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Ollscoil Teicneolaíochta na Mumhan
Munster Technological University

How Individuals Describe and Make Sense of Their Experience of Hope in Mental Health Recovery: An Interpretative Phenomenological Study

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Introduction and Background

Hope integral component of mental health recovery (Leamy *et al.*, 2011), its catalyst (Andresen *et al.*, 2011).

Service user narrative- (Lee *et al.*, 2020; Deegan 2020).

Strategic Requirement – Recovery orientated mental health services.

Demand for further research relative to hope in recovery (Saelor *et al.*, 2014; Murphy *et al.*, 2022).

Methodology

Research aim: To explore how people describe and make sense of their experience of hope in mental health recovery?

Research questions:

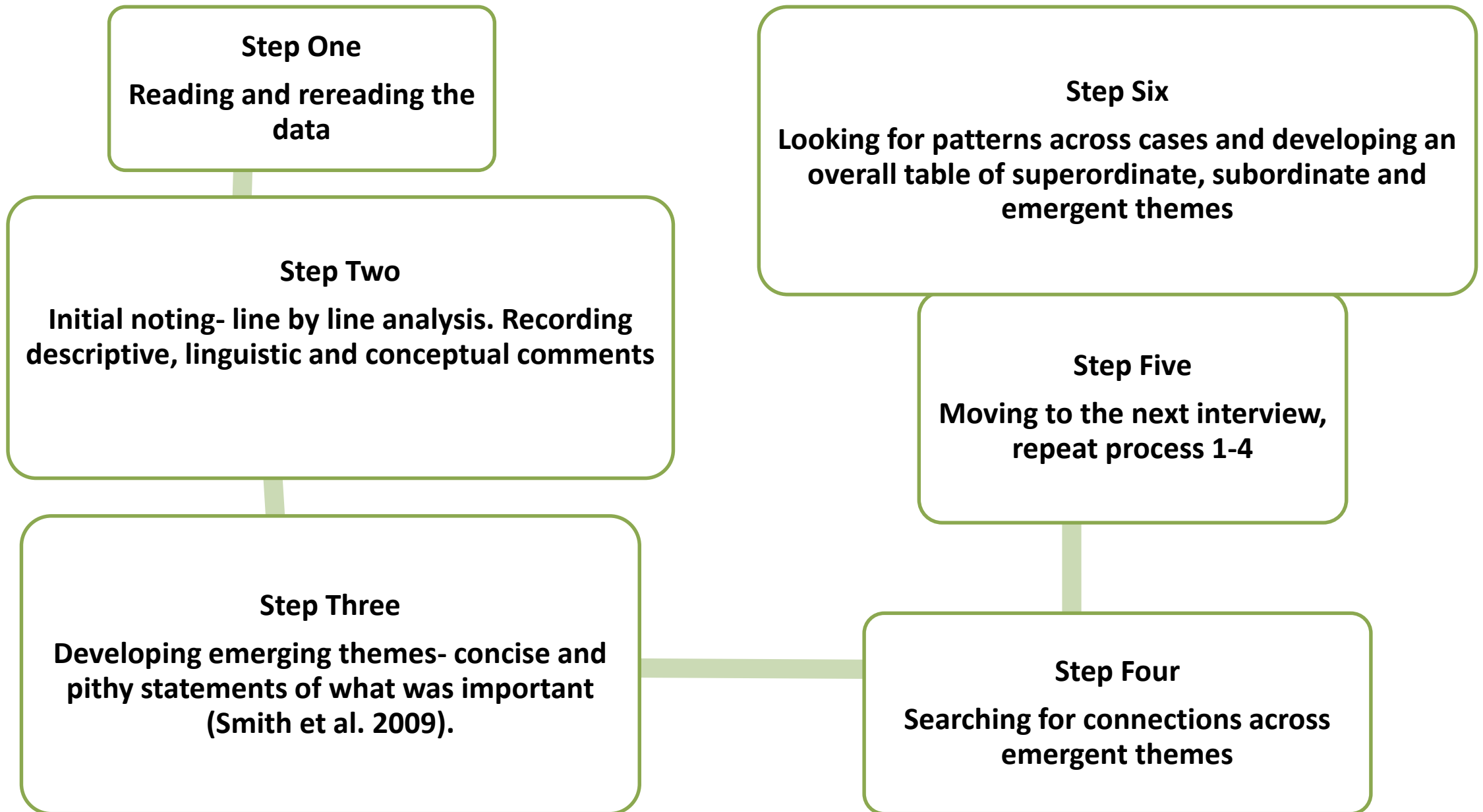
- How do participants describe their experience of hope in mental health recovery?
- How do participants make sense of their experience of hope in mental health recovery?
- How do participants contextualise what influences their experience of hope in mental health recovery?

