sampling choices were made on the conceptual framework and sensitizing knowledge (Maxwell, 2013). The focus of the question and this study is on stories of change and hope. A number of volunteers who facilitate the mutual aid groups, volunteer in support roles, and lead in the community gathering have personal stories of change and emergent hope. The initial sampling included these individuals. Purposive sampling needs to also be mindful of validity threats. Therefore, during the participant observation and interviews, any counter-narratives were identified and sought for data collection. However, this study is grounded in the appreciative approach. Therefore, the sampling involved purposefully identifying individuals with life change stories involving hope. Although no counter-narratives were identified, the researcher remained mindful and sensitized to any potential counter narratives or themes

throughout the process. It is not the goal of this study to analyze a representative sample but to identify the positive strengths and the things that are going right.

Data collection. The data collection method for this question is interviews. Twenty-four (24) interviews were conducted with some including 2 individuals simultaneously. The interviews comprised 13 hours and 38 minutes of recording. Once transcribed, the interview data equaled 143,958 words. The interviews were recorded using a digital voice recorder. Semi-structured interviews were conducted allowing for the ebb and flow of interaction. Typically a semi-structured interview involves set question topics that must be covered (Bernard, 2006). An interview guide of previously-thought through questions was utilized. The researcher used the guide as a framework and to keep the interview on track with the goal and purpose of the research. The goal of this research question involves the ways in which the participants think that the communication patterns and processes at the CBSP contributed to the shifts in their stories toward positive futures and hope. The interviews focused on gathering data regarding the participants' stories regarding the change in their life narratives in terms of hope.

The degree of prestructuring of the interviews is a design choice. Different types of interviews produce different types of data (Bernard, 2006). The question at hand regarding prestructuring is “not primarily *whether* or *to what extent* you prestructure your study, but *in what ways* you do this, and *why*” (Maxwell, 2013, p. 89). The flexibility allowed with the questions and the prestructuring are separate questions. I developed a topical interview guide to provide a general direction and framework to keep me focused on the communication and co-construction aspects rather than the stories themselves.

The interviews were flexible allowing for in-the-moment modifications and new questions based on the meaning-making occurring during the interview while staying focused on the communication and co-construction aspects of the participants' experiences and insights.

Data analysis. A thematic narrative analysis was conducted to answer this sub-question. The focus of the theme analysis was on the processes of change from lack of hope to hopefulness within the narratives. A narrative thematic analysis is distinct from the standard thematic analysis in grounded theory in that it remains grounded in the story rather than fragmenting the story (Riessman, 1993; 2008). Thematic analysis is a form of pattern recognition within the data, where emerging themes become the categories for analysis (Lindlof & Taylor, 2002; Fereday & Muir-Cochrane, 2006). "Precisely because they are essential meaning-making structures, narratives must be preserved, not fractured, by investigators, who must respect respondents' ways of constructing meaning and analyze how it is accomplished" (Riessman, 1993, p. 4).

Consistent with the discussion above, the analysis process began in the field in the process of data collection, theoretical purposive sampling, and extensive memo writing. During the analysis phase, extensive diagrams were written on a whiteboard to facilitate the researcher identifying connections and relationships among concepts. These diagrams were photographed and included in the memos. The data collected was transcribed during the data collection and analysis stages. The transcription is part of the analysis process, with memos, diagrams, and notes about emergent themes written during the transcription. After saturation was reached and all the data has been transcribed, a

complete read through of the data was completed to fully immerse the researcher in the flow of the data.

The themes were identified during this initial full reading while also assessing the usefulness of the themes identified during the data collection analysis. The process paid close attention to the meanings of the participants rather than through the lens of the researcher (Maxwell, 2013). Once initial themes are identified, another complete reading of the data was conducted to refine and further verify the usefulness and applicableness of the themes. Part of the verification process was to ensure that the themes were representative of the stories and not contextually disconnected (Riessman, 2008).

Research Sub-Question (b). The second sub-question is: To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes? I discuss the sampling choices, data collection methods, and data analysis approaches.

Sampling Choices. The second sub-question involves additional analysis of the first sub-question. The sampling, therefore, are the same interview data. However, qualitative research is not a linear process but a non-linear, messy, reflexive process. The interactive model (Maxwell, 2013) embraces the interconnection, interaction, and reflexive process. Therefore, the analysis occurring during the first subquestion was not isolated and disconnected from the analysis of this and subsequent questions.

Data collection. As discussed in the sampling choices of this question, no initial data collection choices are necessary since the data to be analyzed by the second sub-question are the findings from the first sub-question. To reiterate, twenty-four (24) interviews were conducted with some including 2 individuals simultaneously. The

interviews comprised 13 hours and 38 minutes of recording. Once transcribed, the interview data equaled 143,958 words. The interviews were recorded using a digital voice recorder.

Data analysis. A thematic analysis was conducted to answer this sub-question (Charmaz, 2006; Lindlof & Taylor, 2002). This subquestion is less grounded in the narrative and focuses specifically on the perceptions of the participants regarding communication processes contributing to their hope. Thematic analysis is a form of pattern recognition within the data, where emerging themes become the categories for analysis (Lindlof & Taylor, 2002; Fereday & Muir-Cochrane, 2006).

Since this question utilizes data collected for the first subquestion, the data was sufficient for this question and data saturation was reached, therefore additional data was not required. A first read through of the data was conducted while marking emergent themes in the margins of the text guided by this research question (Boyatzis, 1998; Fereday & Muir-Cochrane, 2006). After a list of themes emerged, I will evaluate the data using another reading of the entire raw data. This third reading will result in a clustering and refining of themes. Finally, a new refined list of themes will be compared to the raw data for further refinement and identification of subthemes to the major themes.

The memo writing continued throughout this analysis process. The researcher utilized a whiteboard to record emerging themes and interconnections among them. These whiteboard memos were photographed and included in the memos. The analysis thought processes were extensively documented in the flow of the memos. Reflexivity and research bias mindfulness is also included in the memos.

Research Sub-Question (c). The third sub-question is: To what extent and in what ways do CBSP leaders in interviews attribute participants' development of hope to CBSP communication processes? I discuss the sampling choices, data collection methods, and data analysis approaches.

Sampling choices. As discussed in the sampling choices of the first question, I use the term sampling referring to the selection choices regarding what to observe and whom to interview made during the research design and throughout the research process. Purposive sampling as a form of theoretical sampling where choices are made to elaborate and refine the emerging theories and ideas during the research process were used (Charmaz, 2006).

This question is focused on the group leaders at the CBSP. Many of the interviewees were both previous participants as well as leaders. The purpose of this question is to gather the leaders' perspectives on the communication processes they have observed in their groups that have facilitated hope. Consistent with the appreciative approach and purposive sampling, selection of group leaders for interviews began with inquiries of the CBSP leadership regarding group leaders with the most experience and positive feedback from group members in terms of hope.

Data collection. The data collection method for this question is interviews. I will follow the same procedure as spelled out in the first question. Consistent with mutual aid groups, many of the participants in the earlier research questions are also leaders. Seventeen (17) leaders were interviewed. The interviews will be recorded using a digital voice recorder. Semi-structured interviews using a topical interview guide was used to keep the interview focused on the goal of the research. The goal of this question is to

gain an understanding of the perceptions of the group leaders. The group leaders were asked to reflect upon their observations and experiences regarding the communication processes that facilitate the emergence of hope in group members. As leaders of groups, they have a front seat to the evolution and changes in stories from lack of hope to hopeful envisioned futures.

The degree of prestructuring of the interviews is a design choice. As discussed previously, I utilized a topical interview guide to provide a general direction to keep me focused on the communication and co-construction aspects rather than the stories themselves. This allowed me to be flexible and to make changes as necessary during the interviews.

Data analysis. A thematic analysis was conducted to answer this sub-question (Charmaz, 2006; Lindlof & Taylor, 2002). As previously stated, thematic analysis is a form of pattern recognition within the data, where emerging themes become the categories for analysis (Lindlof & Taylor, 2002; Fereday & Muir-Cochrane, 2006). Specifically, I identified communication processes perceived by the interviewees occurring within their groups that facilitate hope.

The data analysis process was consistent and overlapping with the analysis during the previous questions. Consistent with the Interaction Research Model discussed previously, the analysis is not a linear nor distinct aspect of the research process. Rather, the analysis for this research question occurred concurrently with the data collection and the analysis for the previous questions. The thematic analysis included extensive memos and whiteboard analysis. Multiple readings of the data including the transcription process in which emergent themes and connections were compared to the data was conducted.

Research Sub-Question (d). The fourth sub-question is: What communication patterns, potentially related to the development of hope, can be observed in CBSP group sessions? I discuss the sampling choices, data collection methods, and data analysis approaches.

Sampling choices. The groups that are offered vary throughout the year. Many groups overlap, some are offered throughout the year, and others are offered sporadically. Therefore, the groups available for selection was limited based upon the time of data collection. However, group that address issues that are most likely to have shifts in stories were be targeted. The groups included: a men's addiction, a women's addiction, a men's addiction open share, a men's step up, and a women's boundary class.

Data collection. The method to be used to collect data for this sub-question is observation. As a two-year volunteer at the CBSP, I was already familiar with many of the routines and subjective realities of the group. This allowed for access to the groups. Many of the groups are gender specific. For the men's groups, a digital voice recorder was left in the center table to record the group discussions after receiving signed consents from all participants. If any participant was not comfortable with the recording, I did not record that group.

The recordings of support group observations were transcribed. The goal of this question was to identify communication patterns occurring in the groups that facilitated hope. The interviews were conducted partially to identify sensitizing concepts for the group analysis. The affirmative approach also guided which group recordings were the focus of analysis. In particular, group discussions where the dynamic and apparently hope-facilitating interplay among participants occurred were the focus of analysis. Not

all group discussions were dynamic. All group recordings had at least one complete listen. Consistent with the affirmative approach and due to the constraints of time, not all group recordings were transcribed. The recordings that reflected a group where things were “going right” were identified for transcription. Group recordings comprised 10 hours and 45 minutes of recorded data. The transcribed data is comprised of 41,500 words.

Data analysis. Information gathered and analyzed during the interviews was used as sensitizing concepts during the group observations. Personally transcribing the recordings keeps the researcher immersed in the data. Consistent with a reflexive analysis process (Maxwell, 2013; Charmaz, 2006), I began transcriptions during the data collection process as part of the on-going analysis. Data collection and in-field analysis ceased when saturation was obtained. Saturation occurs “when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties” (Charmaz, 2006, p. 112).

After the selected group recordings were transcribed, a first complete reading of the data was conducted to allow an immersion in the flow of the data. Reflexive memo writing continued throughout the analysis of group data in order to preserve the participants’ meanings and strive to avoid researcher bias.

The episodes within the group discussions were identified that indicated a dynamic interplay among participants. An aspect of this episode analysis considered and identified what narratives, ante-narratives, and stories were being constructed in the episodes since narrative is a dominant meaning-making strategy used by all people (Boje, 2001; Fisher, 1987; Riessman, 2008). Hierarchy model of coordinated management of

meaning suggests that often our social worlds are not simple narratives but are stories within stories with many enacted simultaneously (Pearce, 2007). In addition, ante-narrative fragments and the patterns of construction were considered.

As episodes and the speech acts constructing the episodes were identified, a connecting strategy of analysis and thematic analysis were used to identify patterns of communication. Connecting strategy is different from categorical coding in that it uses “various methods to identify the relationships among different elements of the text” (Maxwell, 2013, p 112) to look for relationships that connect different parts of the data while maintaining the context of the data. A whiteboard was utilized throughout the analysis process to identify the ways in which the emergent themes were related and interacting. The emergent patterns were identified and then refined through subsequent readings of the data similar to the process followed in the thematic analysis discussion above.

Primary research question. The primary research question for this dissertation is: What are the communication processes at the CBSP that facilitate hope among participants? This question incorporates findings from the subquestions. As a result, there are no sampling choices or data collection methodologies for this question. A discussion of the analysis follows.

Data analysis. The data and the previous findings were analyzed using a connecting strategy. As stated above, connecting strategy is different from categorical coding in that it uses “various methods to identify the relationships among different elements of the text” (Maxwell, 2013, p 112) to look for relationships that connect different parts of the data while maintaining the context of the data. Extensive memo

writing and photo recording of the whiteboard analysis continued throughout this process. The themes, communication processes, and concepts identified previously were written on a whiteboard. A connecting strategy was used to identify a model representing the interaction and relationships among the findings. The emergent model was then refined through subsequent readings of the data similar to the process followed in the thematic analysis discussion above.

The sequence of stories allow for in situ meaning-making, recontextualizing, and restorying experiences. For this present study, communication patterns and themes were visually represented on a whiteboard with links among them depicting relationships, connections, and interconnections were identified for the purpose of analysis. Meanings are often embedded within hierarchical interconnections (Noblet, Barnett, & Littlejohn, 2013; Pearce, 2007). The connection analysis framework provides a useful approach for analyzing the interactions among communication elements. Similar to the work of Arminen (2004) who identified the ways in which the turns “weave the common fabric of understanding” (p. 323), I analyzing the turns and processes that co-construct and facilitate stories of change and hope. Similar to thematic analysis, I engaged in a constant comparative process throughout the research process wherein I compared similarities and differences in and among the identified communication patterns. To address validity issues, rival hypotheses of possible communication patterns and explanations were considered and were either used to refine or change the emergent ideas or were ruled out through further analysis.

Validity

Validity is included as a distinct component within the model because validity is a “property of inferences rather than methods” (Maxwell, 2013, p. 121) and because it is a key issue in research design. In particular “validity threats are made implausible by evidence, not methods; methods are only a way of getting evidence that can help you rule out these threats” (p. 121). Issues of validity deal with whether you are observing, identifying, and explaining what you say or think you are (Mason, 2006) and the correctness or credibility of the descriptions, conclusions, explanations, and interpretations made (Maxwell, 2013). Ontological and conceptual clarity are necessary for validity within qualitative research. Research projects are situated within epistemologies and ontologies and therefore, the research design and implementation need to be consistent with these positions (Riessman, 2008). The research design for this study is consistent with the ontological and epistemological positions of the researcher articulated in the second chapter.

Researchers need to make arguments about the trustworthiness of their data and interpretations through clearly articulating the methodological path followed (Riessman, 2008). Throughout the data design, collection, and analysis process, extensive memos transparently recording the research decisions, the emergent analytical thoughts, and processes were used to enhance validity and rigor. Validity threats, that is, ways that the researcher might be wrong or alternative explanations or interpretations, must be addressed and considered by the researcher. I remained mindful of validity throughout the process and recorded the wrestling with ideas, the reflexivity, and validity checks in transparent memos. The memos are comprised of 92 single spaced pages of text. The

validity threat analyses are documented in the memos. “Validity, as a component of your research design, consists of your conceptualization of these threats and the strategies you use to discover if they are plausible in your actual research situation, and to deal with them if they are plausible” (Maxwell, 2013, p. 123). Making validity a component of the research design allows the researcher to be mindful of and develop strategies for addressing the potential threats throughout the research process.

Two significant threats to validity include researcher bias and reactivity.

Researcher bias can be subtle and therefore must be reflexivity considered throughout the research process. The articulation of your conceptual framework raises the researcher’s existing theory, beliefs, goals, and preconceptions to salience. For this dissertation, I acknowledge that the issue of hope and the communication processes that co-construct hope are particularly important to me. In addition, particular to this study, I have been volunteering at the CBSP site of this study as a group leader. This involvement improves my access into the field but also has the potential to color both respondent’s interviews as well as my interpretations.

The CBSP is a ministry of a local church. As discussed in the literature review, transcendent and spiritual messages are elements of the overall communication patterns at the CBSP. My personal faith includes the belief that addressing spirituality and connection to the transcendent can facilitate healing and hope. This positionality has the potential to bias my observations and interpretations. I address this through reflexivity transparently recorded in extensive memos throughout the process while also utilizing the negative case strategy. The negative case and discrepant evidence strategy involves rigorously and specifically examining the data to identify instances (discrepant data) that

cannot be accounted for by the emergent interpretations and seeking alternative explanations. Additionally, seeking feedback from others on emergent conclusions can provide valuable validity checks.

Researcher bias is also addressed through seeking out discrepant evidence in the data collection process (Maxwell, 2013). Although this research follows an appreciative approach, discrepant data and potentially disconfirming findings were mindfully considered. Making data collection choices specifically to provide validity checks as theories and interpretations emerge provide a specific research design strategy to address threats to validity. Finally, gathering rich data with enough detail and diversity to address potential threats is important for validity (Charmaz, 2006; Maxwell, 2013). The data collected was particularly rich both in depth of sharing and reflexivity of the participants. A strength of qualitative research is the ability to add “new pieces to the research puzzle” (Charmaz, 2006, p. 14) and to make sample choices to address validity during the data collection process. For this study, sample choices as well as extensive field notes and memos were used to strengthen the validity of the findings.

Reactivity threats involve questions of researcher effects on the field and data. The goal of qualitative research is to understand and use researcher influence productively and mindfully not to eliminate the influence (Maxwell, 2013). Keeping a field note log that incorporates not only observations in the field but also methodological choices and inferences made including emergent ideas during the course of the project is important for fostering and documenting reflexivity (Riessman, 2008). Observational field notes and extensive memo writing involve perceptions and interpretations (Emerson, Fetz, & Shaw, 1995). In addition, memos incorporating emergent ideas,

methodological choices and the rationale behind the choices, and thoughts on observations are important aspects of reflexivity and validity (Maxwell, 2013). Extensive field notes and memos were utilized throughout the research process.

Reflexivity also involves being mindful of assumptions influencing the research. I hold a constructionist perspective on social reality, that is, that our social realities are co-constructed through communication. However, those realities both enable effective and meaningful interactions while constraining alternative interactions (Giddens, 1984). My perspective is that although individuals are free to act, their actions are constrained by the structures co-constructed. As a result, people often behave in patterned ways. Therefore, my primary research question incorporates the assumption that the communication patterns at the CBSP that co-construct and facilitate hope and stories of change are likely to occur in patterns ways.

The process tracing analysis strategy within the field of sociology utilizes qualitative and ethnographic research methods (Collier, 2011). An important philosophical distinction among researchers is between the variance theory and the process theory approach (Maxwell, 2004). The variance theory model focuses on the contributory difference in values one variable has on other variables. The process theory model, in contrast, explores the events and processes that connect them, focusing on the ways in which these influence other events and processes. Consistent with the process theory approach, this current study is seeking to identify and analyze the inter-connections and influence of communication processes on the co-construction of the social reality of hope.

In discussing the strategy involved in the process theory approach to analysis, Maxwell (2013) identifies rich data and connecting analysis as key elements. Rich data is detailed and varied enough to provide a full and revealing picture of what is going on at the site of study. Connecting strategies, as discussed previously, seeks to identify the links and connections between and among processes and events.

In this chapter, I have discussed the methodological choices guiding this dissertation. The interactive model for qualitative research is utilized as a research design model as well as a framework for this chapter. The research questions, goals, conceptual framework, methods, and validity are discussed. The methodological choices for each research question, including the sampling choices, data collection methods, and the data analysis strategies are provided.

