

# THE IMPORTANCE OF HOPE AGAINST OTHER FACTORS IN THE RECOVERY OF MENTAL ILLNESS

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## SUMMARY

Hope underpins the recovery process of mental illness, as recovery depends on the notion that a patient desires to get better. This makes hope the route by which it occurs. Here, we assess the importance of hope in recovery by exploring what recovery means; the relevance of hope and other factors in achieving it; and finally, the difficulties surrounding maintaining hope. We attempt to discuss hope in the context of recovery from three different situations; Depression, Anorexia Nervosa, and Schizophrenia, and therefore we consider what recovery means in each of these situations and hence the role of hope in each of them. The journey of recovery is an on-going, personal process, which aims to allow a person to have a satisfying life despite the limitations posed by their condition. Several factors are important in permitting it, ranging from learning how to manage one's condition, to improving self-esteem. However, the central tenet in recovery is hope- it is the catalyst for change, and the enabler of the other factors involved in recovery to take charge. Whilst problems exist in helping an individual believe in it, there exist definite routes by which it can be done, such as education and reducing stigma. Ultimately, hope is just as important in recovery from mental illness as in physical illness because hope matters in any situation - the only difference is that in mental illness, the end point is much harder to rationalize in the patient's mind because it requires an awareness that one's mental state is not fixed, the truth being that mental illnesses are not part of one's nature, but are states of mind which can be changed in many instances. Therefore, we must work even harder to ensure this belief is instilled in those suffering from mental illness because hope offers the means by which a better future can be perceived; and therefore, achieved.

**Key words:** hope – recovery – depression - anorexia nervosa - schizophrenia

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## Introduction

The definition of 'hope' is a difficult one as its subjective nature allows it to mean different things to different people: for some, it is the ability to realise that a situation better to the one they are in now, can exist; for others, it is the ambitious desire to be completely free of their illness. Hope is of vital importance because recovery rests on the assumption that a patient wants to get better; hope is the train one must take to reach a new destination. Without it, a route to recovery cannot exist because the patient is unaware of an end, of a better situation, so that inevitably they feel lost.

We assess its importance in the journey to recovery by asking ourselves three questions: what recovery means; the relevance of hope and other factors in achieving it; and finally, the difficulty surrounding maintaining hope.

## Recovery

Recovery-having its origins from the French word 'recover'- means 'to get back', referring to the life led by the patient prior to the affliction. Whilst this simplistic concept applies very well to physical maladies, it is ill-suited with regards to mental illness; this is because mental illnesses are often chronic in nature. Lapsley's (Lapsley 2002) approach to recovery is almost philosophical: it's about 'knowing who you are, where you come from and reintegrating yourself with

your own people in your own way'. It has also been described as "A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Anthony 1993). Ironically, it is the vagueness of these descriptions that helps us see recovery with clarity: it is an individualistic experience dependent upon personal aims set by the patient and their respective support team, which explains the lack of consensus on a universal definition; it refers to living a life in spite of the mental illness rather than without it, debunking the myth that the only way to regain health is to be 'cured' of it; and finally, it is thought of in terms of a 'journey' or 'process', rather than associated with an end-point or definite outcomes.

## Depression

To make sense of these general principles, we can apply them to three notable mental illnesses: depression, anorexia nervosa and schizophrenia. Depression, characterised by a negative mood and loss of interest in activities once enjoyed, is a hugely complex condition manifesting itself differently in different people. At its extreme, it can cause one to have thoughts of suicide, or to attempt it; in this scenario, the first step to recovery

would be addressing the patient's feelings of worthlessness and helping them realise that their life is valuable. Representing recovery from depression in "small concrete steps" (Ridgway 2001) allows it to be considered pragmatically: Wurtzel (1995) found that she was 'amazed that I can even get out of bed'; Mead and Copeland noted that something as insignificant as "buying ingredients for supper instead of a TV dinner." (Mead 2000) is a sign of progress in recovery. Another example would be slowly easing off from the dependency towards antidepressants; conversely, accepting that pharmacological intervention is necessary to treat one's condition is an equally important step towards recovery. It is clear that there seems to be no set answer to what constitutes 'recovery' from depression; however, all approaches ultimately describe "striving for normalcy...to achieve major developmental or life milestones such as having a career or raising children" (Wisdom 2008).

