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Title Page:

1. Exploring individuals' experiences of hope in mental health recovery: An Interpretative Phenomenological Analysis
2. Lived experiences of hope in mental health recovery
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10. Statement of contribution of authors

    All 3 authors HoM, SB and JoM supervised me in the completion of my Doctorate in Nursing Research Dissertation in UCC which has formed the basis of this article. They all contributed to the project in the context of the tremendous support and scaffolding of my work, through ongoing verbal and written critical discussion and feedback. I am most grateful to them.

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Title:

Exploring individuals' experiences of hope in mental health recovery: An Interpretative Phenomenological Analysis

What is known on the subject?

- The delivery of mental health recovery orientated acre is a requirement of mental health professionals and an acknowledged desired outcome for individuals presenting with mental health issues.
- Hope has been recognised as one of 5 key processes of mental health recovery, and critically as the key catalyst of recovery.
- Mental health nurses are required to be competent in cultivating service user hope.

What the paper adds to existing knowledge?

- Novel exploration of how people described and made sense of the lived experience of hope in mental health recovery.
- Participants described hope as intrinsic to life in the context of its ability to cultivate desire and provide energy for life and living.
- Participants with experience of attempts to end life had a very clear concept of hope as missing at these times.
- Participants described the concept of hope as present but hidden to explain their survival through tortuous circumstances.
- The themes generated contribute to a greater understanding of the dynamic role and process of hope in mental health recovery.

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What are the implications for mental health nursing practice?

- Mental health practitioners need to be competent in understanding and cultivating hope as part of a person-centred approach, embedded in a therapeutic relationship.
- All stakeholders including service users, mental health nurses and educators need a more accessible reified dialogue of "*hope"* that harnesses its therapeutic potential.

Abstract

Introduction

Mental health services have embraced the philosophy and practice of recovery. Research has confirmed hope as a micro-process of recovery. The lived experience of hope has received scant attention. This is required to improve understanding and optimise its therapeutic potential.

Aim:

To explore how individuals describe and make sense of their experience of hope in mental health recovery.

Method:

A qualitative Interpretative Phenomenological Analysis (IPA) approach was used. The sample was accessed via email networks. Data were generated through semi-structured interviews and analysed using an IPA framework.

Results:

Three superordinate themes emerged: "Without it we would wither up and die" - Hope as intrinsic to life; "I will be ok" - Having a sense of possibility and "Making it happen" - Moving forward. Individuals referenced hope by its absence when attempts were made to end life, and as present but hidden in tortuous circumstances.

Discussion:

individuals were more familiar with the concept of hopelessness, had a ready-to-hand vocabulary of "having no hope" and used this by default to inform what hope meant.

Implications for Practice:

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It is important that all stakeholders appreciate the context specific interpretation of hope and cultivate dialogue and understanding to harness its therapeutic potential.

Relevance Statement

This research has relevance as the first interpretative phenomenological study to look at the lived experience of hope in mental health recovery. This has a broad application when one considers that enabling mental health recovery is integral to the governance of mental health services. In this context, mental health practitioners are expected to possess the requisite, knowledge, skill, and attitude to deliver recovery orientated care. Hope is acknowledged as one of five key processes of recovery and critically as its' catalyst. Having an increased insight into how hope is experienced first-hand by service users is integral to developing understanding and competence in the cultivation of hope. Mental health professionals are privileged with access to therapeutic spaces where this work occurs.

Introduction:

The concept of mental health recovery has generated much discussion and attempts at achieving conceptual clarity. To put its origins in context, early autobiographical accounts by service users (Deegan 1996, Coleman 1999, Deegan 2001) challenged the chronicity with which severe mental illness was viewed, by narrating their experiences of regaining successful and meaningful lives. This was accompanied by empirical evidence (World Health Organisation 1973, Harding *et al.* 1987, Harrison *et al.* 2001) that validated heterogeneity of outcomes and the individual potential of those with severe mental illness to resume personal, occupational, and social activity. Consequently, mental health recovery came to be defined principally as "*a process of a discovery of resourcefulness, meaning and growth, above and beyond the boundaries of a diagnosis of a mental illness*" (Mental Health Commission 2008).