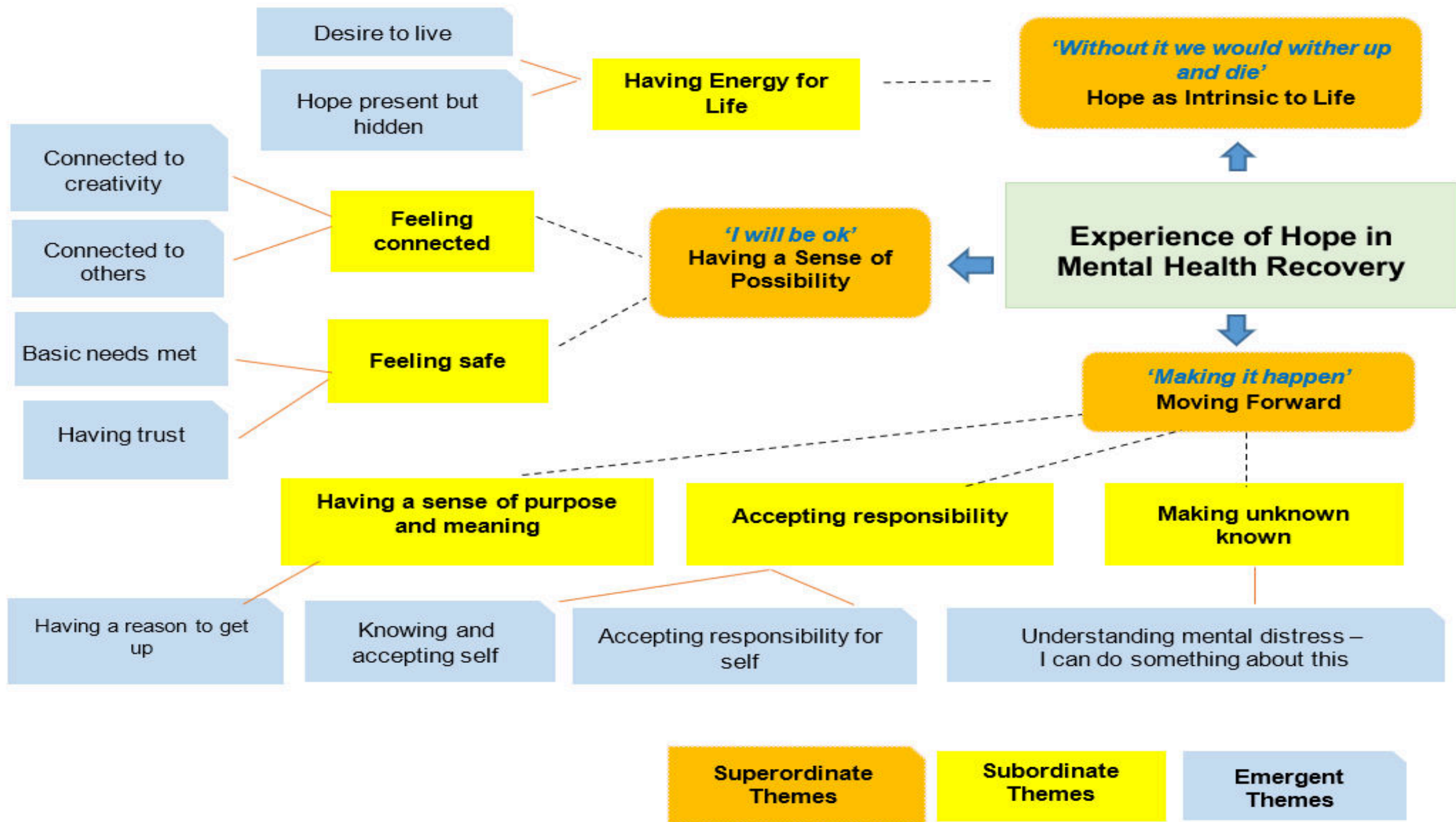
Principles of Interpretative Phenomenological Analysis (IPA)

1. Exploration of lived experience that prioritised returning to “the things themselves” = **Phenomenology** (draws on work of Martin Heidegger)
2. Interpreted by those as part of human being = **Hermeneutics (interpretation)**= Interpretative Phenomenology. In turn interpreted by the research- **Double hermeneutic.**
3. Foregrounds the *individuality* of the experiences; participants as expert knowers= **Idiography**

Access and recruitment and data collection

- Access via a national email network : individuals were emailed the research information sheet and asked to respond to the researcher.
- 13 responses with 11 eligible who were then all contacted to discuss the study further and arrange time and place for interviews.
- Data generation was via semi-structured interviews- all lasting 1-2 hours in length
- Interview schedule used to guide the interview but aim was to have a fluid rich conversation.
- Use of probing questions to elicit meaning making: So what did this mean to you?





Findings

3 Superordinate Themes

—“***Without hope we would wither up and die***”-
hope as intrinsic to life.

—“***I will be ok***”- a sense of possibility.

—“***Making it happen***”- Moving forward.

Research Findings

- *Without hope we would wither up and die”* - hope as intrinsic to life. Hope as desire to live and sometimes as present but hidden.
- Sense of hope as necessary for life itself. Informed by what having no hope meant. No hope= want to die, therefore hope= want to live.