### **Anorexia Nervosa**

In this regard, recovery from anorexia nervosa- an eating disorder that can cause body weight to reach critical levels- should be simpler to define: surely regaining a healthy body mass index renders the patient as 'recovered'? This is far from being the case. Couturier (2006) shows that assessing recovery in terms of the physical manifestation of being underweight, returning to normal, will not suffice, when the disease itself is psychological in nature; therefore, aspects such as body image concerns and fears of weight gain should be considered (Bachner-Melman 2006). This prevents the creation of a "pseudo recovery" state (Keski-Rahkonen & Tozzi, 2005) whereby individuals retain the same eating disorder thinking, whilst appearing normal on the surface. As elicited by Bachner-Melman (Bachner-Melman 2006), only those who were recovered "cognitively" in addition to "behaviourally" represented full recovery.

The necessity for defining 'full recovery' in anorexia lies in the fact that relapse is common, and those that are most at risk tend to be ones that still possess the psychological component of the mental illness. As such, it is important to discern the length of time "eating disorder behaviour should be absent to constitute recovery"(Bardone-Cone 2011) in which individuals have attained "normal attitudes towards food and body". However, such an ambitious definition of what recovery means might not apply to certain individuals who will harbour residual symptoms throughout their life. Once again, patients should be evaluated on a case-to-case basis as recovery will differ depending on the individual.

### **Schizophrenia**

Schizophrenia is a complex, chronic mental health disorder characterised by a multitude of symptoms including delusions and hallucinations, also known as "positive symptoms"; and, impairments in cognitive ability and disorganised speech or behaviour, which are

the "negative symptoms (Lavretsky 2008). Unlike the two previous mental illnesses, there is strong evidence for the pathophysiology of Schizophrenia, with abnormal activity at the dopamine receptor sites being implicated (Patel 2014). In theory, a cessation of symptoms should occur once pharmacological intervention has been administered; however, only 20% of patients report favourable treatment outcomes (American Psychiatric Association 2013).

The difficulty in defining recovery arises because the prognosis for patients with schizophrenia is generally unpredictable (Crismon 2014) with some being resistant to treatment (Lehman 2004), and the high possibility of nonadherence, whereby individuals may deny their illness causing them to be unable to perceive the need for medication. This poignant truth means recovery rarely involves the patient returning to their baseline level of adaptive functioning (Patel 2014). Evaluating recovery therefore places focus on the "objective dimensions" which include "remission of symptoms and the patient's return to full-time work," and the "subjective dimensions" of recovery are measured by the patient in terms of his or her "life satisfaction hope, knowledge about his or her mental illness, and empowerment" (Lysaker 2008). Again, the running theme of managing one's condition long-term comes into play, with recovery being a continuous process rather than having a definitive end.

### **The Role of Hope**

Having attempted to define recovery with regards to the common mental illnesses, we now move on to address the role 'hope' plays in relation to the other factors involved in this process. We begin with a discussion of the more tangible factors that help propel recovery, to enable such a comparison. Prior knowledge of the critical impact pharmacological intervention provides such as the antidepressants prescribed to those suffering from depression, or the antipsychotics administered to Schizophrenia sufferers is assumed here; in like manner, specific therapies that are tailored to mental illnesses such as "body-orientated psychotherapy" (Röhrich 2006) to treat Schizophrenia, will also not be dissected. Instead, we aim to explore the general principles that constitute treatment of mental illnesses. "The Recovery Star" (Triangle 2017) identifies ten key areas in achieving recovery which include "managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, and trust and hope." It is difficult to assert a hierarchy that can conclude which factor seems to be the most important in recovery when the subjective importance placed on certain factors will vary from one individual to another. For some, the redefinition of one's individual self is the central task of recovery (Davidson 2005); for others, "stable employment promotes recovery for persons with severe mental illness by enhancing income and quality of life". It is meaningless to weigh up one factor against