Numerous studies of mental health recovery have followed largely from a macro perspective (Leamy et al., 2011, Ellison et al. 2018, Horgan et al. 2020). Leamy et al. (2011) conducted a systematic review and narrative synthesis of recovery literature to that point and identified hope and optimism about the future, as one of five mental health recovery micro-processes (the others being connectedness, identity, meaning in life and empowerment). Significantly at the time, these researchers strongly recommended that further research be conducted to increase understanding

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of how these micro-processes of recovery operate, citing hope as their example. It is evident that this has not happened with ongoing calls for hope to achieve more explicit attention (Sealor et al. 2015) and ongoing dearth of lived experiences accounts within the literature.

At the same time, mental health services have responded well in structuring and advancing a culture where mental health recovery is an expectation for people with mental health issues (Department of Health, 2020). In this context, mental health practitioners have been furnished with the multi-disciplinary Tidal Recovery Model (Barker and Buchanan- Barker, 2005) that has been adapted internationally. However, key information from a service user perspective is missing regarding their lived experience of recovery and specifically of its catalyst, hope (Andresen et al. 2011). Having this information will potentially provide service users with a greater appreciation of the dynamics of hope. As their frequent journeying companions, mental health practitioners would acquire a greater understanding and competence in cultivating hope and preventing its erosion. This is timely since all new entrants to Mental Health Nursing are required to demonstrate competence in this skill (Nursing and Midwifery Board of Ireland, 2016), and thus require equally competent facilitators. In essence it makes sense that if hope is the catalyst of recovery, a need exists for all stakeholders to increase their contextual understanding of how it is experienced and interpreted.

Aim

The aim of this study was to explore how individuals describe and make sense of their experience of hope in the context of their mental health recovery.

Study Design

Due to the exploratory nature of the research aim and the necessity of accessing subjective experiences of individuals' hope experience, a qualitative design was chosen. Interpretative Phenomenological Analysis (IPA) was utilised due to its overt focus on the rigorous examination of human lived experience, which is framed in ways that prioritise the expression of this experience on its own terms and not according to pre-determined categories (Smith *et al.* 2009). In effect, IPA facilitates meeting experience at the human level, by accurately and systematically paying attention to its individual articulation (Munhall 2012). With IPA, the participant is viewed as the expert, as they are logically the only person who can articulate accounts of their lived experience. It also allows access to the social, political and economic contexts that mould and inform these experiences. In this context, Kinghorn (2013) acknowledged that hope is only intelligible within an existential, cultural context. Within IPA, there are two levels of interpretation, known as the

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"double hermeneutic" (Smith et al. 2009), where relatedness to the world extends to the role of the researcher, who applies a second layer of situated interpretation to that already employed by participants. IPA acknowledges the complexity of this and envisages a "fusion of these horizons" through a fluid iterative reflexive process of negotiating *the hermeneutic circle*. The hermeneutic circle is an abstract representation of the non-linear iterative quality of interpretative thinking where to understand the whole, you look to the part and to understand any given part, you look to the whole (Smith *et al.* 2009).

Sampling Strategy

Having secured ethical approval, a small purposive broadly homogenous sample of 11 individuals was accessed via 2 Irish national email networks where participants self-defined as being in mental health recovery. This small sample size is consistent with an idiographic IPA orientation, capable of offering in-depth insight into the experience of hope at the centre of the study (Smith *et al.* 2009).

Participants

The 11 participants for this research study were from geographically diverse locations within the Republic of Ireland and included five males and six females with age spans from 22 to 53. Their experience of mental health problems and diagnoses varied, both in their trajectory and nature, with four participants being admitted to the acute mental health services, two of these in an involuntary capacity. All self-defined as being well at time of interview, with variance in the defined duration of "wellness". All were extremely generous in the sharing of what were very intimate, personal and powerful stories.

Data Generation Method and Procedures

Data were generated via one-to-one semi-structured interviews that initially sought a brief description of participants' individual experience of mental health problems, since this formed the context to their experience of what hope in the recovery process meant. Once participants started to speak of their recovery, I did as Smith *et al.* (2009) advised, in giving leeway for them as experiential experts to take me to the thing itself, i.e. their experience and perception of hope. Interviews were audio- recorded with consent and transcribed verbatim.