Chapter 4

Findings and Analysis

The beauty and strength of qualitative research is its power to illuminate and bring coherence to both uncodified intuitive experience and previously unseen connections. My immersion in the CBSP was humbling and inspiring. I am humbled to be honored with bearing witness to tears and the redemption stories of suffering and hope. It is a privilege and sacred trust. The power of narrative to germinate hope and change lives is more potent than I assumed at the threshold of this journey. The ancient Old Testament scriptures' charge, "Let the redeemed of the Lord tell their story" (Psalm 107:2), has a deeper meaning in light of the findings of this study - for it is through sharing our stories that others find hope. The stories of transformation were at times astounding. I was inspired and uplifted to see and even feel the hope in the lives of people who had been lost in the depths of dark hopelessness.

This study took an appreciative approach. Therefore, the data collection and analysis focused on what was going right rather than critiquing or contrasting the program. The continued growth of the program and the stories of hope and recovery at the CBSP suggest that hope happens here. Clearly not everyone who enters finds hope and recovery, but many do. With an appreciative framework, I explore the communication processes facilitative of find hope.

The CBSP is a sacred story space where narratives and narrative fragments are shared, redeemed, and hope is germinated. The data revealed that communication processes, especially narrative, at the CBSP are central to the emergence of hope for

participants. The data analysis process challenged me to reflect upon and refine my conceptualizations of narrative and hope.

This chapter discusses the major findings of this study which ground hope deeply in communication, specifically narrative. Rather than merely being a pathway, communication is an integral element of hope. Hope and its cousin hopelessness are about the sense of agency in the co-construction of one's own story. The concept of agency for the purposes of this study involves self-efficacy and the power of intentional actions. Hope is experienced as a person reclaims their role as an agent in the co-construction process of their own story. The first step in regaining hope is being able to envision future possibilities. This occurs in reflexive moments, that is, moments when a person makes connections between another's story and their own. Reflexive moments are also integrally linked to narrative at the CBSP. A differentiation of sharing of narratives is identified with consequences on hope and recovery. Finally, within groups, a reciprocity of interactions builds connection and hope.

This chapter begins with a brief discussion of the refinement of my conceptualizations of narrative and hope. A discussion of the findings is organized by research question. The chapter concludes with a brief discussion of the findings in terms of spirituality.

Refinement of Conceptualizations

Refinement of Narrative Definition

During the analysis of the data, I realized that the definition of narrative in the literature review is incomplete. In the literature review, I define narrative as both a retrospective and prospective sense-making communication activity existing in various

forms and fragments that is co-constructed in interaction with others resulting in the construction of identities, social realities, and orientations toward the future. This definition fails to address the concept of agency as it relates to narrative. A deeper understanding of narrative emerged during the data analysis.

The concept of co-construction of the narrative of self and life acknowledges that people cannot write their narrative in a vacuum. Individuals are not the sole authors of their narratives. One cannot isolate or remove the contributions of historical interactions, culture, circumstances, and present interactions from one's narrative for they are in fact part of the narrative. Although I still hold this position, I struggled with the importance of agency as it presents itself in the data. As a result, the refinement of my conceptualization of the construct of narrative is to embrace a duality of narrative.

The duality of narrative recognizes and fully embraces the social constructionist perspective of the co-construction of narrative while simultaneously recognizing the agency of the individual. The agency of the individual embraces the power and choices of the individual regarding what and in what ways the contributions of circumstances and interactions with others will be woven into the narrative of self and life. All narratives of self and life are composed of the threads of contributions of many co-constructors and the individual has agency to choose how to weave those threads into their own narrative tapestry. The concept of the duality of narrative and its relationship with hope is discussed in more detail in the following chapter.

Refinement of Hope Definition

The analysis process similarly refined my conceptualization of hope. I defined hope in the literature review as a reflexive positive orientation toward the future co-

constructed in relationship through communication prospectively narrated in life stories, both fragmented and coherent, that serves as a foundation for health, healing, and wellbeing. This definition is also incomplete to explain the data.

In addition to the above definition, hope involves the agency aspect of the duality of narrative. The data revealed that people in despair or hopelessness have relinquished their agency in the creation of their own narrative. They feel entrapped (Panagioti, Gooding, & Tarrier, 2012) by external forces with no way to narrative a different story. Rather than a co-constructor and agent, the individual believes that all other co-constructors, including circumstances, others, or even the story itself (the addiction or issue) have the agency and power to determine the construction of the narrative of self, life, and the future. When individuals relinquish their agency, they become, playthings of circumstance Frankl (1946). They are passengers or passive characters in their own narrative. Hope is reclaiming that agency to determine the ways in which the contributions of co-constructors are woven into one's narrative of self and life. The refinement of my definition of hope is discussed in the following chapter.

Findings by Research Questions

The primary research question, **“What are the communication processes at the CBSP that facilitate hope in participants?”**, provides an overall guide for the analysis, with the research questions providing additional focused navigation. Consistent with qualitative research, analysis began in the field during the data collection process. Twenty-four (24) interviews were conducted with some including 2 individuals simultaneously. The interviews comprised 13 hours and 38 minutes of recording. Once transcribed, the interview data equaled 143,958 words. Extensive memos recorded the

evolution of the findings throughout the process. Group recordings comprised 10 hours and 45 minutes of recorded data. The memo documentation, that record the analysis process, includes 88 single spaced pages including text and diagrams. This chapter discusses the findings for each research question.

Research Question A

The first research question is **“What stories do participants tell in interviews about their development of hope in the CBSP?”** Stories of hope and recovery abound at the CBSP. All interviewees shared about moving from hopelessness to hope with the majority occurring as a result of communication processes at the CBSP. The stories shared include decades of hard drug abuse, childhood abuse, childhood sexual abuse, decades of alcohol abuse, relapses, and multiple attempts to get and remain sober through various support groups and in-patient treatments. Throughout the stories, a dominant theme emerged that I am calling redemption stories.

Summary story examples. Samuel, for example, in hopeless despair from decades of opiate drug abuse, shot himself in the chest. “I just kinda felt hopeless and helpless and so I stuck a gun to my chest and pulled the trigger.” The bullet, to the amazement of doctors, went around his heart and out his lung. He now leads the addiction groups. The childhood sexual abuse committed by her father is where Daniela’s story of trauma and pain began, leading to multiple abusive relationships, years of substance abuse, and mental health issues. Daniela had multiple admissions to mental health wards in hospitals, in-patient treatments, and spent over \$20,000 in insurance co-pays for counseling and treatment options for her addictions and mental health issues. After multiple suicide attempts and self-harm, she came to the CBSP. “I have so much

hope now. I feel like I am powerful and I have gotten some of my self back and I have peace in my heart, which I haven't had." Her hope was almost tangible as it exuded from her during the interview.

Alan was a meth addict for 10 years. He was "in and out of jail", lost his wife and kids, his job, and became homeless and ate out of dumpsters. The last time he got out of jail, his father gave him 20 dollars to get something to eat. "I was homeless when I got out of jail. The first thought that went through my head was I could get some drugs with this. So as soon as I left my dad, I went straight to the dope man's house. I had only been out for a couple of hours and went and got high. At that point, I realized that I was hopeless and powerless." Alan came to the CBSP. "I kinda stayed quiet the first couple of times and then started opening up more and surrendering to God. And God started changing my life. ... and now there is a lot of hope!" Alan and his new wife, also a recovering addict, now both lead addiction groups.

These stories are merely a sample of the life change and hope to which I was privileged to bear witness. The stories include drastic changes in lives that many would say were beyond hope. Dorris' statement reflects so many when she said "my hope has been an *extreme* from one end to the other." Analysis revealed a common core to the stories of changes in hope.

Dominant story theme – Redemption stories. The dominant theme among the narratives is redemption. For the purposes of this study, redemption is conceptualized as reclaiming possession of something. Redemption stories involve reclaiming agency as a co-creator and director of one's own story. As addiction, grief, abuse, or other issues become increasingly consuming in a person's life, the person becomes a passenger in the

journey of their story. They lose the sense of agency and efficacy to guide, direct, or influence their own story. They become passive characters in their own story.

In this framework, hopelessness is the loss of agency to direct the co-construction of one's own story. Often hopeless individuals envision themselves as victims. They may be victims of circumstances, others, or their own story. The victim does not control the story or the outcome. The endings (future) are determined by the forces of the story or by others. The future is outside of their control and negative, determined and fatalistic. The person is, therefore, hopeless. The future varies from a continuation of the negative situation, such as abuse or addiction, to death. Nancy states "I thought the alcohol was going to kill me. I had accepted that. I was completely hopeless." Hopeless individuals have relinquished their agency as contributors and directors of the co-construction of their own story and the resulting future with no power to influence the outcomes. As Kiley said "I had it in my head, well I will probably relapse again because I keep on relapsing." She felt helpless to prevent a relapse. The addiction was controlling the story of her future and therefore she lacked hope.

In fact, some hopelessness goes beyond controlling the future to blocking any vision of the future at all. The person has no ability to see into the future. "It was a dark time. I was not hopeful of my future. Not hopeful. I was scared. I did not even think beyond that day because there was so much pain", explained Tenisha. Without some vision of the future, there is no hope. Mario's story also reflects the loss of agency and an inability to see a future other than the one controlled by the addiction, "I just wanted to die. I did not see a future. I was existing. I had no purpose. ...I could not see any way out of it. I could not see any light at the end of the tunnel." Nancy also reflects this when she

said “I thought the alcohol was going to kill me. I had accepted that. ...I was completely hopeless. ...I just had sort of accepted that was going to happen. That I would probably die from it.”

Redemption stories, on the other hand, are about reclaiming agency to determine what and in what ways the contributions of co-constructors are woven into one’s own story. This is hope. It begins with seeing possibilities for the future. That is, that different endings and purpose are possible. Participants begin to shift to see a hope-possible future. They believe that they can influence the meaning and direction of their story of self and life.

In reclaiming agency as co-creator, the people begin to recognize both their own and other’s contributions to the co-construction of the past and begin to reclaim ownership of the past. In reclaiming agency, they become empowered in the present to make intentional choices and can envision a future has positive possibilities. Hope filled redemption stories are born as individuals see possibilities. “I saw possibilities. I saw what my life could be” states Mario who used drugs for 37 years. Daniela’s statement demonstrates the shift from seeing a fatalistic negative future to hope, “Hope! I have so much hope. I know that good things are coming.” Tenisha mirrors this, “today I am very hopeful. I am able to look to the future with hope no matter what that future looks like.” She also reflects the reclaiming of agency and the role of co-creator,

it became hope because I knew I could work on myself. I knew I could do the hard work of working on myself. ...so in that was hope because it was something I *could* work on. ...so I found the courage to change.

Contrary to much of the narrative literature in and out of the communication discipline, the participants in this study were not re-storying their past. Rather, they were reclaiming agency and recognizing the contributions of self and others in the co-construction of the past. No longer merely passengers and victims of their own story, they acknowledge and admit their past rather than viewing their past as a series of disconnected experiences caused by forces outside of themselves. Daniela demonstrates this,

I have lived a terrible, terrible life because, and I'm to blame for a lot of that, you know. I always would put the blame on everybody else. But you know what? It was my choice. I stayed. ...But you know what? I am stronger than that and I know my Father is real and he will be there.

The redemption stories involved not only reclaiming agency but identifying the contributions of both self and others in their story. In reclaiming agency, they also reclaimed ownership or responsibility for their contributions to their own story as well as the relinquishing of agency. Mario speaks of the moment that this shift began to happen to him, "that it was not the people that you blamed. That was my big epiphany. Seeing everything turn around and come back on me. It was quite a big aha moment." At this point, he begins to recognize and reclaim his agency as co-creator of his own past. He is no longer the plaything of circumstances.

Forgiveness is a critical component to the redemption stories. When the participants began reclaiming agency and responsibility for the past, many struggled with shame and guilt. Believing in and receiving forgiveness both from God and others as well as from self, was important in growing in hope and healing. Forgiveness triggered a

bifurcation point in their narratives – a fork in the road of their story where they choose either the road to increasing hope and healing or continued destruction. Numerous interviewees spoke of shame and guilt once they began to regain authorship. “I carried a lot of guilt. A lot of shame around.” Justin goes on to explain the importance of forgiveness,

It was a huge huge process for me. I was one of those people that would blame everyone for everything. ... even though it was my deal. Forgiveness was not in my vocabulary. Forgiving others and I had a lot of problems forgiving myself. That was *huge* for me.

The bifurcation point of forgiveness is seen in Justin’s continued sharing,

No matter what I had done, all the bad that I had done, how many people I have disappointed, I am forgiven. And that is the most important thing that released me from all of my pitfalls. Of everything that has tore me up in a million pieces. Getting forgiveness is probably the biggest thing that made me feel, I mean, just free. It is amazing.

The importance of forgiveness is also reflected in Tenisha’s statement, “God has given me the courage to accept his forgiveness for the part I played. ... really accepting that he forgave me.” The accepting and moving forward is clear when Daniela states,

I wrote a letter to my stepdad who was my molester. You know what? It is not mine to carry anymore. The thing is, he is dead but I have carried so much and I couldn’t get over it. I’m over it. I have found the forgiveness.

Rather than restorying, the individual reclaims agency and acknowledges their role as co-creator, and then accepts forgiveness for the past and moves forward.

Mario also explains why forgiveness is so important in the redemption stories of those struggling with addiction,

...how God can use us and that he does forgive us, he does love us regardless of what we have done, whom we have hurt. Because addicts don't think they should be loved, they don't think they should be forgiven because they have hurt too many people. We have that stigma that nobody could love us. Nobody could forgive us. ...but God loves me. God forgives me. And now I need to work on forgiving myself.

Redemption is the dominant theme of the shared stories of hope. The storyline of redemption stories is reclaiming the agency to determine the ways in which the contributions of co-constructors are interwoven into one's own narrative. Individuals gain hope by seeing future positive possibilities in the stories of others. Forgiveness is a bifurcation point in the narrative – a choice of paths. Hope is reclaiming agency, as Justin states, “there is hope. This is not how your life is going to be unless you want it to be that way.”

Research Question B

The second research question is “**To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes**”? The data revealed three main communication processes that participants attribute to the development of their hope: reflexive moments, transitional messages, and the story space.

Reflexive moments. In interviews, participants' stories revealed their hope was germinated in reflexive moments. This section includes a definition of reflexive moments, the spiritual aspect of reflexive moments, and types of reflexive moments.

Definition. I propose that reflexive moments are moments of epiphany when an individual experiences a sudden realization, connection, or recognition that results in changing his or her view of self and narrative. This reflexivity involves simultaneously being in living story (Boje, 2011) while also stepping back and viewing one's own narrative as an outsider and then making connections or realizations.

Reflexive moments can be further understood through extrapolating from meaningful learning theory (Ausubel, 1963) and social cognitive theory (Bandura, 1986, 2001). Ausubel's (1963) meaningful learning theory distinguishes among rote, conceptual, and meaningful learning. The theory proposes that an essential distinction of meaningful learning is propositions. Propositions are relationships between concepts. They serve as connectors indicating how concepts are related to each other. These connectors are a central component of reflexive moments. Rote learning is differentiated from meaningful learning by these propositions. Rote learning involves disassociated pieces of information. Conceptual learning occurs when an individual begins to see commonalities among similar things and creates labels or categories. Meaningful learning involves creating propositions among concepts. Research has shown that meaningfully learned information improves critical thinking and problem solving allowing a person to apply existing knowledge to a new situation (Novak, 1998).

Extrapolating from meaningful learning theory, reflexive moments involve conceptual learning (my experience is not unique but can be labeled and grouped as

addiction with similarities with others) and/or propositional learning (making connections between your story and mine). The importance of reflexive moments may be this meaningful learning element in that it involves making propositional connections that bring about changes in thinking and are available for critical thinking and problem solving. One of the ways that conceptual learning in reflexive moments manifests is when people realize that their struggle is not unique to them. Joella explains how she felt, “I thought, I’m different. I have gone through this, none of you understand. And then I find out that everyone has a story and mine is not the worst one.” Samuel shares about the reflexive moment he experienced,

I did not want to admit that I was an alcoholic and drug addict. I kept thinking. Well I’m not like them. And then I realized after hearing everybody’s stories, was holy crap, I’m just like you. And you and you. I’m like, wow, I had no idea that there were that many of us. Yea. So that was really really helpful.

Propositional learning can be seen in the examples in the previous section on redemption stories. Reflexive moments are seen when individuals hear the story of another and draw hope for themselves. Felicia says, “to see the change in their lives and that actually bounces back and give me more hope.”

In social cognitive theory, Bandura (1986, 2001) proposes that much of human learning occurs through vicarious processes by observing the behavior and consequences of others. In reflexive moments, much of this occurs symbolically through narrative. As a participant narratively shares, another person can learn that there is hope, that change is possible, strategies for recovery, and the potential consequences of continuing on their current journey.

Bandura (2001) argued that vicarious learning occurs most frequently when the observer views the one being observed as similar to him or herself. Consistent with the work in mutual aid groups, the individuals in the groups at the CBSP share a common issue. The data suggests that sharing a common issue such as addiction, abuse, or grief is important to people finding hope. For example, Samuel's statement quoted earlier that he realized that he was just like the others in the group helped him have the reflexivity to acknowledge his addiction. Similarity in experience is also important for Gail, "because you don't want to walk into a room where you feel like everybody else in there has it all together and you just screwed up last night."

The data reveals that reflexive moments happen most frequently when one juxtaposes another's narrative with self-narrative. In that reflexive moment, the juxtaposition allows the person to see differently. Reflexive moments are inherently narrative, involving both self-narrative and the narratives, narrative fragments, and messages of others. The majority of the interviewees referenced narratives shared from group leaders and others in recovery.

Alma's answers reflect this reflexivity, "sharing is a way for you to reflect on what is going on in your life. You need to understand what is going on in your head." She goes on to describe reflexivity,

I can hear it out loud. So once I hear it out loud, then I can see the other perspective. It is so different when you are just thinking in your head and when you say it out loud, it makes more sense or doesn't make sense at all. And then you can reflect on that.

Similarly, Tenisha said, “once our challenges are in the light and they were out, they were no longer hidden and in the darkness and in secret and behind closed doors, they were out where I could work through them, where I could walk through them.”

Hope sprouted for many individuals when they heard the narratives of others and had a reflexive moment. In juxtaposing another’s story with their own, participants were able to begin to see future possibilities. “Hearing their story of how they found healing. ...it let me know that I could have a future” explained Lia. Similarly, Dorris explained,

It gave me hope to see, wow, this person is amazing after hearing all the things that they went through and where they are and where they have been and how amazing their life is. ...seeing somebody that has been sober for 20 years and just say, wow, it *can* be me. That is something that *is* possible.