*“It wasn’t that there was no hope there all the time because if there wasn’t I wouldn’t be alive, it’s more like there was hope there but I just couldn’t see it
“(Donal)*

Direct Quotes (Anne and Kevin)

“You kind of have to have hope because if you don’t have hope you are just going to wither up and die like” (Anne)

“Well when I fell ill originally I didn’t really have any hope and I didn’t see the point in living at one stage and I took a very serious attempt on my life, this is way back end of 2002, I took an overdose and I was on life support” (Kevin)

Discussion

- If participants interpret that no hope is wanting to die, then hope is having energy to live and maintain existence
- Hope was defined as “the energy to live happily” (Noh *et al.* 2008 p. 72).
- Hope present but hidden-hope operating at different levels of awareness, essentially conscious and unconscious.
- Supported in the literature by Levi *et al* (2012) who differentiate unconscious hope as an abstract existential phenomenon (*hope to be*) from conscious hope as involving active planning and pursuing goals (*hope that*).

Discussion

- Is there a dominant sense of hope needed at times of despair and fear to save individuals and keep them living?
- Are individuals so busy surviving life at times that they haven't the ability or time to explore what is keeping them going?
- Taking the implications of the finding of hope being present but hidden logically, need for knowledge and skill to uncover what is keeping individuals going?

“*I will be ok*” - Having a sense of possibility”

- Need for physical and psychological safety
- This frees up capacity and energy to ***tap into hope***
- Accessing hope requires capacity and energy

There were spells when I wasn't able to tap into it (hope) for being physically and mentally exhausted.....”(Mary 105-107).

Relationship between Hope and Trust

- Mary presented this in a very linear fashion, **trust first**, then the **ability to hope** that things would get better and finally the **ability to work** at getting to the better part.
- Hope is based on well-founded beliefs about oneself and the world, based on one's experience of it.
- The object of trust varied from participants trust in themselves, to trust in others and in the world.

Direct Quotes

"what gives me hope is that I am well today" (Kevin)

If I take my medication I will be ok"
(Eileen)

If I am patient I know this episode of anxiety will pass (Donal)

Relationship between Hope and Trust



- Importance of being able to “hold” people in a [simple trusting relationship](#).
- *That was my only saving grace really was the little bit of hope I got from them”* (Tess, 106)
- Holding hope for others=. this conceptualises hope as a noun and a precious commodity that can be held by one person for another, again underpinned by TRUST.
- “Are healthcare professionals hope reservoirs from which withdrawals of hope can be made? And what about maintaining our own supplies?”

Relationship between Hope and Trust

- Importance of other service users as role models
- Individuals cited fellow service users as reference points for hope, especially when they were interpreted as being in a similar enough situation to the individual themselves: ***“if there is hope for him, there’s hope for me, if there’s hope for me, there’s hope for him”*** (Donal, 110).
- The importance of having “models of hope” in peer and professional interactions.

Importance of a sense of connection to others, self and the world

- Lynch (1965, p.24) uses the analogy of hope discovering the other half of itself and strongly argues that hope must discover the outside world and the idea of help; he suggests, indeed, that **it is a nonsense and disingenuous to see it as a sole internal resource**
- Importance of family, friends and professionals who are supportive
- Importance of “**being seen**” impacted by the experience of stigma both self and externally imposed.
- Connection to the world- a sense of openness to the world- linked with use of the imagination and creativity

Making it happen” - Moving forward

- Having a reason to get out of bed
- All participants discussed the importance of having something of value to live for including, for example, caring for others, being a parent, being a student, contributing to one’s community.
- Theme of change and movement: individuals described a change from being nothing to being something (Nicola), and several derivatives of changing from an old former self to a new current self (Patrick, Carol, Mary).
- Critically, the recovery process in itself was described as providing a purposeful and meaningful journey in life,

Making the unknown known

- All of the individuals in the study spoke of the process of seeking to learn about their mental distress, what triggered it and then, logically how they might regain and maintain mental wellness.
- *“I can do something about this”*.
- *“this is not something that is just the way it is”*.
- Importance of psychoeducation and support to scaffold an understanding of why and how they became “unwell”, and, how they might now engage in a process of recovery.
- Risk of illness dominated identity- reinforced by projection of medication as life-long requirement. Need to explore service users’ relationship with medication.

Taking responsibility for self

- Need to take responsibility to generate one's own hope.
- Overlaps with the theme of purpose and meaning in life
- Research suggests that one of the steps to recovery is reclamation of a sense of oneself as an active agent (Lysaker and Lysaker 2005, Barker & Buchanan-Barker 2010).
- Need to avoiding falling into “non-being” (Smith 2007)

Conclusion

- **Hope as intrinsic to life** – individuals they felt they had no hope when confronted with ideas and attempts to end their lives.
- **“I will be ok - Having a sense of possibility”** captured the experience of hope as being affirmative and open towards the future.
- Need for critical needs to be met so that the individual can avail of and use necessary energy to access hope
- Strong relationship between hope and trust
- Individuals role model and co-create hope, what messages do we convey to others through our interactions and behaviour?


Conclusion

Hope as making it happen- moving forward

- Embracing purpose and meaning in life, as was evident in individual involvement in goal directed behaviour
- Being as familiar as one could with one's symptoms to achieve a sense of competence in their management
- Knowing and accepting self and taking responsibility

References

- Available on request



Thank You For Listening
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