Ethical Considerations

Ethical approval for the study was sought and secured from the Cork Research Ethics Committee and encapsulated three core principles: respect for persons, beneficence/non-maleficence and

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justice (Greaney *et al.* 2012). Application of a non-maleficent approach involved an acute awareness of the possible effect discussing sensitive issues during interviews may have on participants. It was anticipated that participants might describe the experience of hopelessness and despair as contextual background to the experience of hope. Exclusion criteria included individuals experiencing a current acute episode of mental ill-health, thus minimizing the risk of persistent states of hopelessness. While commensurate support was available, as it transpired, all participants were able to proceed with their interviews without becoming distressed.

All participants were kept informed at all stages of the study. An information sheet had disclosed what would happen to data once collected, ensuring that participants understood the process of data analysis and the likelihood of verbatim, but anonymised extracts being included in published reports. The consent form which was discussed and signed prior to each interview covered right to withdraw, anonymity and confidentiality, the recording of the interview, and the potential of future publications.

Data Analysis

Transcripts of the interviews were analysed using 6 step guide formulated and described by Smith *et al*. (2009). A summary of these steps is presented in Figure 1. Using this process 3 super-ordinate, 6 sub-ordinate and 10 emergent themes emerged from the data.

Methodological Integrity and Rigour

Evaluating and ensuring the quality of research is essential and reflects on the confidence that all stakeholders have in the research process and outcome (Levitt *et al*. 2017). Adherence to methodological integrity in this study was evaluated positively on the basis of Yardley's (2008) four broad principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance and was supplemented with application of the IPA specific criteria developed by Smith (2011). Equally, the maintenance of reflexivity was critical in monitoring the dynamic process of interpretation as it unfurled, to prevent bias (Smith *et al*. 2009). This was achieved by the maintenance of a reflective journal throughout the research process, aimed at ensuring ongoing openness to the dialogue.

Findings

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Three superordinate themes were identified, which were: "*Without it we would wither up and die*" - Hope as intrinsic to life; "*I will be ok*" - Having a sense of possibility and "*Making it happen*" - Moving forward. A diagrammatic representation of these is presented in Figure 2: Illustrating the super-ordinate, subordinate and emergent themes which formed them. All themes were interrelated, however the superordinate theme "*Without it we would wither up and die*" - hope as intrinsic to life was most frequently evidenced across all eleven interviews and very strongly in those who had prior experience of attempts to end their life. This article therefore focuses specifically on this theme, using a number of direct quotations from participants to support its emergence with pseudonyms employed to anonymise contributions.

Super-ordinate theme: "*Without it we would wither up and die*" - Hope as intrinsic to life

Hope as intrinsic to life is a super-ordinate theme identified in the current study. It evolved from one sub-ordinate theme '*having energy for life*' and two emergent themes which were '*desire to live'* and '*hope present but hidden'*. This theme while recurrent across all interviews, emerged particularly strongly from the four individuals who had experience of not wanting to be alive and who had followed this through with an actual attempt to end their life. It was this experience that allowed these individuals to reflect on the relationship between hope or its absence and the, albeit unsuccessful, decision to end their life. For the remainder of the sample, the experience emerged more from a generalised sense of the criticality of not losing the "*want to be alive*" and, by definition, the implied dire consequences of such a loss. The timbre of this finding was certainty that hope was intrinsic to life and emerged in the context of a self-evident fact.

Sub-ordinate theme: Hope as "*having energy for life*"

'Having energy for life' summarises a common interpretation of hope as an energising source for life itself. Here, the word hope was used and interpreted in a concrete essential way. No hope meant having no energy for life and engaging in activity "*to no longer be"*, therefore hope by implication was energy for life, energy for continued human being. There was a sense of disparate ownership of this knowledge, where four individuals had intimate knowledge of contemplation and engagement in activity that might have ended their human being. However, whilst many others disclosed no self-harming behaviour, there was a sense of familiarity with life as a real struggle at times. This theme is now explored in greater detail within the two emergent themes '*Desire to live'* and '*Hope present but hidden'*

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Emergent theme: Hope as "*desire to live*"

For those four individuals who made an attempt to end their lives, this event brought into sharp focus the role that hope, or its perceived absence might have played in this event. Indeed, it was this perceived absence of hope that, by default, informed them of its suggested role in sustaining life. It is evident that the emergency nature of these situations formalised these positions of presence versus absence of hope. Kevin is clear about this in the following excerpt:

"*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*" (Kevin 6-11).