This germination of hope is inherently narrative as the person makes connections from the story of another to their own in a reflexive moment. The emergence of hope for Kiley also occurred through a reflexive moment with the narrative of a group leader,

the lady who was the young women’s addiction leader, just her telling her story and I thought, like, honestly I thought mine was like the worst story, I have been through so much, and everything. And then whenever she told me everything it was like, wow, if she can get through all she has, and she has been through more than me, with God, like she isn’t getting through it on her own, she has gotten through it with God, then maybe I could too. So I had hope.

The centrality of narrative is reflected in Phil’s statement,

I know that I would not be sober today if I did not hear someone else’s story. I was a cop and I was a drunk. I knew all the dangers of being an alcoholic. But it

was not until I went and heard someone else's story that I realized that I can get clean of this.

Spiritual aspects. Reflexive moments are spiritual experiences. The juxtaposing of narratives in and of itself does not trigger a reflexive moment. The epiphany, the moment of narrative clarity that occurs, is a spiritual experience. The experience for participants involved their spirit or soul and a connection to God.

Reflexive moments are spiritual in that something within the spirit or soul awakens and the person is spontaneously reflexive. As with all spiritual experiences, the process and triggers are mysterious. As mentioned above, this most often occurred for interviewees while hearing another person's narrative. However, other messages can also spark a reflexive moment. A person may hear a narrative or message that is what they need to hear, but it does not trigger a reflexive moment – their spirit is not awakened. Many interviewees experienced many messages from others attempting to help them change paths. Which message and when it will trigger a reflexive moment is spiritual and enigmatic. The majority of interviewees attributed this spiritual aspect to God. Mario abused drugs for 37 years and experienced many relapse cycles. He explained this spiritual aspect to his recovery.

I was 7 months sober when I started coming here. But I was still doing it on my own. These other men were real big influences once I got here. They showed me how God can be that difference. He can fill that void. Could be that thing that I was always searching for to fill that void I had.

Samuel's example of the reflexive moment when someone's hope is germinated in spiritual terms, "they go, 'wow, God did that for you. Maybe he could do that for me.'"

Nancy's understanding of these reflexive moments are grounded in the spiritual,

I believe the Holy Spirit is a huge catalyst of this, reveals something that you need to see. And you have that aha moment. But it is like God is speaking to you, revealing to you, the hard things you need to see...and through that process start to bring healing and being able to get hope and move on.

Lia's story also includes the spiritual in her reflexive moment of finding hope, "to be able to see women who were further along and just how much God had changed them."

This spiritual aspect is also involved in the concept of hitting bottom. Hitting bottom is used throughout the addiction literature and programs referring to when a person realizes the seriousness of his or her situation and turns toward recovery, being willing to do the work necessary to grow in recovery. This realization is a reflexive moment which is spiritual and unpredictable.

When a person has not hit bottom, the individual's spirit or soul was has not been triggered or awakened to be reflexive. Interviewees often referred to this as being or not being 'ready'. Nancy reflects upon why some people don't move toward recovery, "people come every week but they are not really moving toward recovery because they are not ready." Anita shares a similar perception, "and a lot of times they don't come back because they don't want to hear it, because they are not ready."

Types of reflexive moments. Six (6) types of reflexive moments emerged in the data: hope germinating, learning, instrumental, affirmative, tape building, and altruistic.

Types of Reflexive Moments	
Type	Description
Hope Germinating	emergence or growth of hope
Learning	about addiction, grief, etc.
Instrumental	strategies to try or what worked for others
Affirmative	value, worth, empowerment, encouragement
Tape Building	vicarious learning of common consequences
Altruism	ways my story may be helpful to others

Table 2

Hope germinating. In hope germinating reflexive moments, the juxtaposing of narratives results in the emergence or growth of hope. Joella states this powerfully, “there is hope when you see others still standing.” When individuals make connections between their own narrative and the narrative of another and see possibilities for their own life, it brings hope. In reflecting upon the emergence of hope in her life, Tenisha shares, “it is in hearing other people’s stories that hope is communicated. Seeing that somebody else can stay the journey of healing and come out at a better place, I can do that too.” Many interviewees speak of hope germinating reflexive moments as the transitional turning point, bifurcation point, in their hope and narrative. Many quotations throughout this chapter reflect this type of reflexive moment.

Learning. Informational reflexive moments involves learning about your issue through the stories of others. Joella discusses how this happened for her when someone

shared a similar experience to her own. “I think it just makes you think that you are not crazy, you know. Like you are not going out of your mind. Ok, that is normal then. I guess I am ok.” “Understanding their own situation better because they have heard how somebody else has viewed it” is how Tenisha explains learning reflexive moments.

Participants disclose how learning about their issue gave them hope.

Instrumental. Instrumental reflexive moments focus on actions, behaviors, and strategies. In juxtaposing someone’s story with their own, they decide to try strategies or actions that worked for others. “When you listen to other people, sometimes you think, oh I have been through that...it just makes you listen to what they are doing and maybe you can try to do that too” explains Alma. Lia also speaks of this process, “so the person can look at it and say, “ah, that might work for me too in my situation.” They make that connection.” Through the sharing of another, a person learns about his or her issue as well as approaches or actions to try for themselves.

Affirmative. Reflexive moments can also affirm a person’s value, worth, or help them feel empowered. Lynn shares about the transformation in her view of herself, “I just did not feel like I mattered. I did not feel like I had any value. ...and now I realize that I have a lot of strengths. ...it has helped me grow in a very healthy way.”

Encouragement and courage comes through reflexive moments as reflected in Joella’s statement, “I think we draw courage from each other.” Manuel pulls in the spiritual aspect to these reflexive moments, “when we talk in groups, they see that God is hope and that he can fix this and you are not that far gone. I think it starts to revive them.”

Daniela discloses the radical changes in her life in terms of her value and empowerment.

She grew up in a physically abusive home and entered abusive relationships and substance abuse,

He used to hold a gun to my head. I would have my children run out of the house and stay at friends. ...I was afraid to live out on my own. ...I did not feel worthy and I became a mean ugly person. ...I know now that God does love me and has loved me the whole time. ... Now I feel like I am powerful and I have gotten some of my self back and I have some peace.

Tape building. Tape building reflexive moments occur when the individual makes connections and sees the consequences in the stories of others and extrapolates them to his or her own future. Tape building is vicarious learning through others' stories. The concept of tape is a metaphor based on VHS tapes. Samuel explains, "you never take that first drug or drink and go, hey, I'm going to run my life in a ditch. This will be great." He goes on to discuss how when people share stories in response to others "just gives that other person who just shared a little perspective of how bad it could get if I keep going." He explains further, "sometimes someone will share and they will stop. And another person's tape keeps going. And so they share, "ok, this is what is going to happen next." It helps them get perspective of where the road is going to take them." In sharing about her recovery, Nancy explained

playing the tape all the way through so you can see the potential consequences, because for an addict or alcoholic, you don't do that. It is immediate. I need a drink and I need it now. You are not thinking past that to I could get in a car and kill someone, or go to jail, or hurt somebody. You don't think through that. In recovery you try to learn to connect the dots.

Dorris spoke of her tape building reflexive moment, “you hear these people that just constantly in legal trouble, and constantly in, you know, and it is kinda scary to think that I could have been in that position.”

Altruism. Finally, altruistic reflexive moments occur with the realization that something in your story may be helpful to another person. It may be that you had a similar experience or have struggled in a similar way but found some victory. Alma’s story reflects this altruism reflexive moment, “I listen to other people and then I can say, well based on what I hear, I think this experience I had might be a help for that person.” As people progressed in their recovery, they began to think more of others. Manuel reflects this shift, “I always try to, if I have a story in my past that will help someone in their predicament or that I can help relate to, absolutely, I am very transparent about that.” In group sharing Diego explains, “we are getting help and we are giving help too.” Kiley expresses her desire to help others, “if I can’t make a difference with my story, then why do I have a story”?

Reflexive moments are spiritual moments of epiphany that occur as people juxtaposition someone’s story with their own. In this juxtaposing, they make connections that allows them to see their story differently. Six (6) types of reflexive moments emerged in the data and each served a different purpose in the growth of hope and recovery for participants.

Transitional messages. Transitional messages are those that trigger a bifurcation point in a person’s narrative. These messages were cited as important in shifting from a destructive path to one of hope and healing. Interviewees identified these five (5)

messages as transitional: forgiveness, love, purpose and value, acceptance, and not being alone.

Transitional Messages	
Forgiveness	from God and for self and others
Love	from God and from others
Purpose and value	my life has a purpose and value
Acceptance	acceptance of true self by others
Not alone	Two ways: not walking this journey alone and
	I'm not the only one who is struggling like this

Table 3

Interviewees referenced these messages as being significant in their finding hope and recovery. For some it was forgiveness from God and others, or being able to forgive others as well as themselves. Forgiveness is discussed earlier with redemption stories with exemplars.

Forgiveness. Messages of forgiveness were cited as significant turning point for interviewees in finding hope. Justin was a cocaine addict for over 20 years and had been in and out of rehabs and recovery programs. When he became engaged in the CBSP, he began to find hope and recovery. For Justin, forgiveness was transitional in his narrative of recovery,

When I eliminated all of that hatred and anger, and being upset at everyone because someone did this to me, or someone did that to me. But now I was able to just give forgiveness to whatever happened each and every day. Not getting

confrontational, I did not need to reach out to my substance to pull me off basically. Forgiveness was a huge huge process for me in finding hope.

Justin also speaks of receiving forgiveness from the group leader when he relapsed, “he just never gave up on me. I have had so many other people just not want to have anything to do with me. Him showing me that forgiveness has really had me want to give everyone forgiveness.” Daniela struggled with addictions and alcoholism as well as abuse.

Accepting forgiveness from God as well as giving forgiveness to others were points of transition for her. When asked how the CBSP was part of her change in hope she responded, “Listening to how He is a forgiving God. And that I don’t have to be perfect. That he is still going to love me.” Later she speaks of forgiving others, “I wrote a letter to my stepdad, my molester, not an apology but forgiveness. It is not mine to carry anymore.” Diego states, “knowing that you are forgiven by God and knowing that God still loves you despite your failures is awesome.” Mario explains why forgiveness was so important to him and others,

God loves us regardless of what we have done, whom we have hurt, and, because addicts don’t think they should be loved, they don’t think they should be forgiven because we have hurt too many people. We have that stigma that nobody could love us. Nobody could forgive us. ...God loves me. God forgives me. And now I need to work on forgiving myself.

Love. Daniela’s, Diego’s, and Mario’s quotations above also reflect the importance of the next transitional message, love. Tenisha speaks of love as critical to her finding hope and life change,

I attribute that change to coming out of denial, to letting safe people into my life and sharing with them, and some of the unconditional love that they gave me even though they knew my full story. It gave me strength and room to heal.

Manuel speaks of how everyone needs love, “I think you might not admit that as a man, but everybody wants to feel safe. Everybody wants to feel loved. I mean, that is the number one fear of everyone, is rejection. And it is because our ultimate need is love.”

Purpose and value. Another message that trigger transitions in their narratives is that their life has purpose and value. Messages affirming a person’s life as having value and purpose were referenced by interviewees as transitional in their process of hope and recovery. Mario speaks to why this message is important, “I just wanted to die. I did not see a future. I was existing. I had no purpose. No reason to really get out of bed. ...there was no purpose, no reason, just existence.” He later expresses how he now has purpose and volunteers with the high school students, “just to be a part of that, and having a reason to get up in the morning, it gives me purpose.” The message of purpose and value results in a change in the trajectory of his narrative. Alan and Gail shared about how the CBSP has been a different experience for them than other addiction programs they tried,

You know there are a bunch of people (in the other programs) that are getting sober and living meaningless lives. ...sobriety is nothing in comparison to having a relationship with God. There are plenty of sober people out there ...living happy lives but they are meaningless. There is no purpose. ...so that is what we found here ..there is a lot of purpose to our lives.

Nancy explains how purpose was important to her life and those of others she has seen, “we all need to feel like we have a purpose. And for someone who has made such a mess

of their lives, to even begin to try to fathom that God has a purpose for *me*, and plan for *me*? I mean that is huge.” Through tears, Tenisha shares,

Where I was, was in hell. I was just not in a good place. And now, I feel like my life has meaning, so much meaning. ...I was so lost for so long. And I just feel like life has such a purpose now.

Acceptance. Another crucial message for many interviewees is acceptance.

Many expressed feeling a need to hide who they were or what they had done in most interactions in their life. “I don’t have to hide here. You know, I can be open,” explains Gail. The fact that they felt their true self, the good and the bad choices, was accepted was transitional for most of the interviewees. Dorris indicated that acceptance was significant in her recovery and finding hope, “I feel accepted here. I feel like I can come in and not feel ashamed of myself. ...I can come here and know God loves me and that he has forgiven my sins. I think that is the biggest thing, that I feel accepted here.”

Tenisha describes her experience, “you can come in messed up, you can come in at your low point, you can come in crying through the program, and you are accepted. Nobody looks down on you.” For some the acceptance allowed them to identify their strengths, “instead of making me feel like crap about the mistakes that I have made, saw the good aspects of me and helped me grow those.”

Not alone. The transitional message of not being alone has two aspects. First, interviewees felt that they were not walking their road of suffering, recovery, or grief alone. Second, that they are not the only ones who have made similar destructive choices or had similar struggles. Both of these aspects of ‘not alone’ are referenced as important by interviewees. Felicia speaks of how sharing stories helps people feel that “they are not

walking alone.” Joella discusses how this not alone message is helpful, “they know that they are not alone. You are not alone in your suffering.” Mario says that these messages, “keep getting reinforced that hey, I’m not alone in this.”

The second type of not alone message, that is, that I’m not the only one like this, is reflected in interviewee’s stories. Nancy expresses this aspect when hearing other’s stories,

that is great hope right there. Like, wow, they have done this, they are doing this.

I can do this too. And I am not such a freak over here, that I’m not the only person in the world that has this struggle or pain.

Samuel shares a similar connection from others’ stories, “I realized after hearing everybody’s stories was holy crap, I’m just like you, and you, and you. I’m like wow, I had no idea that there were that many of us. That was really, really helpful.” Samuel also refers to a spiritual aspect to this message, “realizing that I think that God is on your side. There is somebody else. It is not just you...there is a power greater than myself cheering me on.” Lia explains how important this was for her, “I am not the only one. ...someone else feels the same way I do. I am not alone in my feelings.” Seeing that there are others in a similar situation was also important to Alma, “meeting people that are broken just like me. That I am not the only one. ...just listening to others going through the exact same thing that I was going through, it just made me realize that I’m not the only one going through it.”

Interviewees identified five (5) messages that were transitional, that trigger bifurcation points in their narrative, in their move toward hope and recovery. Many interviewees identified the messages of forgiveness, love, purpose and value, acceptance,

and not being alone when they were asked to identify factors that were important to their finding hope and recovery. These messages seem intuitively important for all people. However, for people struggling to face their own story and reclaim agency, these messages provide necessary encouragement and serve as a point of transition in their narratives.

Story space. The final communication process that participants attribute to their development of hope is the story space. Boje, Rosile, and Gardner (2004) propose that ‘story space’ is where the co-mingling, morphing, and collision of the story fragments in living story occur. This story space is where story is co-constructed. The CBSP is a story space where narratives are central. Narratives are shared, constructed, and agency reclaimed in the story space. Communication creates the quality and essence of the story space. The story space at the CBSP includes four (4) qualities created through communication: non-judgmental, safe, no fixing, and kononia. Kononia is defined and discussed below. In brief, it is an extension of the concept of commonality to incorporate emotional and spiritual connection. These qualities are intertwined and work together to create the positive and face safe environment that helps facilitate reflexive moments and hope.

Story space	
Non-judgmental	feeling free of judgment
Safe	Feeling safe to be self, share honestly and openly
No fixing	A guideline at CBSP - not feeling corrected
Kononia	commonality and connection among participants

Table 4

Non-judgmental. Interviewees frequently referred to not feeling judged as contributing to their development of hope. Sharing vulnerable stories of pain, abuse, and destructive choices is extremely face threatening. Feeling that one can share without judgment is critical to being able to address these issues in order to move toward hope and recovery. Non-judgment is one of the most frequently identified story space quality. Gail, who struggled with meth addiction, shares about how not being judged was important to her process of finding hope,

I stayed about 3 months in the women's open share without saying anything except my name. and then finally I like, I don't know, I let it go. You know. I just let it all out. I realized that nobody was there to judge me or talk down to me or anything.

For Tenisha the no judgment was also important, "I think the biggest thing in group was that I was able to share and people did not look at me like 'God, you should be in jail'." For Alma no judgment is the significant difference between the CBSP and other support groups in which she participated.

I feel that with al anon, they are broken too but, I felt like they were trying to give me advice and to fix me. And I felt that when I wasn't doing what they advised, that they would judge me. I felt like rejected if I didn't do what they said would be best for me to do. But here, I can say...guess what, I messed up again. And instead of 'oh, wow...shame on you', it is just more about forget about it, it is the past, God has forgiven you, move forward...so it is more about building that strength and confidence. Not feeling the rejection or judgment.

Samuel describes the no judgment this way, “you don’t get that look from somebody like they have two heads.” Lia says, “being able to talk about that and not feel embarrassed and not feel judged” was very important to her growing in hope.

Safe. Intertwined with the no judgment quality is the second story space quality, safe. Safe is also frequently mentioned throughout the data. Participants attribute feeling safe to their development of hope. It is important for participants to feel safe in order to share their narratives honestly and vulnerably to move toward hope and recovery. Alma indicated that when she felt judged in the other group, she stopped sharing and her movement toward hope and recovery stalled. Lia says, “that was my biggest fear, it was the judgment as people found out.” Tenisha explains how feeling safe influenced the type of sharing in the group,

We felt so safe with each other. I think just because we shared our stories. We did not hold back. We shared our tears, our pain, and our hurt. I think being real with each other, understanding each other’s pain. Being able to share our story, who we are.

Joella states this plainly, “this is a safe place to talk, no one is going to judge you.”

Nancy attributes some of the safety to having common struggles, “if you have that same struggle as somebody else, you don’t feel alone in that process and to me that makes it feel safe.” Part of the safety also comes with confidentiality. As Tenisha also shares “being free to be able to open up and know it is a safe place where my story is not retold.”

No fixing. The story space quality of not fixing refers to a guideline for groups at the CBSP. This guideline encourages people to focus on their own growth and recovery

and not to try to fix other people. Interviewees attribute this to helping to create the story space that helped them move toward hope and recovery. Trying to ‘fix’ others is clearly a face-threatening act. This guideline helps to create a face-safe story space that allows people to have reflexive moments. Lynn explains, “the rules we have in place like trying to not fix other people, help make it feel safe.” Tenisha describes how fixing stifles communication,

I have had people that will come in and just say ‘well you need to do this’ and I think that that direct kind of fixing – that stifles. But I think an open sharing of someone just opening up their heart and just sharing exactly their experiences, I think that really facilitates hope and healing.

Raul and Anita are in the codependency group and their daughter is a heroin addict. He explains how he tells other members, “we are not here to fix your addict, you are here to get yourself fixed. We are not here to fix your daughter, we can’t. we are here to help you get yourself on the right track.” In describing what made the group safe, Tenisha explains, “I think it is wrapped up in the fact that you can share without fear of somebody jumping in and trying to fix you or shame you.”