another when treatment depends on their synergy. One person suffering from depression noted that “because of my low self-esteem I couldn’t hold a job down because I felt as if I was not good enough to do anything,” (NICE 2010) highlighting the dependence of one aspect hindering recovery upon another, i.e. it is futile to address the need for work if low self-esteem persists. Moreover, an anorexic cannot regard themselves as fully recovered if they have only understood how to manage their condition behaviourally; more important is the change in attitude towards body-image so that recovery is long-lasting. Arguably, restoring identity and self-esteem seems to be the most important factor in driving recovery in depression and anorexia as it enables other factors to be implemented; however, in Schizophrenia, where the pathophysiology is much clearer, managing physical health takes precedence.

Where does hope lie in all of this? It is often a word that is clumped together with the other factors promoting recovery; but is never truly explained. Unlike the other factors which are much more pragmatic and definitive in nature, hope is almost an ethereal concept, yet serves to be the “guiding principle” in recovery—“the belief that it is possible for someone to regain a meaningful life, despite serious mental illness” (mentalhealth.org.uk). It is the trunk of the tree that needs to exist to support the branches which promote recovery. In Steven Wilson’s ‘To the Bone’ which documents the struggles of living with anorexia, the psychiatrist rather harshly states that he ‘doesn’t treat patients who don’t want to live’; however, this sentiment echoes the huge significance of hope in deciding recovery. Literature has shown that recovery hinges on hope being present, with those that are in possession of it displaying a good prognosis. Bonflis et al. (2016) showed that “hope is integral to recovery for those with schizophrenia,” whilst Nicholls (2016) conveyed the importance of hope in providing those suffering from anorexia with the “belief that they could begin new relationships and friendships.” The underlying theme assumes ‘hope’ as a facilitator of the factors mentioned in ‘The Recovery Star’. As such, it provides the motivation for an individual to change so that recovery can occur. This simple belief is not just an entity on its own; rather, it has huge practical consequences, vital to the process of recovery.

Having established that hope is indispensable in the road to recovery, we finish with the obstacles surrounding maintaining it. No true answer exists as to why some have it and some don’t; many believe that it depends on the sort of individual you are.

### **The Role of reducing stigma and improving education**

Evidence points to the contrary, citing reducing stigma and improving education surrounding mental illnesses, as key determinants of hope (Murphy 1998). The reason for this is that an individual cannot strive for

normalcy if they themselves have been led to believe they are abnormal. Furthermore, lack of support and understanding of their condition leads to a situation in which the patient cannot imagine a life without it; an inability to see a better future means it is difficult to possess hope. Maintaining hope also proves to be challenging: Schizophrenia sufferers “may experience adverse effects that dissuade them from taking more medication” (Crismon 2014) - if the treatment itself doesn’t seem to be working, it is easy to see how feelings of hopelessness and despair can arise. Moreover, external factors such as “family death” or “loss of job” (NICE 2010) can aggravate the condition, further hindering an individual to feel hope. Crucially, hope is a highly personal belief that reveals itself in many ways; it can be the ingestion of a meal for an anorexic; or it can be the desire from a person suffering depression to find work.

### **Conclusion**

In conclusion, recovery can be categorised as having two components: clinical recovery which involves an abatement of mental health symptoms; and personal recovery, which focuses on well-being and hope to allow one self to live a meaningful life (www.rethink.org 2016). The journey of recovery is a personal one, and an on-going process which allows a person to have a satisfying life despite the limitations posed by their condition. Several factors are important in permitting it, ranging from learning how to manage one’s condition, to improving self-esteem. However, the central tenet in recovery is hope - it is the catalyst for change, and the enabler of the other factors involved in recovery to take charge. Whilst problems exist in helping an individual believe in it, there exist definite routes by which it can be done, such as education and reducing stigma. Thus, we end on an optimistic note: there is potential for recovery, as long as the individual possesses hope.

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### **Contribution of individual authors:**

Mark Agius conceived and suggested the project and supervised it and corrected the text,

Tanvi Acharya carried out the literature search and drafted the text.

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