A similar perception of absence as against presence of hope is evident for Donal, Paul and Tess, all of whom experienced severe mental distress as young people and made serious attempts to end their lives. What was notable again was the ease with which these individuals used the word hope in the context of its loss or absence quite freely, which was not evident in other dialogue. The sense of their contribution was that an interpretation of one's life as being without hope was critical, particularly when these individuals linked having no hope with no interest in living, as evident in this quote from Donal.

"*When I was very ill first years ago, I suppose I was in my early teens 14, 15 when I got very, very sick and I felt I lost all hope and I was in a very dark place I had no interest in …….no interest in living*" (Donal 14-18).

Similarly, Anne speaks of the absence of hope and predicts its dire consequences self-evidently with the same tone as if she were speaking of the consequences of not having air to breathe, as evident in the following quote:

"*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 194-196).

Others without access to the experience of attempting to end their lives still defined their perception of hope by an apparent awareness of what having no hope would mean, albeit with less certainty than those who had more intimate knowledge of "no hope". Thus, Mary interpreted hope tentatively as the absence of thoughts of self-harm and suicide rather than the presence of anything, apart from a perceived link between hope and trust. It is evident by implication that desire to remain alive or at least lack of desire to die was a descriptor of hope for her.

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"*Things like that (suicide) have never ever occurred to me and maybe that is what I'm equating with a sense of hope and trust because I actually find it quite difficult to define the word hope*" (Mary 306-311).

There was a sense from individuals that while they might not be able to describe hope, they had an acute sense that whatever it was, it was of fundamental importance to their existence, which naturally might negate the need for further complex interpretation. Additionally, defining hope predominantly by its absence required individuals to revisit deeply distressing pivotal episodes in their life, which further concentrated the dialectic of hope/no hope.

Emergent theme: Hope as "*hidden but present*"

Along with perceptions of hope being absent and clearly present, there were recurrent accounts of hope being present within the individual but not within their awareness at that time. This emanated from reflection on the fact that individuals were capable of living despite not being able to connect with a sense of hope. This was also underpinned by the belief that actual absence of hope would be incompatible with life. Thus, some individuals conceptualised hope as actually being present but that at that period, they were unable to sense it or connect with it, as evident in the following excerpt from Donal:

"*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 23-27).

Anne used the ancient Greek myth of Pandora's Box to reveal a similar theme of hope being there to help you through all the trials and tribulations of life, but that it is hidden from view underneath the weight of these trials and tribulations. Thus, it seemed that the very fact of being alive indicated the presence of hope, even if it was not within the consciousness of individuals at that time. This unconscious awareness was experienced with the benefit of hindsight, when individuals reflected on what enabled them to survive challenging circumstances, as evident in the following excerpt from Anne:

"*Hope is at the end of Pandora's Box but you have to get through all the awful stuff and then you find your hope which was there the whole time*" (Anne 1019-1022).

These accounts also suggest the dynamic nature of hope, with individuals varying in their descriptions of the perceived level of hope, reported as variable over different passages of time and connected with the level of mental distress and the desire to live or not to live. This is evident

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in the following excerpt from Nicola, who articulates how, once hope drops to a certain level, thoughts of suicide become prevalent:

"*Yes, but all the time again it was the difference between the hope being there and then losing the hope sometimes almost going down to the level where suicide was very prevalent in my mind*" (Nicola 773-777).

This, and other data from which this theme emerged, suggest the experience of hope as being quantifiable for the individual and subject to variation in response to both internal and external triggers.