Kononia. I labeled the final story space quality kononia. Kononia is a transliteration of a classical Greek word that includes concepts of having things in common and a close association between people who share something in common. The concept of kononia is broader than similarity or commonality. It compasses a shared meaning, a shared experience, and the spiritual or emotional connection that occurs in the CBSP. For interviewees, this kononia was important to feeling safe and not judged as

well as feeling connected. In explaining the life change in hope and recovery she has experienced at the CBSP, Alma shares,

Meeting people that are broken just like me. That I am not the only one. ...I felt like I was the only one in the world having this problem. And just listening to others going through the exact same thing that I was going through...you think that life is this fantasy world and everyone is perfect and you have to show that image to the world. So it was just so comforting knowing what I was meeting people and I wouldn't even know their names, but their stories, the struggles they were going through. It is exactly the same that I'm going through.

For Tenisha the kononia also communicates genuine care, "the best therapy for me is to be with people that have the same issues as me. That I'm not having to pay to sit there and listen to me. They are there because they want to be there." For Gail, the kononia makes her feel comfortable,

because you don't want to walk into a room where you feel like everybody else in there has it all together and you just screwed up last night and you are looking for help today. I know that I can be comfortable here and be myself.

The common emotional experience was helpful to Lia, "because sometimes the experiences are not even the same. The emotion is the same." The kononia also relates to not feeling alone, as Nancy explains,

whenever you feel like you are walking through anything alone, it can feel insurmountable and overwhelming. Whereas, I've got someone that is walking here beside me, giving me support, that is giving me strength and hope. I have the support of my sisters here, I'm not doing it alone.

A crucial part of *kononia* is that others ‘get it.’ Joella explains that when you are sharing, “they have gone through it too and they get it.” To her this *kononia* sharing helps others, “when someone else shares it helps someone else have courage to start talking” because they get it. Daniela spoke of the shared meaning and experience, “you know that you can talk and people can relate because they have been through it too. It is hard to understand somebody if they haven’t been through what you have been through.” This *kononia* and understanding that others get it was critical to Nancy, “I think it is so vital, that we see ‘I’m not struggling with this pain, or this hardship, alone. Here is somebody that understands *completely* what I’m going through.” Samuel also talks about *kononia*, “all somebody really wants is for you to just nod your head and realize that you get what they are going through.”

Seth shares about how the *kononia* is helpful in the addiction group, “I think when somebody has been where you are but then is down the road, explains exactly what you are doing with even knowing you, it has a lot of force and credibility.” Felix who participated in the grief group explains *kononia* this way, “I feel like it almost is like a band of brothers and sisters, of people who have experience the same loss, the same type of emotional destruction.” The *kononia* helped Lia to trust, “because we were all on the same page. There was never any judgment. I never felt ostracized. I never got a sideways glance.”

In interviews, the participants of the CBSP attribute their development of hope to three (3) main communication processes: reflexive moments, transitional messages, and the story space. Transitional messages include forgiveness, love, purpose and value, acceptance, and not being alone. The interviewees identified four (4) qualities of the story

space: no judgment, safe, not fixing, and kononia. Although reflexive moments are spiritual and unpredictable, transitional messages and the story space are identified as contributing to their emergence. Reflexive moments are the narrative space where hope is germinated as people juxtaposition the narratives of others with their own story and make connections thereby seeing self and narrative differently. It is where future possibilities are seen and hope emerges.

Research Question C

The third research question is, “**To what extent and in what ways do CBSP leaders in interviews attribute participants’ development of hope to CBSP communication processes?**” Of the twenty-four (24) interviews (some were 2 individuals simultaneously) conducted, 17 were also group leaders. Consistent with most mutual aid support groups, the leaders are individuals who have gone through the program as participants. As a result, many leader interviewees identified the same the communication processes discussed in research question b for themselves and for participants in their groups in the development of hope. In addition to reflexive moments, transitional messages, and the story space, the leaders identify reflexive sharing and murmurations, a dynamic group discussion, as contributing to the development of hope for participants. The data revealed a difference between reflexive and non-reflexive sharing with reflexive sharing contributing to hope. The leaders identified what I label murmurations as the group discussions where hope and healing occur.

Group Communication Processes		
<i>Reflexive Sharing</i>		<i>Murmurations</i>

Table 5

Much of the existing literature on narrative homogenizes sharing of narratives, implying that sharing in and of itself is healing. From the perspective of the leaders, there are meaningful differences in the types and effects of sharing. The differences in narrative sharing can be understood in two main categories: reflexive sharing and non-reflexive sharing. Reflexive sharing is what leaders describe as facilitative of hope and recovery. This study takes the appreciative approach, therefore, the discussion of the differentiation is focused on reflexive sharing. The non-reflexive sharing is discussed as contrast to provide deeper understanding of the reflexive sharing. In addition, I discuss the effects of reflexive sharing in contrast with non-reflexive or untold stories as emergent in the data.

Group Narrative Sharing		
<i>Reflexive Sharing</i>		<i>Non-Reflexive Sharing</i>
Deep	vs.	Surface
Redemption	vs.	Victim

Table 6

Reflexive Sharing. The leaders interviewed attributed reflexive sharing to helping people find hope and move toward recovery. This type of sharing is reflexive in that participants are sharing the connections they have made or are making in reflexive moments. Two types of reflexive sharing emerged in the data: deep sharing and redemption sharing.

Deep sharing. Many leaders used the term deep to describe the type of sharing that is helpful in moving toward hope and recovery. Anita describes the type of sharing that is moving toward recovery as “from way deep down.” Gail describes the sharing as “honesty and openness.” And Manuel also describes it as being “honest and true with

ourselves.” Similarly Seth describes it as “sharing at the gut level honesty...being vulnerable with an exposed heart.”

Deep sharing involves self-disclosure. Self-disclosure has been associated with connection, relationships, and intimacy (Altman & Taylor, 1973; Baxter & Montgomery, 1996). Self-disclosure is the expression of personal information not widely known and varies in both breadth and depth (Roloff, 2009). Sharing in the CBSP groups involve various types of self-disclosure, however, the deep sharing that is identified by interviewees involves the disclosure of often painful and traumatizing events as well as personal destructive choices, for example alcohol or drug use. These disclosures are difficult to share because they are typically very personally emotional, painful, or shame-inducing.

Deep sharing can be seen as a type of both congruent and courageous disclosure. Congruent disclosure involves being emotionally honest and vulnerable with a sense of authenticity and genuineness (Mirivel, 2014; Satir, 1976). Congruent disclosures are a matching of a person’s inner feelings and experiences with their actions or communication. People interpret congruent sharing as honest and truthful. The congruent discloser drops the “mask of pretension. They simply reveal their humanness” (Mirivel, 2014, pg. 85). Courageous disclosures involve risk and fear that affirm the self. Although in this present study, the deep sharing is not necessarily self-affirming because the sharing is part of the co-constructing of self-narrative and reclaiming narrative agency, it does involve, in a deep sense, courage.

In deep sharing, participants in this study disclose in both congruent and courageous ways. The process of deep sharing extends beyond congruency and courage

to reflexivity. Deep sharing involves more than the facts of the past experience. In research exploring the health benefits of disclosure, researchers differentiated between sharing facts about a traumatic events and sharing both facts and emotions (Esterling, L'Abate, Murray, & Pennebaker, 1999). Deep sharing in this dissertation involves the latter – individuals disclose not only the facts of the past events, but how it affected them, and they begin to make reflexive connections.

One of the important aspects of deep sharing is the reflexivity. This is reflected in Nancy's explanation, "they are sharing and they're digging deep and they are talking about it. They are seeing and sharing it." She goes on to say, "it is like, God is speaking to you, revealing to you the hard things you need to see." Samuel describes deep sharing similarly, "honesty is happening. Guys are really sharing from their heart. And they feel like we are listening. ...some guys are sharing and some are crying. There is a lot of healing there." This deep sharing also contributes to the *konomia* as described by Daniela,

we shared our stories. We did not hold back. We shared our tears, our pain, our hurt. I think because we were real with each other, understanding each other's pain. And even though we were talking about a terrible subject, it was ok. It was part of life. It was our story. It is who we are.

Alan talks about how the deep sharing contributed to him opening up himself,

When you see people put real insecurities out there and things that they are really ashamed of. Nothing that they are trying to brag about but are really ashamed of. That is what got me. You know, you hear about guys talking about molestation when they were kids, being cheated on, losing everything, losing their kids, doing really horrible things to get drugs. Those are the kind of things that opened me up

to where I was like, wow, maybe I don't need to hold on to the things that I have done and am so ashamed of.

In deep sharing, group members are making connections and reclaiming agency. The connections include recognizing the co-contributions to self-narrative. Mario considers deep sharing to be one of the processes to reclaim agency rather than being a victim or plaything of circumstances,

I see when they first come in and when they talk about their problems and situations, they never bring God into it. It is always this, they blame people or blame this. And I tell them, you've gotta be honest with yourself. You gotta be open.

Deep sharing is in contrast to surface sharing. This differentiation in depth of sharing is seen in Mario's explanation, "how deep they are, and how personal they are getting." His discussion links the deep sharing with the transitional message of no judgment and the safety. He explains that early in the process, the stories are untold "they don't want to open up those scars and those wounds." As they hear the leader and others share, they begin to feel that it is safe to share.

Mario explains the pain of this deep sharing, "you gotta dig deep. You gotta open it up. You got to scratch that open and let it bleed." When asked to elaborate on deep sharing, Mario continues

They start telling stories like, this one guy in the group, his older brother abused him. That made him feel, so you know, sexual abuse, when you are physically abused by a step father or sexually abused by a member of the family, those are deep deep things. They start telling their stories. When you are digging deep like

that, that is what I mean. When you are getting to the stories that are, you know, maybe a handful of your best friends and family members know about it.

Leaders spoke of participants who were not moving toward hope and recovery as sharing at a surface level. Samuel discusses these differences in sharing at length. He describes the non-reflexive surface sharing as a 'drunk-a-log'. In a drunk-a-log, the individual is merely recounting the events in a surface way that fails to make connections among events and with others' stories. Samuel defines a drunk-a-log in this way, "a drunk-a-log is, you come in and you are just boasting about the things that happened to you. Just, I drank 15 beers, and I snorted 2 lines of coke, and you know. And I got thrown in jail." He goes on to explain that a drunk-a-log is non-reflexive, "there is a difference between just telling a story about what happened and how it affected you personally." Alan also describes the non-reflexive surface sharing,

When you have a bunch of guys together, they usually want to talk about how much drugs they did, and what they did in their addiction, their crimes, and how bad they were. And it becomes a glory thing. To glorify what they have done. Tenisha describes surface sharing as dumping. She gave an example of a lady in her group, "she will kinda just keep on and keep on...it is just dumping on us." When asked to explain she states, "I think it is not so mindful." Superficial is how Nancy describes it, you are not really getting down to the nitty gritty and really being honest with yourself and then sharing that...we are doing some sort of superficial, not really taking it seriously, not really looking deep, not really sharing what we need to be sharing.

Seth describes surface sharing as “just going through the check in sheet and checking the box.” With the non-reflexive surface sharing, the narrative remains in living story without reflexivity. The person recounts events in a detached and disconnected manner. This surface sharing is in contrast to the deep sharing that explores the agency and connections. Samuel explains, “there is a difference between just telling a story about what happened and how it affected you personally.” He goes on to say, “if it is just a story, heck anybody can tell a story. But how did it affect you? What did it do to you? What did it do to your family? Or your job.” The reflexive sharing makes these connections.

Redemption sharing. The redemption story theme for the first research question is concomitant with this finding. Redemption sharing is the sharing of redemption stories. Redemption sharing involves a more coherent story with the reclaiming of narrative agency in the duality of narrative as a central theme. Hope permeates redemption sharing.

Leaders spoke of sharing their redemption stories in groups. This provides a storyboard or framework of the redemption story for the participants. Through the leaders sharing their redemption stories, participants find hope, have reflexive moments, and are encouraged to share. In addition, the leaders establish their credibility and build *kononia*.

For Tenisha, the leader’s redemption sharing was life changing, “I saw that she would share her things that were going on in her home. And it was ok to share that. When I saw that modeled, that was life changing for me.” Kiley also shares,

I think once they see that I'm not scared to open and once they see that the other leaders are not scared to open up, that really helps them to know that we are not going to judge them because we have the same issues.

Nancy explains this redemption sharing, "as the facilitator, I like to tie into, without giving advice, tying into a healing principle or principle of recovery from my own life from what they are sharing....this offers them not only tools but hope." Phil discusses redemption sharing within the group, "we can get strength from each other's stories. By sharing each other's stories and gleaning and learning from those stories." He was a police officer while struggling with alcoholism. He said, "it was not until I heard someone else's story that I realized that I can get clean of this." Felix explains it in terms of talking about emotions and connections, "they begin to talk about why they are sad, why they are hurt, angry, guilty, or whatever. They start to talk about their feelings."

Redemption sharing also builds *kononia* and leader credibility. Manuel spoke of the importance of redemption sharing for building leader credibility, "people come in here broken and hurt. If they see that you are phony, like a kid, they can see right through you. And then all of a sudden, boom, the walls go up and they just shut down." Similarly, Samuel sees it as establishing credibility, "a lot of times I put my issues out there first. So they can go, oh, ok, this guy is legit. And they will see right through you if you are not, if you are bs-ing them, they know it for sure." Kiley feels that her redemption sharing helps participants, "once they see that the other leaders are not scared to open up, that really helps them to know that we are not going to judge them because we have the same issues."

Redemption sharing is in contrast with victim sharing. Victim sharing is embedded with the relinquishment of agency. The individual perceived that their self and life narrative are at the hands of external co-contributors. The victim perceives themselves as having no agency or responsibility in the creation of the narrative. The victim's story remains in living story space with no connections between events, consequences, self, or others. As a victim with no agency, the individual perceives that he or she has no control over the story contents or direction. For these individuals, the future is deterministic and fatalistic. The data suggests that there are two types of victim sharing: a victim of their own story and victim of others and circumstances. The victim story is a hopeless story because the future is outside their control.

Many of the exemplars earlier in this chapter regarding hopelessness reflect the victim sharing and thinking. For example, as Nancy states, "I was completely hopeless...I just had sort of accepted that was going to happen, that I would probably die from it." In her narrative, the story had control of the future. She was a passenger of her own story. Tenisha shares a similar loss of control of the future, "I was not hopeful of my future. I was scared, I did not even think beyond that day because there was so much pain." As Alan discloses about relapsing within a couple of hours of getting out of jail, his story reflects being a victim of his own story, "I kinda realized that I was hopeless and kinda powerless." As a victim of his own story, he had no power to change self or the future. The future was predetermined and fatalistic.

When an individual is a victim of circumstances or others, the narrative is blame focused. This is described by Mario, "it is so easy to blame other people for what you are doing. She is a nag at home so I'm going to get high, etc." In discussing her life

transformation and redemption story, Daniela states, “I always would put the blame on everybody else.” Lia reflects this blaming when she speaks of participants’ responses, “I shouldn’t be here. I did not have to do that. This is their fault. And they don’t want to hear anything. And so, we will see a lot of anger.” Justin’s discussion of his shift to forgiveness in his redemption story includes how he previously was victim sharing, “I was one of those people that would just blame everyone for everything. And I would be mad at everyone else for everything that is not going my way. Even though it was my deal.” As a victim of circumstances or others, the individual has no agency to choose what and in what ways the contributions of the co-contributors to his or her narrative are woven into self-narrative. Redemption sharing, in contrast, is hope and agency based. It is the story of reclaimed agency and the finding of hope and healing.

Reflexive Sharing Effects		
Restorative	vs.	Entrapment
		- Untold stories
		Fear of the story
		Fear of sharing

Table 7

The interviewees spoke of the positive and restorative effects of reflexive sharing. The descriptions are often contrasted with the opposite, entrapment. Entrapment is defined as the desire for movement or escape when perceiving that no escape routes are available (Bradbury, 2012; Panagioti, Gooding, & Tarrier, 2012). The sense of entrapment is reflected in references to untold stories.

Restorative. Leaders discussed how the deep sharing is healing. Through the sharing participants restore their agency, find hope, and restore the narrative of self. The restorative sharing has a releasing effect. Alan describes it this way,

Once I started talking about the things I was insecure about, ashamed of, I felt like a bunch of weight was lifted off of my shoulders. And I was like man, why did I try so hard to hold on to that stuff and keep it, you know?

Nancy speaks of the destructive power of untold stories but also of the restoration and healing of reclaiming agency through sharing,

when we bring things out into the open, they lose their power. Even just saying it. Because when we keep things hidden in the darkness, they fester, they grow, they keep us in bondage. That is when we become hopeless. But when we bring them out into the light, they lose power.

In reclaiming agency, the co-contributors of her story lose the power to dictate the storyline. Kiley explains, “I can’t grow if I’m still trying to hold things back.” Felix identifies the healing and kononia nature of sharing, “I think being able to talk to people who have gone through the same emotional rollercoaster that you have gone through is cathartic. I really do. I think it is very cathartic.” For Daniela, sharing was related to pain, “I couldn’t get that pain out. And now I’m able to let my pain go. But I have to talk about it. I like to be heard. And they listen.”

Sharing helps the recovery process, as Felicia explains, “we can blame, make our choices, paint the picture our way, or we can look at the truth. And sometimes looking at the truth is the hardest thing you can do.” Similarly, Joella says,

I think there is something about getting it out. Because when you are holding it in and thinking all those thoughts, and then when I think you begin to talk, you begin to filter and begin to process when it comes out.

For Manuel, the sharing moves participants toward recovery, “it is just like a chisel, they just start, the baggage starts coming off. It is pretty cool to see.”

Researchers have identified multiple positive mental and physical benefits of congruent self-disclosure or deep sharing (Pennebaker & Chung, 2011). “When people put their emotional upheavals into words, their physical and mental health improve markedly” (Pennebaker, 2000, p. 3). Restorative sharing involves the congruent and healing quality of sharing but goes farther to include the process of reclaiming agency in the duality of narrative in one’s own story. This restorative sharing often follows a time of untold stories where the story fragments existing in living story have a destructive force. This type of sharing involves the process of reflexivity and making connections. By forcing the living story fragments into some narrative framework, the person begins to reclaim agency and gain hope.

Restorative sharing is in contrast with untold stories. As mentioned above, when narrative fragments remain untold participants perceived them as having a destructive force and power. When individuals keep experienced trauma or upheavals in life a secret, they are more likely to experience health problems than those who self-disclosed (Pennebaker & Susman, 1988). Understanding how untold stories are perceived as destructive illuminates the positive hope-building, restorative force of reflexive sharing.

For many, the untold story fragments had an internal destructive force. Samuel describes this force, “because until you get it out, it will just eat you up. So until they actually start talking about what is going on, you got to get it out.” He elaborates to link the sharing to acknowledging, “it was huge for me. I had to talk to someone about it. I

had to get it out. It was really uncomfortable because I did not want to admit that I was an alcoholic or drug addict.”

The data suggests that stories remain untold for two main reasons: fear of the story and fear of the sharing. Fearing the story is based in the intuitive sense of the constructive force of narrative in defining self. When individuals relinquish their narrative agency, they often feel entrapped by the story and external forces. Some interviewees expressed a form of denial in refusing to see their past. In failing to acknowledge the past, they hope to mitigate the constructive force of narrative on their identity. Having relinquished agency, the person fails to see their power in directing how the narrative of self is written. For those without hope, their story remains entrapped by external forces and untold because they don't see or believe that they have that agency. In Tenisha's redemption story, she describes her past as “a big and mighty monster hidden in the closet.”

This fear is grounded in believing the story as constructed by external co-contributors is defining of self. The individual has relinquished agency and therefore has no say in the definition of self. They feel entrapped by the story. This is seen when individuals do not want to acknowledge their addiction or other issues such as abuse. This fear is seen Samuel's statement, “I did not want to admit that I was an alcoholic or drug addict. I did not want to admit it. I kept thinking, well, I'm not like them.” As Felicia states, “we don't want to process. We don't want to look at it. We don't want to deal with it.” The majority of face literature focuses on the loss of face in interactions. Many define face in interactional terms. However, extending the concept of face, the data reveals that people don't want to acknowledge their story for fear of loss of face to

self - of how that story defines them. There is a fear of seeing that self is not who one wants to be. Without agency to change identity, the story created by external forces has the power to define self.

The fear of sharing also keeps stories untold. This reflects a fear of the face-loss in exposing self in interaction. Gail explains, “if I feel like, ok, I want to share this, but is it stupid? It might be kinda stupid to even share that.” As she goes on to express the change that occurs in the sharing, she mentions the fear of her story, “but then when you hear somebody else share something similar to that, the fear that you have of your own story, it kinda loses its power.” Many of the previously shared exemplars regarding no judgment and acceptance reflect this fear of sharing. The fear of being defined by others can be seen in Gail’s story,

I stayed about 3 months in the women’s open share without saying anything except my name. And then finally I like, don’t know, I let it go. I just let it all out. Realized that nobody was there to judge me or talk down to me.

Keeping the narratives untold is a way of protecting face, as described by Manuel when he was differentiating the types of sharing, “the ones that are very reserved and only want to give out bits and pieces because I think it is their way of protecting themselves.” The exposure of socially stigmatized, traumatic, or negatively valued experiences and behaviors is a significant threat to face. Manuel states, “I think a lot of it is the fear. That they don’t want to be exposed right away, they are still skeptical about the judgment.” Manuel discusses how a participant felt less of a man because of the sexual abuse done to him as a child. Many who have suffered abuse at the hands of others carry a shame and guilt that fuels the fear to share. Felicia shares, “to even say the

words that you have been sexually molested is huge. Because there is such a shame that goes with it. And there is such a guilt that goes with it. You don't want to tell anybody that.”

Reflexive sharing have a positive wellbeing effect (restorative). In contrast with restorative reflexive sharing, the feeling of entrapment fueled by untold stories. The fear of their own story or fear of sharing keep stories untold. The fear of the story keeps participants from acknowledging or even seeing their addiction or issue. This lack of acknowledgment or ‘keeping the monster in the closet’ is an avoidance of and an attempt to mitigate the power of narrative to define self apart from self-agency. In restorative reflexive sharing, individuals gain healing through letting the monster out of the closet. This is the first step in reclaiming agency in one’s own narrative.

Murmurations. Leaders identified what I label murmurations as the dynamic interplay of sharing that occurs in groups when hope and healing is being co-constructed. Although some interviewees identified dyadic interactions as being facilitative of the development of hope, the majority of the leaders discussed these dynamic group sharing.

Murmurations are collective action of a large group of animals, starlings in particular. The murmuration of starlings is mesmerizing and enigmatic. A video of starling murmuration over a river in Ireland went viral in 2011. The reason this provides a useful lens is the enigmatic nature and the beauty of the dance. Interdisciplinary research teams including mathematicians, biologists, engineers, and physicists, have been striving to understand and explain this collective action (King & Sumpter, 2012). Even with extensive data, murmurations remain an enigma due to their complexity. The researchers have yet to be able to model, create algorithms, or identify the rules of

interactions that the starlings follow to create such beauty. What scholars do know is that the starlings are part of a large social network with the actions of one affecting the whole and affecting the dance as a whole.

Leaders were asked to describe the group interactions when things were going well and people were finding hope and healing. I utilize the metaphor of murmurations to illustrate the findings of this group communication processes. Murmurations intertwine with the concept of *konomia* and reflexive moments. The dynamic interplay among group members involving reflexive moments is seemingly impossible to map. My original intent was to engage in a form of network mapping analysis. However, the communication process occurring in groups on ‘good nights’ is nonlinear, dynamic, and unpredictable. Murmurations provides a useful lens.

The dynamic dance of communication processes of group members that are responding to each other and having reflexive moments is like these murmurations. Felicia mentioned how participants respond to each other, “they start contributing for each other and that is when the healing really starts to happen.” Tenisha describes it as “suddenly they start feeding off of each other.”

Manuel comments on the unpredictability of group murmurations, “you can be talking to this person to your left but the people to your right are really the ones you are talking to. You just never know who is receiving it.” The dynamic dance is reflected in Mario’s explanation,

Once somebody starts sharing, then it is oh yeah, this, and you know, it goes back and forth. Because somebody is relating to it. Everybody is reminded of a story or situation, or a time when that was affecting them or affecting someone they knew.

So that is why it is important to share. They get to know that they are not alone in their experiences and when they share, they see your walk with Christ and what he has meant in your life, then they realize hey, there is something to this God thing. And I can see the difference he has made in their lives.

Reflexive sharing and the reflexive moments occur during murmurations in a dynamic way. Consistent with reflexive moments, participants are making connections. Nancy related it to the deep reflexive sharing,

So they are sharing and they're digging deep, and they are talking about it. They are seeing and sharing it. And then you have somebody else say, 'oh, you must have read my answer because I answered the same way. And one of the things that I think is vital is people are seeing that they are not struggling with this pain or this hardship alone. Here is someone who understands completely what I am going through. And so there is hope.

Felix shared an example of when the murmurations facilitate instrumental reflexive moments and sharing,

someone is talking about something that they are struggling with and someone says, I have that challenge, and this is what I did. They identify with that and you can tell by the way people are interacting that it is meaningful.

Similarly, Tenisha says, "what one person would bring up, would maybe bring to mind for somebody else something that 'hey, I relate to her' and in that they would explain how that was true for them. I think it is healthy sharing." Gail discusses how sharing her redemptive story as a leader can trigger a murmuration,

I lay it all out there and then they become like, oh ok, and they start bouncing ideas basically off of each other and knowing that we are not alone because I can bring up the fact that I was molested and the next thing you know, it is like, someone will say, well that is what triggered my alcoholism.

Gail goes on to describe a reflexive moment, “somebody will say something and someone else’s eyes will open and as soon as they are done talking, that person will start going and it will just keep going.” Samuel describes how murmurations contribute to tape building reflexive moments,

I think what happens is somebody will share something about their lives and it will mirror or will be very similar to somebody else’s what they have gone through. And so they will go ‘you know, that happened to me, but let me tell you what else happened to me.

He continues to describe how one person’s tape ends but another’s continues and they share those consequences which help people “connect the dots.” Murmurations are the dynamic and complex interplay among participants that involve reflexive moments and connections. Just as a starling murmuration is unpredictable and beautiful, the group dynamic when participants are having reflexive moments and engaging in reflexive sharing, they trigger similar reflexivity and sharing in others.

The leaders attribute reflexive sharing and murmurations with contributing to the development of hope in participants. Sharing narratives is not homogenous in actions or outcomes. Rather, sharing can either keep a person hopeless and stuck or it can move him or her toward hope and recovery. Reflexive sharing moves the participants toward hope and recovery through reflexive moments and processes. Three types of reflexive

sharing includes deep sharing, restorative sharing, and redemption sharing. Reflexive sharing is contrasted with surface and victim sharing, as well as untold stories. These non-reflexive sharing keeps the narrative in disconnected living story with limited, if any, connections to other fragments or others' stories. Leaders identified beautifully complex and dynamic group interactions, labeled murmurations, as the sharing process that most facilitates the development of hope.

Research Question D

The final research question is “**What communication patterns, potentially related to the development of hope, can be observed in CBSP group sessions?**” The findings for the previous research questions were largely evident in the group sessions. The macro findings are present such as redemption stories, reflexive moments, reflexive sharing, transitional messages, communication that contributes to the story space elements, and sharing differentiation.

Analysis of the group recordings provided extensions to the previous findings that further illuminate the communication processes that facilitate hope and recovery. These extensions further refine murmurations. In particular, the data revealed two kinds of murmurations within group discussions: question driven murmurations and emergent murmurations. These murmurations are comprised of both reflexive sharing and kononia reciprocity.

Communication Patterns	
<i>Question-driven Murmurations</i>	<i>Emergent Murmurations</i>

Table 8

Question Driven Murmuration. Question driven murmurations is guided by the group content questions. Many of the CBSP groups follow a curricula for the issue of the

group often including group questions. The data reveals a complex sharing that was deep and often reflexive but guided by the questions. This is in contrast to spontaneous sharing or sharing that feeds off of each other described by the leaders discussed above. In the previous section, reflexive moments as described in interviews, occur when individual juxtapose their story with another person's story. The group data expanded this conceptualization. In the groups, the reflexive moments also occur as individuals juxtapose their story with the question or curriculum content rather than the story of another. At times it is a mixture of the question, content and another's story.

Question driven murmurations begin with the group leader stating a question such as, "who is my fear related to in my past? And how did that fear develop?" The group members will take turns answering the question. The answers are typically narrative and deep reflexive sharing. Occasionally the answer includes making a connection to a previous person's narrative.

A brief example of this question driven murmuration begins with the leader asking, "are there people in my family of origin whom I have blamed for my life situations and resulting addiction? If so who?" Group members begin with brief short deep shares such as,

My brother tortured me. He was 5 years older than me and he did a lot of bad things to me when I was a kid. And my parents as well for never being around to kinda protect me. You know. Just kind of letting me fend for myself.

The next person responds to the question,

I put my father. Him not being there, dying when I was young. Me not knowing him. It had me looking for something and you know, I (chokes up) I found something. He created a void and I tried to fill that void.

Although the group members are taking turns answering a question, they are deep reflexive sharing. After everyone has taken a turn answering the question, the leader asks, “what resentments do I carry toward them even if unrelated to addiction?” The first speaker begins to share a more detailed narrative of the physical, mental, and emotional abuse and torture inflicted on him by his brother including being stripped naked and locked outside in the neighborhood for the entire day. He goes on to make connections to his addiction. The reflexivity, making connections, is occurring in relation to the question and content.

Question driven murmuration is like flying straight. It is a more linear process than the murmurations described in the earlier sections of this chapter. But the reflexivity and deep sharing differentiates this from a simple question and answer interaction. During question driven murmurations, the interactional pattern involves consistent turn taking with limited backchannel. However, the murmuration can begin to shift when the reflexivity juxtaposes with another’s narrative. For example, the murmuration described above begins to shift to an emergent murmuration when a member states, “gosh, that’s (chuckles) relates so much with my addiction.”

Emergent Murmuration. Emergent murmurations align more closely to the type described in research question c. It is unpredictable and nonlinear. In emergent murmurations, the turn taking and reflexivities are dynamic and fluid with a mixture of types of reflexive moments and sharing. These murmurations often begin with a

response similar to the one in the paragraph above where the connections include the narratives of others. The data revealed that emergent murmurations include both reflexive sharing and kononia reciprocities.

Reflexive sharing. The findings discussed for the previous research questions identified types of reflexive sharing including deep, restorative, and redemption. In the group discussions, deep reflexive sharing, references to untold stories, and redemption sharing were evident. Reflexivity is central to this type of sharing. The reflexivity is described by a man in the addiction group. He is in the process of reclaiming agency in sharing about how difficult and painful it is to acknowledge the choices he made and the pain he caused others,

this sucks. ...I always took my kids to get drugs. Always. (voice breaks) and then toward the end, I was not doing pills anymore. I was shooting heroin. I would take my kids with me to get heroin and more often than not, I would use it at the guy's house. My kids would be in the car waiting for me to come out. And then (cries) you know, how could I do that to them? I don't understand. How could I have put them in danger like that? And then drive home (voice trails off)

He then describes the reflexivity process, "It is tough when you think about it. When you kind of look at it in third person but in reality you are like, that was me." This third person look at the story of self is central to the concept of reflexivity. It is stepping back and looking at one's own story, making connections and reclaiming agency.

In deep sharing, group members are self-disclosing difficult, painful, vulnerable, and emotional narratives while making connections. Consistent with the previous research questions, at times individuals are juxtaposing their own story with the story of

another in the group and making connections. The leaders who were interviewed identified this type of reflexive sharing in terms of feeding off of each other or triggering each other. This is observed in the groups, for example, after a group member shared about the experiences that drove him to addiction, another group member said, “gosh, that relates so much with my addiction and, I had my first drink when I was 18 in college dorms and from then on, it got pretty bad.”

The deep sharing also reflects the untold stories. Although clearly untold stories would not be evident within the group sharing, when group members are deep sharing they occasionally reference their untold stories. As described by a man in the men’s addiction group,

You know, I did not recognize there was a problem until I started putting needles in my arms. And then I was like, I have a problem. And at that point there was the shame. I was going through everything to try to hide track marks, bruising, and just all the negative stuff that goes along with that, and then on top of that I was fighting. Then I graduated to the little blue 30s ...toward the end I was taking 4 in my nose and that is when I was, dude you definitely have a problem. ...and if someone told me I had a problem, I would lose it.

He explains the untold story aspect, “I was really afraid to look back inward and see, I mean, it was really really, really hard. It was hard to look at it. I did not want to acknowledge that, the fact that I was an addict.” Consistent with the previous findings in this study, he has relinquished agency to control the construction of his narrative. It is as if he was riding the wave of his own story with no power of direction and no authorship. Without agency, he sees the addiction and the other co-contributors to his story has

having the power to define him. By keeping the story untold, he is attempting to mitigate the constructive force of narrative.

Emergent in the group data is the new finding that reflexive moments also involve participants juxtaposing their narrative with the group curriculum or the question posed, as discussed above. For example, in speaking of his addiction, a participant said, “God really spoke to me and you know, I related so much to the prostitute and we think, oh prostitution, how could someone sell their body like that? But I think, (pause), that is exactly what I did. You know? I gave away something, a part of myself.” The reflexive moment, the connection, is clear in this statement. This reflexive moment came through juxtaposing his own story with the curriculum.

Kononia reciprocity. Kononia reciprocities further illuminate murmurations and the communication processes that facilitate the emergence of hope and recovery. To reiterate, the concept of kononia involves having things in common and a close association between people who share something in common. The concept of kononia is broader than similarity or commonality. It compasses a shared meaning, a shared experience, and the spiritual or emotional connection. These connections, shared meanings, and experiences, are created and identified through this kononia sharing. This sharing is reciprocal in that each sharing is mutually influential among all group members. There are five types of kononia sharing emergent in the data: affirmations, backchannel, altruistic, supportive completion, and extending. The five types of kononia sharing work together throughout group discussions, in varying degrees, to create, maintain, and build kononia.

Kononia Reciprocity	
Type	Examples
Affirmations	Clapping, laughing, awesome, that's great, you did what you could do
Backchannel	Vocalizations focused on encouraging other to continue
Altruistic	Reflexive sharing focused on helping other
Supportive Completion	Completing the sentence of other
Extending to Reflexivity	Extending concept from previous speaker to own reflexivity
Extending to Kononia	Extending from previous speaker for kononia - "get it"

Table 9

Affirmations. Group members provide affirmations in various forms. This includes clapping for someone, laughing, and vocalizations in support of another, and brief messages such as “way to go.” Affirmations function to build up, encourage, and support the other person.

Affirmative reciprocities serve to provide affirmation to another. For example, one woman said, “I know that he (i.e. God) doesn’t give up on me, because I’m still here.” The group laughs and claps. Another states, “yes you are,” while another responds, “you crack me up girl.” In another group, a man states, “the last 4 years I used opiates to get off the alcohol, then to meth to get off the opiates, then back to alcohol. I just celebrated my one month clean in over 25 years.” The group claps. Then the leader states, “glad you are here man.”

In other contexts, laughter might be interpreted as face threatening. Within the group context at the CBSP, laughter serves as an affirmative kononia in that it is

communicating that the listener ‘gets it’ and appears to reduce the tension of sharing vulnerable self-disclosures. What in other contexts might result in face loss, within the CBSP groups, it reduces face threat in building *kononia*. When the man quoted above states how he used different drugs to get off of other drugs, the group all chuckle. His response does not indicate a face loss but rather he continues his story with equal or more detail. In the women’s boundaries group, a women explains, “I’m not used to setting boundaries either. ...it is kind of like self-sacrificing. Not taking care of myself. Then after you are exhausted, worn out, you just feel like they sucked you dry.” The women all give affirmative response together, “yeah they do.” Another women states, “it is like mosquitos” and everyone laughs. They are communicating that they get it. There is shared meaning, experiences, and relational connection.

Other affirmative reciprocities include brief comments that indicates *kononia* or support of the speaker. In the boundaries group, a woman states, “I like the way it is worded. Because now I don’t have to feel selfish about it.” Another women states, “that’s right.” In the women’s addiction group, one states, “mine is that the wrongs in my life actually define who I am. That (crying) that defines me.” Another women responds, “yes, that is a tough one.” And another women says, “yeah, yeah.” While still another states, “I think we all struggle with that.”

Backchannel. The backchannel seen in the group interactions is consistent with the conceptualization of backchannel in the communication literature. It serves to indicate engaged listening and also encourages the person to continue sharing their story. This is particularly important considering the vulnerability of the deep sharing that occurs. Backchannel includes nonverbal communication including vocalizations and

brief statements such as, “right”, “exactly”, and uh hu. In addition, brief questions asked by group members encourage the person to continue in their reflexivity or deep sharing. For example, A man in the addiction group states, “I guess it was kinda the expectations that were set on me. It was just a lot of pressure.” A group member then engages in backchannel, “put on you by your parents?” The first one then answers “yeah” and continues. Through backchannel the kononia is built while encouraging the speaker to continue with difficult sharing.

Altruistic sharing. As reported in interviews, reflexive moments and sharing can be altruistic. In altruistic sharing, the individual makes a connection between their story and another’s for the purpose of helping the other person. This is exemplified in a night of the women’s addiction group. One lady was deep sharing about the guilt that she felt over her daughter’s abuse.

I feel really guilty (voice breaking up) for allowing my kids to stay with their dad. ...and what my baby (crying), it was really hard for me. ...when I picked up my kids and heard what happened, I took her to the emergency room. ...It just hurts so much. I do blame myself now. People say it wasn’t my fault...but (crying).