Discussion and Implications for Practice

There are numerous studies exploring and clarifying the concept and process of mental health recovery (Leamy et al., 2011, Ellison et al. 2018, Horgan et al. 2020). However, an acknowledged dearth of research (Saelor et al., 2015) is evident when one delves down into the micro-processes of recovery (Leamy et al. 2011). This study dents this gap by providing a novel phenomenological in-depth exploration of how eleven service users describe and make sense of their lived experience of hope in recovery. It reinforces the experience of hope as intrinsic to life in recovery, in the context of its ability to provide energy for life and living. It enhances understanding of how participants with experience of attempts to end life experience hope as missing at these times. It adds a concept of hope as being present but hidden to explain how individuals perceive survival through tortuous circumstances. The study provides contextual insight into how hope is experienced first-hand by service users, which is integral to developing understanding and competence in its cultivation. It emphasises the criticality of context and interpretation within which hope in mental health recovery is given meaning and the need for an accessible space and dialogue to scaffold such interpretation. These interpretations and themes are now discussed with theoretical support.

In the study, hope as "*desire to live*" reflects the fact that Donal, Kieran, Tess and Nicola had made attempts to, or had thoughts of, ending their lives, while others (Mary, Carol, Eileen, Alan, Paul, Anne, Patrick) described living as a struggle at times. What seems evident is that some individuals were more familiar with the concept of hopelessness, had a ready-to-hand vocabulary of "having no hope" and used this by default to inform what hope meant. Thus, significantly, there was an awareness of hope being missing even if individuals were more comfortable in fleshing out the experience of no hope. Lynch (1965) makes a fundamental assertion that part of human reality belongs to hopelessness. It is also well known that hope is noticed most often in its absence in

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individuals with a diagnosis of mental distress (Kinghorn 2013). This has relevance to phenomenology, where things can show themselves as they are but also as what they are not (Cerbone 2008), thus hope being perceived as absent appears to fix the meaning of these situations. By comparison, Ratcliffe (2013) distinguishes those who "have no hope" from those whose loss of hope is so profound that they have lost the sense of *what* has been lost. It seems rational in the current study that, if participants interpret that no hope is wanting to die, then hope is having desire to live and maintain existence, and that it is interpreted as a very positive life maintaining concept. The absoluteness of the hope/no hope polemic present in this finding was communicated by participants with confidence and self-evidence.

The interpretation of hope as intrinsic to life is supported by evidence, where hope was defined as "the energy to live happily" (Noh et al. 2008 p. 72). Furthermore, although in the more acute context of post-traumatic stress, Levi et al. (2012 p.20) metaphorically conceptualised hope as the drug of life, and "an urge and a desire to live". Philosophical literature adds further context to "hope as energy for life" with Marcel's (1944 p.10) fundamental assertion that "hope is to the soul what breathing is to the living organism" and that it is "the act by which temptation to despair is overcome". This is consistent with Heidegger's conceptualisation of Dasein (human being) as a temporal being, caught between the past and future, but by necessity projecting itself in terms of various possibilities, various ways in which to be (Cerbone 2008). In this context, Schumacher (2003) makes a fundamental point that hope cannot exist unless its subject is constituted by a "not yet being" that represents the temporality within which s/he is placed. Furthermore, it is proposed (Lynch 1965) that we move into the future, the "not yet being", to the degree that we have hope.

Practical evidence supporting this argument was earlier posited by Frankl (1959), who identified hope as a psychological resource helping individuals survive in dire circumstances, amid incredible despair. The literature supports a much more dynamic proportional relationship rather than an absolute one between hope/no hope. However, critically, it is the individual interpretation that matters and the context and experiences that individuals use to make this evaluation intelligible (Kinghorn 2013). This is consistent with Heidegger's (Cerbone 2008) "thrownness" or one's situated position in the world. Furthermore, contextuality emphasises the temporality of interpretation, as in this study, where critical events in the past had a significant impact on present interpretation of the experience of hope (Schrank et al. 2008). Therefore, this finding emphasises the critical need to access individual interpretation of hope and its impact, as part of a person-centred approach underpinned by the cultivation of therapeutic relationships. A key implication for mental health nursing practice is the need to protect the therapeutic space that enables

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meaningful engagement between service users and mental health nurses to occur. Fundamentally, this includes ensuring that there are registered mental health nurses to occupy this therapeutic space by addressing the current shortage of nurses and strategically prioritising their availability in this space.