After several short affirming responses from group members, a woman shares, “I think, being a child of an abuser, is to me, that you immediately acted and reacted and took care of them, shows them that you are actually there.” Here the woman is reflecting upon her own experiences as an abused child, making connections to her story, and sharing in order to help the other.

Supportive completion. Supportive completions are when a group member completes the sentence or thought of the one speaking. In other contexts, this might be

interpreted as rude. However, within the CBSP group setting, this communication process serves to communicate support and *kononia*. This communication action communicates that the listener ‘gets it’. Indicating that one ‘gets it’ goes beyond saying that there is shared meaning, understanding, or similar experiences. It includes an empathetic connection in that the listener understands the pain, suffering, loss, and struggle at an emotional level. Through completing the sentence or thought of another, this ‘get it’ *kononia* is created.

Supportive completions occur frequently in the murmurations in groups. For example, a woman states, “the other day I thought that the neighbor was mad at me. Oh no, now that one is mad at me too. Nobody was mad at me, I was just”. Another woman completes her sentence, “paranoid”. The supportive completion communicates that the second woman ‘gets it’. The first woman continues, “paranoid, yeah. I just thought...” The *kononia* is also clearly evident in the exchange that occurs one night in the men’s addiction group. After explaining how he drank bleach to cover his drug use and the others question the effects of this behavior, he says, “I mean I paid for it, yeah. Sure. But I mean, that’s when you are trying to hide that kind of stuff, man, you will go through”. Another man says, “anything”. The first one then replies, “you guys know”. The group then all replies with over talking affirmations, “yeah”. This supportive completion led to reflexive sharing in another, “yeah, like my Gatorade and vodka while sitting in the stands like I’m the perfect father.” And then another speaks up, “you figure out ways”. The group then over talks with affirmatives.

Supportive completions also include completing another’s thought rather than a specific sentence. In the women’s boundaries class, a woman is explaining her

frustration and struggle, “and when I come home, he is taking a nap and does not understand why I am mad?” Another woman completes her thought, “you can go so many days like, you could at least help with one.” The first one replies, “yeah” and then continues. Another example is seen in the women’s addiction when a woman connects to the sharing of another woman about how she felt the world always tells you that you are powerful but that Christianity is about being powerless and giving power over to God. The second woman builds off the first one, “to surrender, ...surrender is moving over to the winning side. ...but the world tells us that surrender means you are giving up.” Another woman provides a supportive completion, “you are weak”, and the first continues, “yeah. That you are giving up...” Often supportive completions serve to encourage the first speaker to continue or elaborate on their sharing.

Supportive completions serve to create and communicate *kononia*. As discussed earlier in the chapter, *kononia* is a communication process that facilitates hope in individuals. Knowing that you are not alone, that others get it, and that others are on the same journey with you, facilitates hope. Isolation and the feeling that you are alone in your pain and that no one has made as many bad choices as you have or made as bad a mess of their life as you, facilitates hopelessness. *Kononia* encourages people to begin to regain possession of their narrative.

Extending. The communication processes occurring in the groups include two types of extending: extending to reflexivity and extending to *kononia*. Extending creates and communicates *kononia*. By extending the concept of the other, the second person communicates that he or she ‘gets it’ and is assisting the first in expressing their struggle. This often occurs when the topic being shared is difficult or vulnerable. Through

extending, the second person is in a way, helping to carry the load of the pain or is tape building.

Extending to reflexivity. In extending to reflexivity, the second speaker extends the thoughts or concepts of the previous speaker leading into his or her own reflexivity. Differentiated from just connecting to the sharing of the other, the second speaker takes the concept farther and into his or her own reflexivity. As women in the addiction group begins to discuss the concept of surrender, one woman shares how the world sees surrender as giving up. A second woman extends to her own reflexivity, “yeah, that you are giving up. No you need to be powerful. Take control. Well, taking control is what has gotten me into so much trouble.”

In the men’s addiction group, one shares how he was self-medicating with alcohol to deal with his physical pain and how he never missed a day. A second man extends, “yeah, we have a lot to be thankful for that we did not hurt our kids or we did,” others then break in and over talk in affirmative comments, and another speaks up, “or hurt someone else.” The third man speaks up extending to reflexivity,

yeah, I think the hardest part is, when I have hurt others in the past. Like when I think about how I have hurt myself, it’s you know. And I really should think about that though, because that part is important to see how I have hurt myself. But really, like I, I, it just tears me up like, that I would hurt somebody in that way, you know, (voices cracks). ...I just *chose* to drink alcohol...

The extension to reflexivity includes making connections and is an aspect of his reclaiming agency in the duality of narrative of his own story.

Extending to kononia. Group members also extended the other's thoughts to create and communicate kononia. The connection and the 'get it' kononia is important toward hope. In the men's addiction group, one was striving to reclaim agency in his story. He was exploring who or what he blamed for his addiction and what actually was to blame. The struggle to reclaim possession of agency is evident,

For me, I would probably, I don't know, my father was an alcoholic but, I feel like it, maybe in the back of my mind, it affected me. But I feel like up to the point of even trying alcohol, it wasn't really a motive, uhm, I guess, I just, kinda, the expectations that were set on me, it was a lot of pressure

Another asks the question, "put on you by your parents?" and the first confirms it. Then a different man speaks up in an extension, "and you thought you were cool around your friends to drink, to get away with it." And the first says, "yeah".

Another exchange in the same group illustrates how extending to kononia helps the first person in understanding his own story, reclaim agency, and creates kononia. The first man shares about how he resents his father for "not being strong enough to put the drugs down and care for his family". He goes on to say that for the sake of his kids, he, himself, is finding the strength to stop. Another man speaks, "I can see how you kinda feel like, I did this for my kids because I love my kids. My dad wouldn't do that for me. Did he love me? All the feelings you must be having. That's tough." A third man speaks and extends farther, "we have the right tools now. I don't think they had the right tools then."

In the women's boundaries class, an emergent murmuration provides an example of extending to kononia. A woman shares an example of how she is in small ways

beginning to speak up for herself. A second woman provides an affirmative statement, “that is the key”. A third woman extends, “everyday”. The first then continues, “every day, and I’m just,” A fourth woman also extends, “breaking old habits” and the first one speaks again, “it is huge. It’s *huge*”. The second woman speaks with another affirmation, “it *is* huge. Gosh”. The first one speaks up, “because it caused depression”. The second person affirms, “ohhhh, (sigh), yes.” And the first woman continues, “and anxiety”. All the women over talk with affirmations. In this exchange, the kononia reciprocity types overlap and function together to build the kononia.

The group interactions provided additional illumination on the communication processes that facilitate hope in participants. The findings that emerged in the interviews were largely seen in the group interactions. In particular, redemption stories, reflexive moments, reflexive sharing, transitional messages, communication that contributes to the story space elements, and murmurations. In addition to observing the findings for the first three research questions in situ, the group interactions provided additional illumination on murmurations. Two kinds of murmurations were observed in situ: question driven murmuration and emergent murmuration. These murmurations are comprised of both reflexive sharing and kononia reciprocity. Kononia reciprocity is comprised of: affirmations, backchannel, altruistic sharing, supportive completions, and extending.

Spirituality

As discussed in the literature review, spirituality is related to wellness, health, and addiction recovery (Brown, Tonigan, Pavlik, Kosten, & Volk, 2013; Lietz & Hodge, 2013; Parrot, 2004; Steffen, 2012; Stoyles, Chadwick, & Caputi, 2015; Tonigan, Rynes,

& McCrady, 2013; Wills, 2009). Spirituality, specifically participants' perceptions regarding their relationship with God, was present throughout the data. As discussed previously in this chapter, interviewees often attributed reflexive moments and their recovery experience to God's intervention in their lives. For example, the spiritual is central to Samuel's reflexive moment,

I saw what God was doing. I realized that it wasn't, it had nothing to do with what I was doing. It had everything to do with what God was doing in all their lives and what He could do in my life if I just let him.

For Nancy, her life change is also spiritual,

so when we give it to the creator of the universe, who loves us with an unfailing love, who has the power and strength that we don't have to recover and get our lives back. That is life changing, right then and there.

For most interviewees, the spiritual was central or critically important to their finding hope, reclaiming narrative agency, and growing in recovery.

When asked to what they attribute their hope and recovery, many participants incorporated spiritual growth and awakening. Tenisha explained, "just my relationship with God has given me the courage to accept his forgiveness...that has been instrumental." For others, the belief that God was present and involved was critical to their hope and recovery. For example, Alma states,

it is because of that hope that God is with you, that God will provide, that God will be with you through the whole day, I feel that it gives me hope and courage. ...I realize that I can do things with God because he makes me powerful.

Spirituality for participants is also evident in their discussion of transitional messages. In particular, forgiveness, love and purpose. These transitional messages are discussed in detail earlier in this chapter. Diego explains the importance of forgiveness to his redemption story, “you benefit from being able to know that you are forgiven. Forgiveness is the most beautiful aspect that there is in life. Knowing that you are forgiven by God and knowing He still loves you despite your failures is awesome.” Mario’s statement makes this attribution of spirituality clear,

God loves us regardless of what we have done, whom we have hurt, and, because addicts don’t think they should be loved, they don’t think they should be forgiven because we have hurt too many people. We have that stigma that nobody could love us. Nobody could forgive us. ...God loves me. God forgives me. And now I need to work on forgiving myself.

Hope, as conceptualized in this dissertation, is an orientation toward the future. For many participants, having a perception of a future involving an eternity and purpose beyond the physical world is an important aspect of their hope. The spiritual and transcendent aspects of hope focus on “connectedness with something greater than self, for some a belief in a higher being or force. It involves finding meaning and purpose in one’s life” (Herth, 2000, p. 1432). Samuel’s attribution illustrates this perspective,

Because you are not so caught up in what is going to happen here. You know? My eternity matters more than what is going on down here. The eternal perspective is important to my hope. Because when your perspective is just down here. Man, it can kinda get hopeless because we are all going to die, right? But where are you

going? Having that eternal perspective just gives you hope. It is not, this is not all there is. That is a big deal.

Nancy explains how purpose was important to her life and those of others she has seen, “we all need to feel like we have a purpose. And for someone who has made such a mess of their lives, to even begin to try to fathom that God has a purpose for *me*, and plan for *me*? I mean that is huge.”

As discussed in the review of literature, positive psychology has identified the importance of pursuing the positive. “Mental disorders, in short, somewhat impede, but do not remotely preclude positive emotion, engagement, purpose, positive relationships, and positive accomplishment” (Seligman, 2008, p. 4). Frankl (1946) proposes that people are driven to seek meaning and purpose. This meaning and purpose can be found even in the face of traumatic and destructive circumstances. For the majority of the interviewees, this meaning and purpose was found in the spiritual, that is, in a spiritual awakening and connection to God, as well as serving others.

For most of the interviewees, the reclaiming of their narrative agency is initiated and empowered by God. Their orientation to the future (hope), recovery, and purpose is grounded in the spiritual and an integral aspect of their narrative. Consistent with literature in alcohol recovery, 12-step programs, health, and wellness, spirituality is an important aspect of recovery and wellness for the interviewees in this study.

In summary, the communication processes at the CBSP facilitate the emergence of hope. The findings ground hope firmly as a communication narrative concept. Narrative and hope are both refined conceptually. The duality of narrative is identified. The duality of narrative holds to the social constructionist concept of the co-construction

of self-narratives while simultaneously acknowledging the agency of the individual to choose what and in what ways the contributions of co-constructors are woven into the narrative of self and reality. The construct of hope is refined by adding the concept of reclaiming the agency aspect of the duality of narrative. The findings in this study occur both in interviews and in situ observations in group interactions. In particular, the data revealed redemption stories, reflexive moments including a codification, transitional messages including a codification, story space elements with codification, and a differentiation of narrative sharing into reflexive and non-reflexive categories, and finally the sharing process of murmuration. Additional unpacking of murmurations emerged from the in situ data including two kinds of murmurations: question driven murmuration and emergent murmuration. The data revealed that the murmurations are comprised of both reflexive sharing and kononia reciprocity including codification.

The findings of this study extend existing communication concepts and theory as well as provide new concepts and understandings of supportive and positive communication. In addition, the findings can prove useful beyond the field of communication into the fields of addiction and recovery studies. The following chapter will expound upon these potential contributions.

Chapter 5

Conclusion

This study, using interviews and in situ group observations, explored the communication processes that facilitate the emergence of hope at a community based support program (CBSP). Hope is critical to wellness and life itself (Barge, 2003; Frankl, 1946; Groopman, 2004; Scioli, et al., 1997). The findings of this study ground hope as a communication-centric concept. Jevne's (2005) quotation cited in the introduction of this dissertation was the motivation for this study,

I have a dream that one day we would understand hope well enough to reach those with the deepest of despair, well enough that...each person...would envision a future in which they are willing to participate...that men and women would understand their unique potential contributions within a larger vision of a hopeful life (p. 287).

This study contributes to our understandings of hope, narrative, and positive communication. It is my desire that the enhanced understandings of hope gained through this study will help people who reach out to those in despair and hopelessness.

The overarching goal of this study, as stated in the literature review, is to identify and understand the communication processes that create hope at the CBSP. This study identifies and codifies several communication processes that facilitate hope and introduces the narrative synergism model below providing an initial understanding of the interaction of these processes. The findings of this study expand and contribute to existing literature.

One of the strengths of rigorous qualitative research is its ability to challenge the researcher's existing assumptions and conceptualizations. The data in this study challenged me to reflexively consider and refine my understandings of narrative and hope. This chapter discusses the key findings, theoretical contributions, reflection on research goals, the CBSP model, limitations of this study, and directions for future research concludes this chapter.

Key Findings

Duality of Narrative

During the analysis process in this study, the data challenged me to refine my concept of narrative. I began the study with a social constructionist understanding of narrative. During the analysis of the data, I wrestled with aligning the emergent findings with my conceptualization of narrative. The definition of narrative presented in the literature review,

narrative is conceptualized as both a retrospective and prospective sense-making communication activity existing in various forms and fragments that is co-constructed in interaction with others resulting in the construction of identities, social realities, and orientations toward the future,

was inadequate to explain the data. Duality of narrative emerged as a resolution. I propose that narrative exists as a duality. I maintain my social constructionist perspective of the co-construction of narrative. However, the data requires that attention be given to the agency of the individual. The duality of narrative provides a dialectical space where the co-construction of narrative can co-exist with the agency of the individual.

The duality of narrative acknowledges that no narrative exists in a vacuum. No one writes their own narrative apart from the contributions of a multitude of contributors, including culture, history, historical interactions, present interactions, and projected interactions. Consistent with the social constructionist perspective, our identities and realities are narratively created through these interactions with various contributors. However, for those struggling to find hope and recovery, this conceptualization is incomplete.

Narrative agency emerged as an important aspect of the process of finding hope. Although narrative agency places some control in the hands of the individual, it does not assume that he or she has complete power. The individual has a constrained agency to select, exclude, and determine in what ways the contributions become part of the narrative. The individual has agency to make some choices regarding how those contributions will be woven into the narrative of self and life. However, the agent does not have complete control over the story. Some narrative contributions are indelible. Each of the narrative contributions is like a thread, some can be eliminated and some cannot. The individual has some directive control, however, for how threads, both indelible and chosen, will be woven into the tapestry of his or her life and self-narrative.

The duality of narrative embraces the messy and nonlinear nature of a dialectical space where co-construction and agency co-exist. It recognizes that the construction of narrative is not as simple as selecting and excluding elements as if the individual has complete control. The choices of the agent are constrained by culture, co-contributors, and circumstances, and is co-existent with the co-construction process. The process of

finding hope involves recognizing that the co-contributors do not have unbridled control over the narrative of self and the future.

People struggling with addiction and other life challenges often lose sight of their agency. They relinquish their agency to circumstances, others, or the story itself. This is despair or hopelessness. They believe that they have no control and that the self and the future are determined by external forces. Hope involves reclaiming and negotiating the balance between agency and co-construction. It affirms that although the circumstances and interactions with others contribute, people have choices of how to weave their narrative even in the darkest circumstances. Viktor Frankl (1946) survived concentration camps under Nazi Germany. His contemplations afterward reflect this agency in the face of overpowering external co-contributors to self-narrative,

We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way. And there were always choices to make. Every day, every hour, offered the opportunity to make a decision, a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom; which determined whether or not you would become the plaything of circumstance, renouncing freedom and dignity to become molded into the form of the typical inmate (pg. 66).

The duality of narrative recognizes that not all co-constructors have equal contributions to the construction of the narrative. Some co-constructors can be removed, such as ending relationships with individuals who are negative influences or removing oneself from environments and situations that are likely to trigger an addiction or are destructive to self. There are times when co-constructors are negative influences but cannot be removed, such as the concentration camp in Frankl's experience above or an abusive parent. Therefore, the agency of the narrator is constrained. However even in the direst circumstances, agency remains. This duality of narrative is central to the refinement of the definition of hope and the findings of this study.

Hope

The definition of hope provided in the literature review similarly was incomplete to explain the data. I defined hope in the literature review as a reflexive positive orientation toward the future co-constructed in relationship through communication prospectively narrated in life stories, both fragmented and coherent, that serves as a foundation for health, healing, and wellbeing. The analysis process challenged me to expand this definition. It was the wrestling with hope in the data that brought about the emergence of the importance of agency and the duality of narrative.

The refined conceptualization of hope is grounded in narrative and the duality of narrative. While maintaining the key elements in the above definition, the findings refine hope to incorporate the reclaiming of narrative agency. This expands and refines the construct of hope.

Although one of the most prominent conceptualizations of hope, Snyder (2002), incorporates agency in his theory of hope, it is centered in the individual and fails to

recognize the constructive power of social interactions. Snyder's agency is more akin to self-efficacy, that is, agency to act rather than narrative agency. According to Snyder (2002), hope is focused on agency and the ability to generate pathways to a desired future. It is therefore weighted heavily on the agency end of the duality. In addition, it is largely focused on desired outcomes while largely ignoring the construction of identity and meaning through narrative.

Hope is refined within a duality of narrative and is not limited to looking for specific outcomes but rather incorporates a broader sense of agency. Some circumstances cannot be changed, such as Frankl's (1946) imprisonment in a concentration camp or a terminal illness. This would seem to preclude hope as defined by others. However, in this definition, hope is still possible in the agency of the individual to co-construct a narrative of self and life that has meaning and purpose irrespective of circumstantial outcomes. As stated by Frankl (1946),

every day, every hour, offered the opportunity to make a decision, a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom; which determined whether or not you would become the plaything of circumstance.

For those in the CBSP, finding hope involves reclaiming their narrative agency and negotiating the tensions within the balance between agency and co-construction. For those in despair and hopelessness, they believe that the co-contributors and the story itself have control of the narrative and the future. Often they have given up and resolved themselves to the inevitability of the narrative, "I thought the alcohol was going to kill me. I had accepted that. I was completely hopeless." Hope emerges as one recognizes

that the future is not necessarily determined by external forces and that meaning and purpose can be narrated.