The second emergent theme 'hope present but hidden' related to interpretation of the experience of hope as being present but not available at a conscious level of awareness. What Donal and Nicola relayed in their interpretation was that hope was present but that they were unaware of it at that particular moment in time. Its proposed presence was based on the retrospective interpretation that, without it, they would not have survived an attempt to end their lives, and that basically something kept them alive. This suggests an appreciation that hope might operate at different levels of awareness, essentially conscious and unconscious. This is consistent with the work of Pieper (1934, cited in Schumacher 2003), who distinguished fundamental hope from ordinary hope and argued that it is only when individuals are faced with their finitude that they enter onto the path to fundamental hope concerned with the future of one's person. This is 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). Significantly, and consistent with Donal and Nicola's situation, Levi et al. (2012) view unconscious hope as coming to the fore when, on a conscious level, one feels bereft of hope. This suggests that hope, operating at this deep level, is something that is not thought about until circumstances such as acute mental distress propel its consideration dramatically into consciousness. This analogy of hope as being hidden is congruent with its presentation in McCann's (2002) study as something needing to be "uncovered" in service users in their transition to mental health recovery. Similarly, hope was hypothesised as "hidden" at the bottom of an urn in Greek medieval times. Anne referred to this in the study when she used the analogy of the mythical Pandora's Box, saying that it was only when she dealt with and survived all her trials and tribulations that she found hope hidden at the bottom of her box and realised its significance. This suggests that individuals are perhaps so busy surviving life at times that they haven't the ability, time or perhaps language to explore what is actually keeping them going.

The experience of hope is one of the five micro-processes of mental health recovery. This paper explored presentation of hope as "desire to live" and as sometimes "present but hidden". It is argued that raising awareness of hope needs to become a greater part of population and professional mental health literacy. Both service users and healthcare professionals require knowledge, skill, and language to uncover and bring to the surface what *has*, *and is*, keeping

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individuals going through seemingly tortuous circumstances. This includes increased pragmatic awareness around what defines hope and what connects the individual to it, so that people know what is missing, when it is missing and, critically, how to re-connect with it and get it back. In this context, health and social care preparation programmes have a key role to prepare graduates who are competent in the skills of cultivating hope and trust, ideally in the context of a therapeutic relationship. That a process is already underway to address this need for awareness is heralded by requirements for both knowledge of hope and skill in its "cultivation" for all new graduates of the Irish national Undergraduate Mental Health Degree Programmes (Nursing and Midwifery Board of Ireland 2016). Similar deliberations of hope literacy have taken place from a counselling perspective including considering whether more effort needs to be extended into broaching hope explicitly, whilst ensuring that it is not being coerced (Larsen et al. 2007). This was seen to support the need for pragmatic interventions to uncover and enable hope to operate at a conscious level (Larsen et al. 2007, Heller 2015).

It is timely that extended discussion and debate occurs within the mental health setting to move hope from the abstract to the pragmatic (Weingarten et al. 2010). Such pragmatism ought to include consideration of comments such as "*I didn't really have any hope, I didn't see the point in living"* supporting evidence that instilling and strengthening hope may help to save lives, by reducing the risk of suicide (Huen et al. 2015). It is critical that service users, mental health practitioners and educators work to cultivate a more explicit understanding of "*hope"* that harnesses its therapeutic potential. This includes the need for further research that explores the hope experience among service users. This may be enriched using ancillary means including the use of photography, images, or other creative means to access this experience so that individuals are enabled to dwell on the phenomenon of hope beyond the limitations of ordinary conversation (Larsen et al. 2007). Equally, since hope is ubiquitous, research exploring the experience of hope among mental health professionals is notably absent and would add a further contextual perspective.

Conclusion:

The aim of this research study was to explore how individuals describe and make sense of their experience of hope in the context of their mental health recovery. This context is critical since it was originated by service users and represents the acknowledged strategic direction of mental health services, both nationally and internationally. Literature indicates that service users have

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consistently identified hope as critical to the process of their recovery (Deegan 2001, Coleman 1999). However, a broadly acknowledged deficit in first-hand knowledge of the experience of hope in recovery underpinned this study and the use of Interpretative Phenomenology Analysis as the chosen methodology.

Many of the research findings were congruent with and reinforced existing understanding of the lived experience of hope in recovery. However enhanced understanding emerged regarding the process of default by which the experience of *hope* is defined relative to having *no hope.* "Without it we would wither up and die"- Hope as intrinsic to life captured how individuals felt that hope must be intrinsic to living, since they felt they had no hope when confronted with ideas and attempts to end their lives. This finding reinforced the extant philosophical literature suggesting that hope is critical to human being. However, a fundamental difficulty emerged in the context of articulating what defined this hope that was missing, with individuals recognising it more by its absence than its presence. This is significant since if, as suggested, hope is critical to life, then an acceptable reified language is required with which to represent hope and dialogue about it. This is where the knowledge derived from this study aims to support and add to the dialogue underpinning the understanding and meaning of hope.

Equally, some individuals felt retrospectively that hope may have been there in their moments of mental distress but that it was hidden, affirming a proposed unconscious level of operation. This finding was consistent with literature urging healthcare professionals to uncover hope in those they meet and care for. This centralises the importance of having a critical mass of appropriately trained professionals available with access, time, and skills to create therapeutic, person-centred relationships with individuals. This provides an essential foundation for the possibility of explicitly addressing hope and bringing it to a higher level of consciousness within such relationships as a deliberate therapeutic strategy as has been achieved within the counselling field (Larsen et al. 2007). Finally, all health and social care preparation programmes need to include an educational element to promote awareness and knowledge of hope, both to nurture an acceptable language with which to explore and talk about it and a competence to increase its visibility and utility.

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Figure 1: Diagrammatic Representation of IPA Analysis Steps