Hope, then, is intrinsically narrative – a communication-grounded construct centered in the duality of narrative. Narrative is not a pathway to hope but is integral to hope. A person in despair or hopelessness is one who has relinquished their agency in the co-construction of their narrative. Hope emerges as agency is reclaimed and alternative futures are envisioned – futures not fatalistically determined and controlled by the co-constructors and not bound to outcomes and circumstances only. Although hope can involve outcomes such as sobriety, it is more centrally about negotiating the tensions between co-construction and agency. Hope can be present in any circumstance. As described in Frankl’s statement above, even in the most negative and constrained circumstances, a person has choices – agency. This agency is constrained by various forces including those within the co-construction process. However, hope rises as a person begins to believe that they have a say in their own narrative.

Model of Narrative Synergism

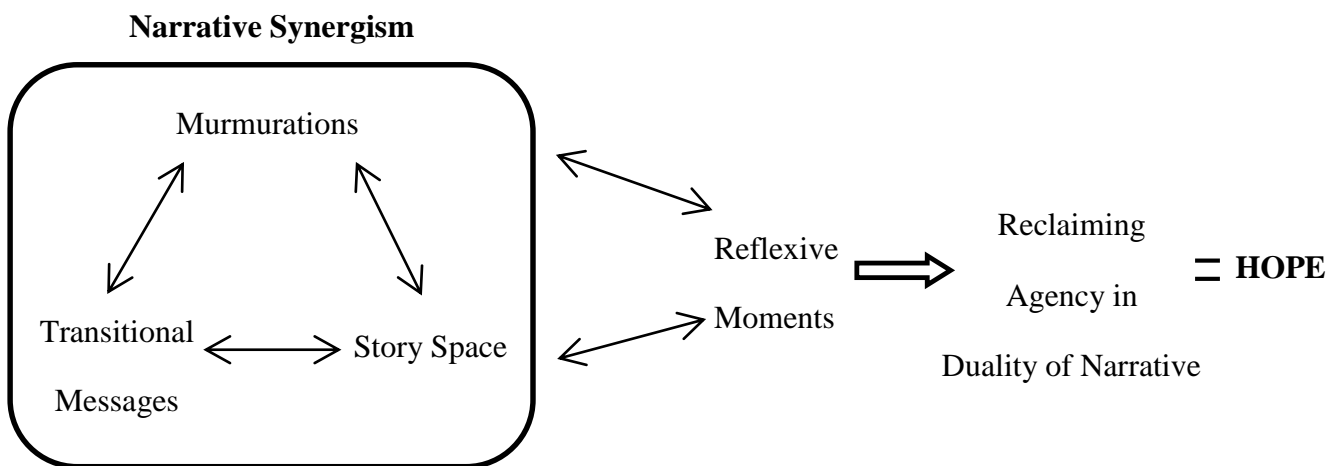


Figure 2

The communication processes at the CBSP facilitate hope through a complex, dynamic interaction among numerous narrative-based communication components. The components function in a reciprocal relationship, mutually influencing each other. The narrative synergism model reflects the interplay among the various findings in this study. The communication processes of murmurations, story space, and transitional messages reciprocally influence each other in a narrative synergism and produce hope-facilitating effects. I discuss the model working from right to left.

Hope. The refinement of the conceptualization of hope is discussed above. Hope, elucidated by the findings, is a narrative concept. A person with hope is one who has narrative agency within the co-construction process of his or her own life story. This is not claiming that people can control the unpredictable future, but rather they have control over their own life story which may be constrained by circumstances. As Frankl (1946) claims, all choices may be taken away from a person except the “last of human freedoms, to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

In contrast, a person in despair, feeling entrapped, or who is losing hope, is one who has relinquished agency and is a passenger in his or her own story, taken along by the waves of a storyline over which they have no control. Having lost agency, the future is determined and negative. They have lost meaning and/or purpose. From this narrative perspective, a person without hope views their future as deterministic and fatalistic. This is seen in the data in statements such as, “I thought the alcohol was going to kill me. I had accepted that. ...I was completely hopeless. ...I just had sort of accepted that was going to happen. That I would probably die from it”; and “I just wanted to die. I did not see a

future. I was existing. I had no purpose. ...I could not see any way out of it. I could not see any light at the end of the tunnel.” For many struggling with addiction, grief, abuse, and other life challenges, the story itself or circumstances have control of the future and the storyline, they are without hope.

For a person who has been hopeless, finding hope is a redemption story. Redemption, as discussed in the findings, is the reclaiming the possession of something. Finding hope is the reclaiming of the possession of the agency within the co-construction of one’s own story. The first step of this redemption is beginning to envision possibilities. For example, after 37 years of drug use, Mario explains the moment he first experienced hope, “I saw possibilities. I saw what my life could be.” This occurred through hearing the redemption stories of others.

Forgiveness is a critical transition point in their redemption stories. The majority of the interviewees identified forgiveness as central to their hope. In the redemption stories of interviewees, they regain possession of their past, accept forgiveness from God and from self, and embrace the agency to shape the co-construction of their story in the present and future. Forgiveness allows them to be set free to look toward the future and have hope. The data reveals that hope emerges from reflexive moments that are facilitated by the communication processes at the CBSP.

Reflexive moments. As illustrated in the narrative synergism model, hope emerges in reflexive moments. Reflexive moments are spiritual moments of epiphany when an individual experiences a sudden realization, connection, or recognition that results in changing the view of his or her own narrative and self. These reflexive moments occur as a person juxtaposes his or her narrative with the narrative of another or

the group curriculum resulting in seeing one's own narrative differently. Reflexive moments are also narrative based. Connections are made between the other's story and self-story as well as within one's own story. This reflexivity involves simultaneously being in living story (Boje, 2011) while also stepping back and viewing one's own narrative as an outsider and then making connections or realizations.

Reflexive moments are central to hope. Future possibilities and the reclaiming agency occur in reflexive moments. Six types of reflexive moments emerged in the data: hope germinating, learning, instrumental, affirmative, tape building, and altruism. Hope germinating reflexive moments occur as people begin to reclaim agency of their own story and they see positive future possibilities. Learning reflexive moments are when an individual has a moment of understanding about the addiction or issue. In juxtaposing one's story with another's, a person may have an instrumental reflexive moment when they hear of a strategy or action that helped another and consider trying it. Affirmative reflexive moments occur as people see themselves as having value and purpose. A person learns through another's story what is likely to happen if they continue on the current addiction or destructive behavior path through a tape building reflexive moment. Altruistic reflexive moments occur as a person makes connections that may be helpful to the other when juxtaposing their own story and the other's story.

Reflexive moments are narrative and communication-centric. Although they occur within the cognition of the person, narrative and interactions with others are integral to the process. Hope is an effect of reflexive moments. An example of a hope germinating reflexive moment and its connection to narrative is seen in Lia's statement, "hearing their story of how they found healing. ...it let me know that I could have a

future.” The importance of narrative is seen in Phil’s statement, “I know that I would not be sober today if I did not hear someone else’s story.” The communication processes at the CBSP facilitate reflexive moments and the emergence hope. The communication processes are grounded in narrative and are a dynamic, reciprocal interplay among elements that I label narrative synergism.

Narrative synergism. The communication processes at the CBSP are complex and nonlinear. The three main processes – story space, murmurations, and transitional messages - reciprocally influence each other in a dynamic narrative synergism. Synergism is the interaction of multiple elements that produce an effect that is greater than the sum of the parts. The communication processes at the CBSP are narrative based and work together in a dynamic, reciprocal, and at times overlapping way that facilitate the emergence of hope. This process has a narrative synergism, that is, the effects are greater than the sum of the parts – such as kononia and hope.

Story space. The culture and communication environment of the CBSP serve as a story space. As discussed in the literature review, Boje, Rosile, and Gardner (2004) propose that ‘story space’ is where the co-mingling, morphing, and collision of the story fragments in living story occur. In the collective story space of the CBSP, narratives are shared, shaped, and narrative agency is reclaimed. The data revealed that several elements of the story space are important for the emergence of hope: non-judgmental, safety, no fixing, and kononia. All these elements are created and maintained through communication in reciprocity.

The non-judgmental aspect of the story space was one of the most frequently mentioned elements. Addressing issues such as addiction and other socially-disapproved

issues is very face threatening. People with redemption stories expressed its importance for their finding hope. Some examples of the importance of non-judgment include, “I think the biggest thing in group was that I was able to share and people did not look at me like ‘God, you should be in jail’”; and another shared, “And instead of ‘oh, wow...shame on you’, it is just more about forget about it, it is the past, God has forgiven you, move forward...so it is more about building that strength and confidence. Not feeling the rejection or judgment.”

As described above, the elements are part of a narrative synergism with the story space elements working together in a reciprocal way. Consistent with this, non-judgment overlaps and reciprocally contributes to the story space element of safety. People described the CBSP as a safe space to be authentic, vulnerably disclose their issues, and seek hope and recovery. The story space element of no fixing also interacts in this synergism. Feeling that others are not trying to fix, correct, or directly advise you, contributes to the story space feeling safe and non-judgmental. In addition, no fixing and non-judgmental overlap conceptually while being qualitatively distinct. The reciprocal interaction between non-judgment and safety is seen in the following example, “this is a safe place to talk, no one is going to judge you.”

The final story space element is what I label *kononia*. The idea of having an issue or struggle in common is central to the concept of mutual aid groups. However, the data in this study suggest that the connection and effects go beyond the shared experience or even the shared meaning. *Kononia* is a transliteration of a classical Greek word that includes concepts of having things in common and a close association between people who share something in common. I propose that in the CBSP, *kononia* is broader than

similarity or commonality. It compasses a shared meaning, a shared experience, and the spiritual or emotional connection that occurs in the CBSP. When a person shares his or her thoughts, fear, experiences and others in the group ‘get it’, it is more than shared meaning. There is a spiritual aspect to the connection. Kononia overlaps and reciprocally interacts with participants feeling safe and non-judged. This overlapping is seen in the following example, “if you have that same struggle as somebody else, you don’t feel alone in that process and to me that makes it feel safe.”

Murmurations. Murmurations are the collective action of a large group animals, particularly starlings. When starlings fly in groups of over a thousand, their collective movement is mesmerizing as they move as one in the sky. However, their movement is an enigma. Researchers across many disciplines have struggled to understand the rules and factors explaining their dazzling aerial displays to no avail. Although no algorithm or list of rules have been identified, the birds clearly respond to and feed off of each other. Similar to starling murmurations, when group discussions at the CBSP are effective in moving toward hope and recovery, the interchange defies mapping but has an aesthetic beauty where participants respond to and feed off of each other in a sort of collective action. The group conversation intertwines among participants involving reflexive moments and sharing in synchronized nonlinear reciprocities.

Two main categories of murmurations emerged: question-driven and emergent, however, in situ these two types overlap and intertwine. These murmurations include both reflexive sharing and kononia sharing. In short, reflexive sharing is the verbalizing of reflexive moments, connections, and revelations with others in the group. Reflexive sharing is differentiated from non-reflexive sharing. An important finding in this study is

that narrative sharing in the groups at the CBSP is not homogenous. Reflexive sharing is identified as more conducive to recovery and hope.

Murmurations are also comprised of what I label kononia sharing - a group of specific conversational turns. These emerged in the in situ group interactions as important in the movement toward hope through kononia and the created story space. The turns are reciprocal, influencing each other in a dynamic murmuration. Kononia sharing includes: affirmations, backchannel, altruistic, supportive completion, and extending. Affirmation turns include messages, verbal and nonverbal, that support the speaker's value.

The backchannel seen in the group interactions is consistent with the use in the communication literature. Backchannel serves to encourage the speaker to continue while communicating engaged listening. Altruistic turns involves sharing connections between the speaker's story and own story. Often this begins with or becomes reflexive moments, as the person makes connections between the two stories and shares with the goal of helping the speaker. For example, when a woman was sharing her feelings of guilt regarding her daughter's abuse at the hands of her father, another woman provided altruistic sharing, "I think, being a child of an abuser, is to me, that you immediately acted and reacted and took care of them, shows them that you are actually there."

A surprising finding is the supportive completion sharing – the completing of the speaker's sentence or thought. In other contexts this communication process might be interpreted as rude or a lack of listening. However, in the CBSP group, these created and reflected kononia, that the listener 'gets it', and encouraged the speaker to be reflexive and continue sharing. The final kononia sharing is extending. In extending turn taking,

the person extends and builds on what the other person is sharing. Two types of extending are identified: extending to *kononia* and extending to reflexivity. Extending to *kononia* is when the second person extends the thoughts of the first speaker to create and communicate *kononia*. In extending to reflexivity, the second speaker extends the thoughts of the first person into a reflexive moment, making connections in their own narrative.

Murmurations, including reflexive sharing and *kononia* sharing, are the dynamic communication processes occurring in group meetings when things are ‘going right’. Murmurations overlap and reciprocally influence transitional messages and the story space.

Transitional Messages. The third element in the narrative synergism is transitional messages. Interviewees identified certain messages as important to their movement to hope and recovery. These five (5) messages were cited by participants as important in shifting from a destructive path to one of hope and healing: forgiveness, love, purpose and value, acceptance, and not being alone.

Forgiveness, as mentioned above, was frequently mentioned by participants as critical to their hope and recovery. As individuals reclaim agency, often they struggle with guilt and shame from their past. Receiving forgiveness from God and from themselves enabled them to look to the future and move forward (hope). By allowing them to let go of the past and look to the future, forgiveness is important for hope. The message of love intertwines with forgiveness. The interplay between love and forgiveness as well as the importance of these messages are seen as Mario states,

because addicts don't think they should be loved, they don't think they should be forgiven because we have hurt too many people. We have that stigma that nobody could love us. Nobody could forgive us. ...God loves me. God forgives me. And now I need to work on forgiving myself.

For many struggling with addictions and other life challenges, their struggle becomes all encompassing. When individuals are in despair or hopelessness, they often cannot believe that their life has a purpose or value, "I just wanted to die. I did not see a future. I was existing. I had no purpose. No reason to really get out of bed. ...there was no purpose, no reason, just existence." The message of their life having a purpose and value also interactions with forgiveness and love. Nancy clearly states its importance,

we all need to feel like we have a purpose. And for someone who has made such a mess of their lives, to even begin to try to fathom that God has a purpose for *me*, and plan for *me*? I mean that is huge.

The messages of acceptance and not being alone reciprocally interact with the previously mentioned messages as well as the story space. Acceptance works closely with the story space quality of non-judgment. Not being alone is also intertwined with the story space quality of *konomia*.

The three communication processes at the CBSP, story space, murmurations, and transitional messages work in a reciprocal interplay with each influencing the others and often overlapping. The narrative synergism created in this dynamic interplay facilitates reflexive moments which in turn facilitates the reclaiming of narrative agency and the resultant emergence of hope. These processes are all based in narrative and their

interaction is a dynamic synergism, creating something greater than the sum of the parts – that is, hope.

Theoretical Contributions

This research contributes to existing communication literature and beyond. The findings contribute to the literature and scholarship in the areas of hope and wellness, narrative, positive and supportive communication, spirituality in communication, and mutual aid support group.

Hope

Limited research and no theorizing on hope has been performed in the field of communication. Hope matters deeply and is part of a life well lived. As discussed above, a refined understanding of hope is provided which can contribute to theories of well-being (Seligman, 2011). This dissertation provides an initial step into a communication based theoretical understanding of hope. Rather than being a pathway to hope, communication is central to the essence of hope. Hope is not only existent within narratives but it is also in and of itself narrative. Hope in the findings includes reclaiming the agency to guide the co-construction of narrative of self and life. At the CBSP, hope emerges in reflexive moments through narrative interactions. Reflexive moments are also narratively grounded occurring through the juxtaposing of self-narrative with others' narratives. This study argues that hope is inherently narrative and a communication-centric concept.

No scholarship in the communication discipline explores hope or the communication processes that facilitate its emergence. In addition, this research contributes a communication voice to the existing hope scholarship. The narrative based

understanding of hope augments existing conceptualizations of hope and provides a communication framework for those pursuing the praxis of hope in other disciplines.

Narrative

This study contributes to the scholarship in narrative in multiple ways. The findings propose a more nuanced conceptualization of narrative through the duality of narrative for the CBSP context. In providing an identification and codification of communication processes in the proposed narrative synergism model, the study contributes to understanding of the co-construction of narrative in action. Finally, the study contributes to narrative scholarship that explores the use of narrative in moving toward wellbeing.

Duality of narrative. The duality of narrative presented in this study expands upon the existing narrative literature. Although agency and the co-construction of narrative are well established in the literature, limited to no work has addressed how both agency and co-construction simultaneously co-exist. The duality of narrative provides a dialectical space where both agency and co-construction of narrative are negotiated. This framework provides a useful understanding especially considering issues of hope and recovery.

The concept of agency is not absent from narrative literature (Riessman, 1993, 2008; Weegmann & Piwowoz-Hjort, 2009). However, much of this literature takes a post positivist stance and fails to recognize either the co-construction of narrative or the constraints put on agency in the co-construction process. Some narrative work (McLean & Mansfield, 2012) give a nod to co-construction while operationally using the concept in terms of influences on the narrative. This weights the duality on the agency side and

fails to recognize the co-construction as, in fact, construction. In the duality of narrative, I propose that narrative is a joint effort with contributors participating in the construction of narrative (knowingly or unknowingly) with the individual having narrative agency to guide and shape the narrative outcome for self and life.

Narrative synergism. The narrative synergism model presented in this chapter contributes to narrative scholarship through presenting a more complex and nuanced understanding of the narrative communication processes that facilitate hope. Rather than simply viewing self as a product of narrative – that we understand ourselves and present ourselves through narrative (Bruner, 1990; Gergen, 1999; Hallburg, 2001; Reissman, 1990; McAdams & McLean, 2013) – this study proposes that our understanding of self and life (and therefore hope) occurs through a complex interaction among multiple communication processes. The processes facilitate reflexive moments where hope and the reclaiming of narrative agency occurs. The narrative synergism at the CBSP produces outcomes that are greater than the sum of the parts, in particular, hope and redeemed lives.

Little to no work in the communication discipline has explored and codified the communication processes involved in the co-construction of narrative or hope. This study contributes by providing an initial step into understanding the communication processes at work in the construction of narrative of hope. The narrative synergism model proposes that three reciprocally interacting communication processes work together to facilitate reflexive moments which can include the reclaiming of narrative agency and the emergence of hope.

Narrative and wellbeing. Much of the work in narrative in terms of wellbeing and changes in life story focus on shifts in narrative including shifts in metaphoric framing (Boylstein, Rittman, & Hinojosa, 2007), shifts in possibilities for change (Calhoun & Tedeschi, 2009; Haidet, Kroll, & Sharf, 2006; Woodward & Joseph, 2003), and restorying one's narrative (Angus & McLeod, 2004; Hallberg, 2001; Polkinghorne, 2004). No research was found that focus on changes in hope or the communication processes that facilitate the changes. This study contributes to the narrative and wellbeing literature through identifying the communication processes in the narrative co-construction process. The findings suggest that rather than focusing on re-storying the past, the participants who found hope began reclaiming narrative agency. Those who have lost hope believe that their narrative and the future are constructed and controlled by external forces. They relinquish their role in the co-construction process. As they find hope, they move toward acknowledging their relinquished agency and owning their choices as well as distinguishing between their own contributions and those of others (especially negative contributors) in the co-construction process. The next step is their accepting forgiveness from God and themselves. Forgiveness allows them to acknowledge and own their past while shifting their focus to the future and hope. In the findings at the CBSP, the process is less re-storying than it is focusing on reclaiming narrative agency and forgiveness. Hope, as an orientation and gained through reclaiming agency, allows individuals to view the present and future in positive and meaningful ways (hope).