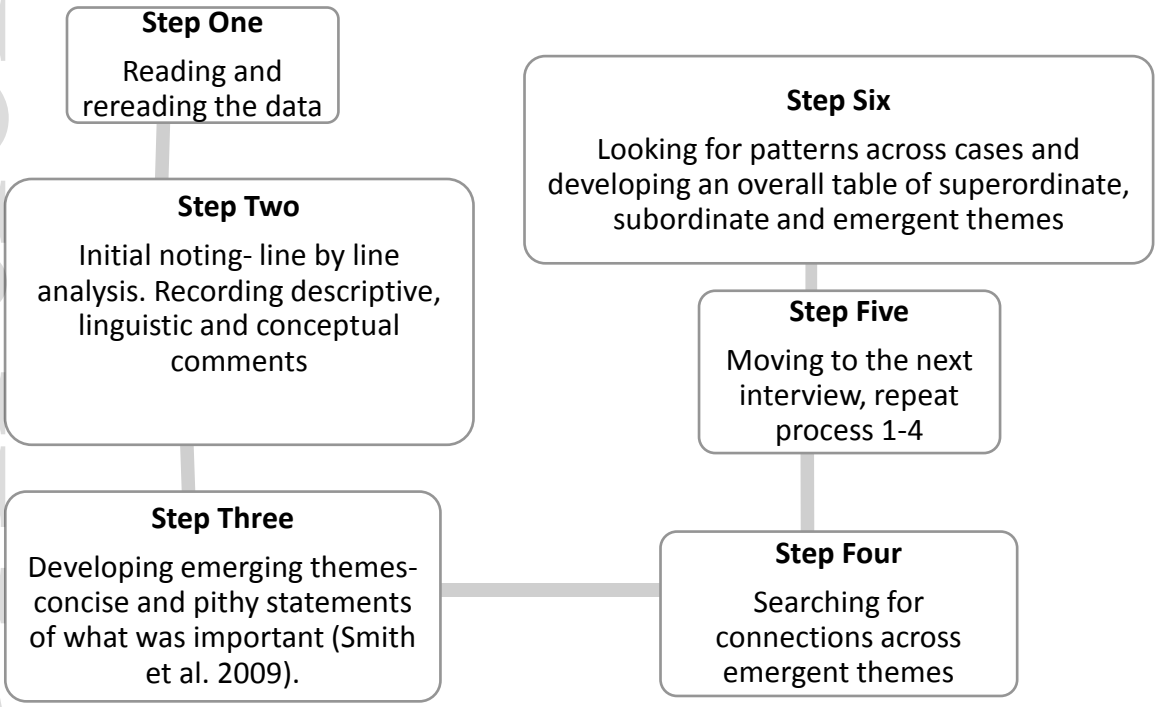

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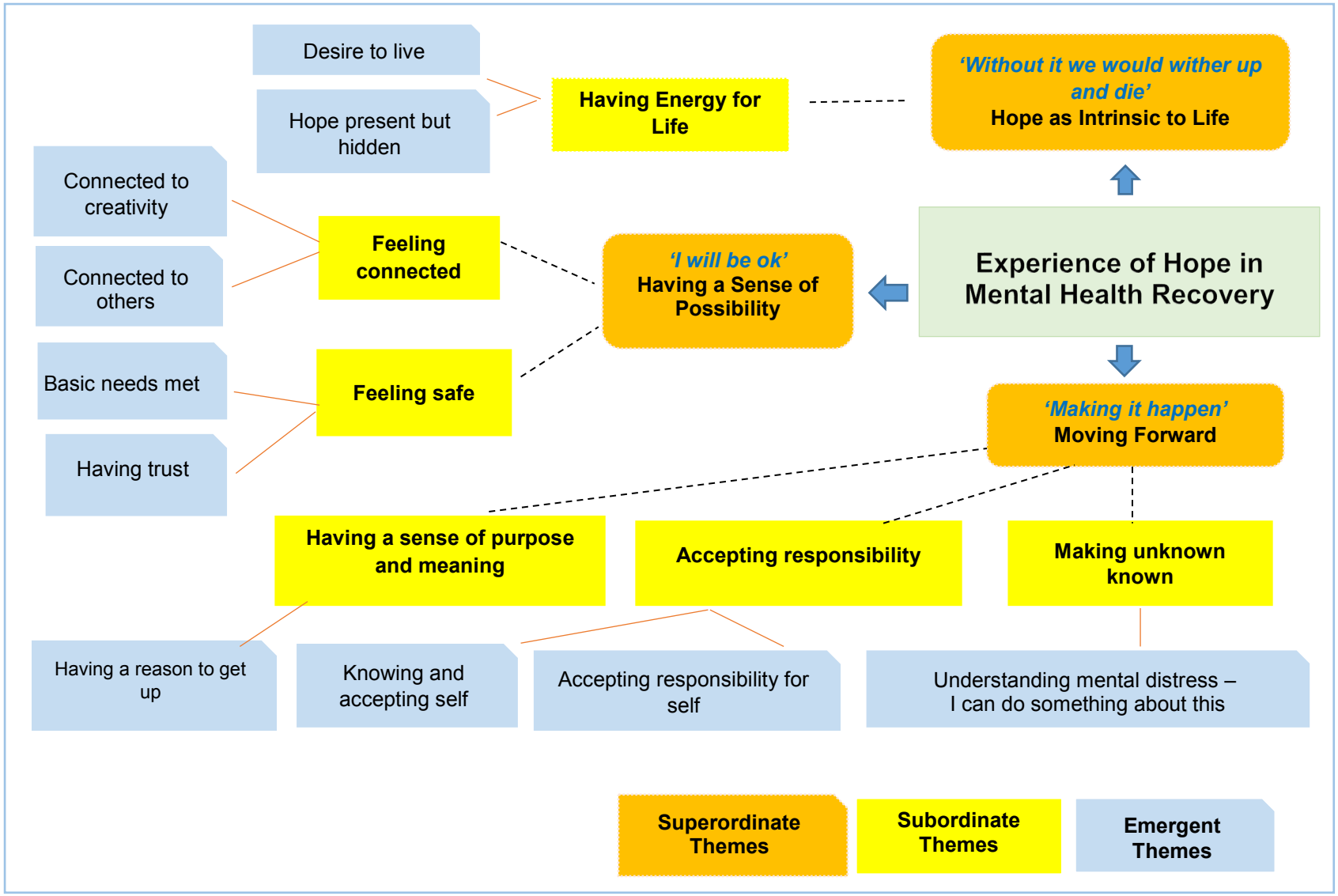
Figure 2: Diagrammatic representation of themes



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