Much of the work in narrative focuses on retrospective narrating. Even within positive psychology and positive communication, the focus is on how narrative is

reflecting changes rather than constructing changes in and through narrative. This study contributes to narrative literature by providing a framework for exploring the co-constructive communication processes occurring in the CBSP. This present study builds upon the work of Bradbury (2012). As discussed in the literature review, Bradbury (2012) explores ways in which retrospective narratives can provide resources for articulating future possibilities. He discusses the importance of reflexivity in being able to “incorporate new versions of ourselves for acting in the present toward the future” (p. 345). He argues that through reflexivity we can recognize how our past and our self could have been different. This frees people to begin to see alternative futures. Although he does not use the term, hope is implied in his study. The findings of this present study support his propositions and extend it through providing the identification of reflexive moments and the reclaiming of agency to illuminate the process. In addition, the findings further expand upon this work through identifying the narrative communication processes of co-construction that facilitate the reflexivity and changes in hope.

Positive and supportive communication

Positive communication is “facilitative of happiness, health, and wellness” (Socha & Pitts, 2012, pg. 1). The findings of this research expand the supportive and positive communication scholarship. Extensive research has explored supportive communication, identifying multiple links to health and wellbeing. However, supportive communication in face-to-face support group meetings has not been extensively studied (Kuuluvainen & Isotalus, 2013). This present study contributes and extends existing scholarship in supportive and positive communication through exploring communication processes in situ that contribute to the emergence of hope while grounding it in narrative and co-

construction. The findings include codifications of communication processes and proposes a model of narrative synergism that illustrates the dynamic interplay among various communication processes in support groups at the CBSP. Seeking to ameliorate the life situations of those struggling with addiction and other life challenges often involves advice giving or corrections. These communication activities are face threatening. Face threatening acts are less likely to effectuate the desired changes. Reflexive moments, on the other hand, provide a communication strategy that can mitigate or remove the face threat from the interaction.

Spirituality in Communication

The communication discipline has lagged behind other disciplines in exploring and incorporating the spiritual in health and wellness communication literature (Parrott, 2004; Wills, 2009). Although spirituality has been identified as important to wellness, health, and recovery, limited communication research has explored the spiritual in the communication and narrative meaning-making of individuals in mutual aid groups and recovery groups. This present research not only contributes in continuing to extend the conversation into the communication field, it also contributes a communication lens to the existing literature in other disciplines.

Consistent with work done in alcohol recovery (Lietz & Hodge, 2013; Tonigan, 2007; Tonigan, Rynes, & McCrady, 2013; Zemore, 2007) and wellness (Steffen, 2012; Visser, Garssen, & Vingerhoets, 2010), participants experienced spiritual awakening and/or growth and attributed their recovery and hope to the spiritual. In particular, for interviewees, reflexive moments, transitional messages, and their reclaiming of narrative agency is initiated and empowered by God. The belief and experience of forgiveness,

love and purpose from God was cited as significant by participants in their hope and recovery. These findings contribute to the communication literature by acknowledging and identifying the important role the spiritual plays in participants' narratives of hope and recovery.

Mutual aid and support group

Scholarship within mutual aid and support group studies identify the importance of sharing in the recovery process (Arminen, 2004; Borkman, 1999; Cline, 1999; Humphreys, 2004). The existing research tends to homogenize narrative sharing in mutual aid and support groups. They perceive the sharing process as important without any differentiation in types of narratives being shared. The present study identifies reflexive sharing as most conducive to the emergence of hope and healing. In identifying the types of narratives and sharing that are facilitative of hope, the contrasting types of sharing emerged as well. This differentiation of sharing contributes in meaningful ways both theoretically and in praxis to literature in and outside of the communication discipline.

Reflection on Research Goals

The articulation of research goals is one of the five components of Maxwell's (2013) interactive model for qualitative research design. Goals function to guide research design decisions and assist in the justification of the study. The interactive research design identifies three goals for researchers to articulate: personal, practical, and intellectual.

The findings of this research met the primary goal of this study, that is, to identify the communication processes that co-construct narratives of hope for people seeking

recovery at the CBSP. The narrative synergism model incorporating reflexive moments, transitional messages, story space, and murmurations successfully achieves this goal.

My personal goal, as articulated in chapter three of this dissertation, is to help people find and hold on to hope. The findings of this study are an important and useful first step in achieving this goal. Through identifying the communication processes that facilitate hope, this study provides a meaningful framework for helping people who are struggling to hold on to hope. The narrative-based findings can be used both in professional interventions as well as in my personal volunteer interactions.

Personally and as a scholar, I experienced change through this research. These changes are now so integrated into my perspectives that envisioning my perspectives prior to this study is challenging. Bearing witness to narratives of despair and hope which include the suffering and shame as well as the personal traumas that feed the addictions and struggles, profoundly expanded my empathy, understanding, and compassion.

Often individuals struggling with addictions and mental health issues must also struggle with social stigmas. Empathy, understanding, and compassion are counter forces to stigma. When I think back to my friend's struggle with alcohol discussed in the opening chapter of this dissertation, my interactions during her relapse lacked the level of empathy, understanding, and compassion that I have developed through this study. I believe this growth also expands my personal capacity to help those who are struggling to find and hold on to hope. This study also provides academic frameworks of narrative agency, reflexive moments, transitional messages, story space, and the narrative

synergism model to assist my efforts and those of professionals to reach out and help people reclaim narrative agency.

The practical goals articulated in my research design involved producing results and theoretical contributions that can be used to improve communication practices of those helping struggling people find hope and to potentially improve practices at the CBSP. The findings provide a useful framework to improve communication effectiveness for lay and professional practitioners.

Tools and strategies could be developed based upon the concept of reclaiming narrative agency that may be helpful for those in despair and entrapment. For example, a tool based on CMM's daisy model could be developed to help individuals recognize the contributors and contributions of others to their narratives of life, the future, and identity. Utilizing this tool, individuals may recognize how they have relinquished their narrative agency and begin to reclaim their narrative agency. Helping individuals recognize their relinquishing of narrative agency and assisting with reclaiming narrative agency could also be incorporated into the communication practices of lay and professional helpers. In addition, a meeting with the leaders of the CBSP program is scheduled to discuss the findings and suggestions to improve the program. Some suggestions may include incorporating the concept of narrative agency and an emphasis on transitional messages into a group leader training.

The final goal articulated in the research design is my intellectual goal to gain an understanding of meanings and processes at the CBSP. I achieved this goal through the extensive findings discussed in chapter three. The narrative synergism model in the findings provides a theoretical model of communication processes that facilitate hope.

This model contributes to our understanding of the processes involved in the emergence of hope for participants at the CBSP. Consistent with interpretivist and social construction assumptions, I sought to gain an understanding of the meanings of the community and participants under study rather than bringing a prior meanings. The redemption stories and the spiritual meaning-making of the participants provide a window into the meanings of participants.

The research design based upon Maxwell's (2013) interactive model provided a structure by which to achieve my personal, practical, and intellectual goals. It is my desire that these findings extend well beyond this dissertation to assist both lay and professional practitioners who work to bring light and hope to those struggling with despair and entrapment. Tools and strategies can be developed from these findings that may be useful and meaningful in practice.

The CBSP Model

The site of study is a religious community based support program in the Western United States. This program is similar in many ways to general mutual aid groups. As discussed in the literature review, the terms support, organizational structure, and focus vary widely among mutual aid groups (Borkman, 1999; Humphreys, 2004). There is no standard format. However, mutual aid groups share a few things in common. Borkman (1999) identifies two key distinctions of mutual aid groups: primary-lived experience and voluntary commons. The groups,

Function as consumer-controlled, adult-learning forums, peripheral to professionally run institutions where the "commons" space creates a distinctive agent of change through experiential-social learning (p. 4).

In general, mutual aid groups are a small group of individuals struggling with a similar issue. Borkman (1999) labels them “sharing circles” (p. 2). Typically they are led by individuals who has also struggled with the issue rather than a professional. In mutual aid groups, group members help each other with their shared issue. Mutual aid and support groups can be initially established by a professional or can be organically emergent. The organizational structure can vary from formally structured and associated with an organization or loosely structured and organic. Because there is not a singular conceptualization or formation of mutual aid groups, results from various studies are challenging to apply to other contexts.

Consistent with much of the mutual aid conceptualizations, the CBSP group leaders and members share a common struggle. In the group discussions, there is mutual helping among group members. The CBSP is unique in that it is a program of a local church so it is institutionally grounded, although not grounded in a mental or biological health organization. Another difference is that the groups are short term. Some groups meet for only 6 weeks while others may last a year. Among many CBSP participants, there is a sense that people can benefit from many of the groups since our struggles (including addiction) are often concomitant with other issues. Consistent with mutual aid concept, the participation and commitment to the groups and program are voluntary. Although some participants are ordered by the court to attend some support program, such as anger management, their participation at the CBSP as their support group of choice is voluntary.

The CBSP is overtly Christian without being a church service. Many interviewees discussed how the CBSP is different from a church even though it is an

outreach program of the church. The nonjudgment, safety, and no-fixing qualities of the communication environment make people from many different walks of life feel comfortable and welcome.

The CBSP has articulated rules for participants. These include the following. 1. Keep your sharing focused on your own thoughts and feelings. 2. We are here to support one another, not fix each other. 3. There can be no cross talk. Cross talk is when two individuals engage in a dialogue, excluding others. Each person is free to express his or her feelings without interruption. We encourage feedback and discussion, but in the spirit of love. 4. Confidentiality. What is shared in group needs to stay in group. The only exception is when someone threatens to injure self. These rules are part of what creates the story space, that is, the communication environment that is conducive to hope and healing.

The CBSP grew out of a small alcohol recovery program at a local church that began in 2011. The group grew quickly as people heard about the hope and recovery being experienced. The leaders began to recognize that most people struggle with life upheavals and traumas - that pain, loss, and destructive behaviors are a part of the human experience and many people are seeking hope and healing. In addition, the program leaders recognized the concomitant aspect of so many people's lives. For example, a person struggling with alcohol may also have been abused as a child, have anger problems, and have lost a loved one. So a variety of groups were need to help more people. As a result, the group offerings expanded rapidly.

A consistent thread running through all the groups, irrespective of the issue, is reclaiming the narrative agency, owning the past, receiving forgiveness, and moving

toward the future. The CBSP offers a wide variety of issue-focused groups and individuals often participate in a variety of groups throughout the year/s. This allows individuals to grow and address the often numerous areas of struggle and pain in their lives. The groups utilize either a book or curriculum related to the issue of the group. For example, a group focused on helping women in destructive relationships utilizes a text called “The Emotionally Destructive Relationship” (Vernick, 2007). Groups work through the book or curriculum together. The sharing begins as question-driven murmurations and can evolve into the more hope-possible emergent murmurations. The hope producing communication processes identified in this study are grounded in this localized CBSP model.

Limitations

This study illuminates the experiences and perspectives of participants at the CBSP. As with all field-based qualitative studies, the findings are limited in their applicability to others populations. The results of my study provide understanding of the participants and communication processes at the CBSP. The findings, however, may provide a potentially useful lens for further studies with other populations and for praxis in the field. Consistent with the affirmative approach, this study focused on ‘what was going right’ at the CBSP and therefore, does not critique the program or outcomes.

A researcher cannot devoid herself of her perspectives and cultural lens. Therefore, the influence of the researcher on the data collection and analysis cannot be completely removed. However, extensive memo taking and reflexivity throughout the process increased rigor and reduced research bias.

As identified previously, the data collection included twenty-four (24) interviews. The interviews comprised 13 hours and 38 minutes of recording. Once transcribed, the interview data equaled 143,958 words. Group recordings comprised 10 hours and 45 minutes of recorded data. Aligning with the stated methodology, the interviews were conducted first to identify sensitizing concepts of potential communication process prior to group observations. At least one recording from each group (averaging one hour of recorded data) collected was transcribed. All group recordings were either observed or listened to, however, not all group recordings were transcribed into text. Data saturation was reached and the sensitizing concepts were observed in groups as well as the emergence of additional findings.

Directions for Future Research

This research provides a useful starting point for further research and theory development. As an initial step into hope in the field of communication, this study opens a new pathway of inquiry for research in positive communication and wellness communication. Potential research may include case studies of individuals participating in the CBSP or other programs to identify the ways in which the narrative agency shifts through the recovery process. An ethnographic study within a support group from initiation to recovery could add additional illumination to how the communication processes interact. In addition, the narrative synergism model provides a useful initial framework for exploring the communication processes that facilitate wellness and other positive states.

Additional research may include exploring if the communication processes articulated in this research are identifiable in other support and mutual aid programs both

in and out of church based programs. More extensive group data may further expand the kononia sharing that facilitate hope within groups. Since the CBSP is a church based program, exploration into how narrative communication processes and spirituality intersect to facilitate hope and other positive states may be useful.

An affirmative-based communication voice has been largely absent in the research and praxis in issues of hope. Interdisciplinary research in hope and recovery can benefit from the field of communication. This research provides some initial starting points. Potential interdisciplinary inquires could include working with mutual aid and addiction researchers to explore the effectiveness of narrative agency-reclaiming strategies in these groups for hope and recovery.

Finally, it is my hope and goal that the findings of this research and any future research be useful in the field. This issue and population are particularly in need of empirically grounded guidance for programs seeking to help those struggling in life. The communication field has more to contribute to this vital national need.

This study is an initial step into theoretical and empirical communication contributions. It is my goal to develop tools based on this and future work to provide people on the front lines assistance in helping others. Viewing hope as a reclaiming of narrative agency in life stories can provide those working in clinical psychology and in other therapy-related practice an approach that could help assist facilitating reflexive moments toward hope. This research-based framing can be the basis for the development of useful strategies and tools for working with those struggling to hold on to hope. A focus on narrative communication processes and the reclaiming of agency may be useful in many areas including clinical practice and mutual aid/support groups as well as for lay

people trying to help loved ones. Workshops, informational materials, and trainings may also be useful extensions of this research.

As I stated in the introduction of this study, the loss of my close friend to suicide motivates this study. My personal knowledge and skill have been positively influenced as a result of this study. It is my hope that this research will help others who seek to reach those in darkness with light. May this additional illumination on hope and the communication processes that facilitate its emergence bring hope to those in despair. I hope that this study does justice to those who honored me with the privilege to bear witness to stories of despair and hope.

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Appendix A

Interview Planning Guide

Primary Research Question: In what ways do CBSP communication processes facilitate hope among participants?

RQa: What stories do participants tell in interviews about their development of hope in CBSP?

RQb: To what extent and in what ways do participants in interviews attribute their development of hope to CBSP communication processes?

Interviewees: I will be interviewing individuals at the CBSP who have stories of finding hope and recovery.

Selection process: Suggestions of potential interviewees will be obtained initially through the director of the CBSP. Many individuals publically share their stories of finding hope and recovery. These individuals will be the first recruited for interviews.

Recruitment: Participants will be recruited through referral and general solicitation.

Site: Interview site will vary based upon the convenience of the interviewee. A semi-private setting will be sought to maintain participant confidentiality. Office space at the church that runs the CBSP will be available as an option for interview settings.

Opening

Thank you for taking the time to meet with me. If you agree and feel comfortable with the informed consent, please sign it. Your name and any information that you share with me will be kept anonymous. Publications of the research findings will not include any identifying information. Your participation is voluntary and you may choose to decline to answer any question. You may also choose to end this interview and withdraw from this study at any time. I would like to record our conversation so that I may review it for the study. May I have your permission to record this interview? Thank you and thank you again for being willing to talk with me.

Body

1. **Tell me what brought you to Living Free? What was going on in your life that led to the decision to participate?**
2. **How did you feel about your situation before beginning at Living Free?**
3. **What changes have you experienced since joining Living Free?**
4. **When did you begin to experience change, and what did you notice at that time?**
5. **How do you now feel about your situation?**

6. **How do you think Living Free may have affected the changes you experienced?**
7. **Can you be specific about what aspects of Living Free have had an impact in your outlook?**

Closing: Thank you for taking the time to meet with me. Is there anything else that you would like to share that we have not covered regarding finding hope or the interactions you have had at Living Free? Thank you again. If there is anything else that comes to mind later that you would like to share with me or if you have any questions, please do not hesitate to contact me (give my business card).

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RQc: To what extent and in what ways do CBSP leaders in interviews attribute participants' development of hope to CBSP communication processes?

Interviewees: I will be interviewing group leaders and facilitators at the CBSP.

Selection process: Suggestions of potential interviewees will be obtained initially through the director of the CBSP. Additionally, if group leaders or facilitators are mentioned in the previous interviews, these individuals will be recruited.

Recruitment: Participants will be recruited through referral. Face to face requests to participate and/or email requests will be conducted.

Site: Interview site will vary based upon the convenience of the interviewee. A semi-private setting will be sought to maintain participant confidentiality. Office space at the church that runs the CBSP will be available as an option for interview settings.

Opening

Thank you for taking the time to meet with me. If you agree and feel comfortable with the informed consent, please sign it. Your name and any information that you share with me will be kept anonymous. Publications of the research findings will not include any identifying information. Your participation is voluntary and you may choose to decline to answer any question. You may also choose to end this interview and withdraw from this study at any time. I would like to record our conversation so that I may review it for the study. May I have your permission to record this interview? Thank you and thank you again for being willing to talk with me.

Body

1. What motivates you to facilitate groups at CBSP?
2. Have you seen changes in peoples' lives as they participate in CBSP groups?
 - a. To what do you attribute these changes?

3. In what ways, if any, have you seen changes in people's hope as they participate in your groups?
 - a. What do you think contributed to those changes in hope?
4. When you think of individuals who have gone through positive life change in your groups, in what ways would you describe the changes in terms of how they see their personal futures?
5. How would you describe the communication that occurs in the CBSP groups that you have led?
 - a. In what ways, if any, do you think the talk in the groups are helpful to people in becoming hopeful?
6. Do any individual stories stand out to you of individuals in your groups that had meaningful changes in their perspectives and hope?
 - a. In what ways, if any, do you think the talk in the groups helped facilitate that change?
7. Can you think of any evenings at CBSP when the group dynamics and discussions were particularly positive, helpful, and life-changing for participants?
 - a. How would you describe those gatherings?
 - b. How are these different from other evening gatherings?
 - c. How would you describe the communication that occurred on those evenings?

Closing: Thank you for taking the time to meet with me. Is there anything else that you would like to share that we have not covered regarding people finding hope in CBSP groups? Thank you again. If there is anything else that comes to mind later that you would like to share with me or if you have any questions, please do not hesitate to contact me (give my business card).