



# Subjective well-being, hope, and needs of individuals with serious mental illness

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## ABSTRACT

Hope, as a basic resource in human life, may affect individuals' perceptions of subjective well-being (SWB). Further, understanding individuals' needs is essential to improving their SWB. It is unclear how the impact of hope on SWB may be mediated by needs. The current study aimed to examine a mediation model for the relation between hope and SWB among individuals with serious mental illness (SMI). Face-to-face structured interviews were conducted with 172 individuals with SMI. Instruments included the Personal Well-being Index, the Hope Scale, and the Camberwell Assessment of Needs. Hope and needs were predictive of 40% of the variability in SWB, with hope being a stronger predictor. Having no needs was positively predictive of SWB, while total number of needs was negatively predictive of SWB. Path analyses revealed a strong direct effect of hope on SWB and a weaker, though still strong, indirect effect mediated through needs. The results underscore the importance of hope in improving SWB and, consequently, enhancing the recovery process of individuals with SMI. Therefore, mental health services should focus on hope-building.

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## 1. Introduction

During the last three decades, we have witnessed an increased interest in the field of quality of life (QoL) in medicine in general and in relation to mental disorders in particular (Bobes and Gonzalez, 1997; World Health Organization, 2005). While in previous years the primary goal of mental health (MH) treatment was to control disease symptoms, at present the concept of outcome in psychiatry has been widened to include strategies for improving QoL (Ponizovsky et al., 2003; Bobes et al., 2005; Kao et al., 2011).

Researchers have asserted that QoL is a complex and intricate concept (Thorup et al., 2010). In the mental health field, most researchers have employed the definition of 'health-related quality of life' proposed by the World Health Organization Quality of Life (WHOQOL) Group: "an individual's perception of one's position in life in relation to goals, expectations, standards, and concerns in context of the culture and values systems in which one lives" (World Health Organization, 1998). Additional definitions of QoL have differentiated between objective and subjective QoL measures. However, among QoL theorist and researchers, greater importance is currently being placed on subjective measures, stressing that the ultimate test of a life worth living is how people feel about their QoL (Schalock, 1997).

The focus of the current study is subjective QoL, or subjective well-being (SWB), which is defined as a normally positive state of mind that involves the whole life experience (Cummins et al., 2010). The terms QoL and SWB have often been used interchangeably (Keyes et

al., 2002; Ring et al., 2007). However, these are empirically distinct concepts, as SWB assesses QoL mainly through measures of happiness and/or satisfaction with life (Diener, 2000) while QoL may also include objective measures.

SWB is a relatively stable mood-state for an individual. Normal levels of well-being are usually maintained, even in adverse conditions, through a psychological/neurological system of SWB homeostasis (Cummins, 2000; Cummins et al., 2010). According to Cummins et al. (2010), the average set-point of SWB homeostasis among Western populations is about 75 on a 100-point scale. However, SWB is not absolute. If the level of challenge to SWB becomes too great, homeostasis fails and SWB drops below the set-point range (Cummins et al., 2010). When this occurs, normal feelings of positive well-being disappear and are replaced by depression (Cummins et al., 2007).

Most studies in the mental health field have utilized a broad QoL terminology or the term 'subjective QoL,' rather than the more specific term of SWB. These studies have shown that psychiatric patients, especially those with schizophrenia, have low levels of subjective QoL in comparison to the general population (Bengtsson-Tops and Hansson, 1999; Ponizovsky et al., 2003). The results of a fairly recent meta-analysis on QoL indicate that psychiatric symptoms have only a small relationship with QoL in schizophrenia (Eack and Newhill, 2007). The psychosocial (secondary) effects of mental illness (e.g., social support, self-esteem, self-efficacy) were found to have a greater impact on QoL (Ritsner, 2003; Eack and Newhill, 2007).

Studies have examined several psychosocial variables which may predict QoL in MH. For example, Thorup et al. (2010) found significant correlations between self-esteem, affective balance, and psychopathology, indicating that QoL was more closely related to the "inner world" than to material or outside issues, such as jobs and living

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situations. Other empirical studies have shown that such traits as mastery, autonomy, locus of control, sense of coherence in life, self-efficacy, and self-esteem are important predictors of SWB (Zissi et al., 1998; Ritsner et al., 2000; Hansson and Björkman, 2007). An additional psychosocial variable that has an important influence on QoL is hope.

### 1.1. Hope and subjective well-being

Hope is considered a basic personality trait (Snyder et al., 1991) and resource in human life (Kylma, 2005), as well as a healing force promoting well-being (Holdcraft and Williamson, 1991). Hope has been found to contribute to therapeutic efficacy and is consistently identified as an essential element for recovery from MI (Corrigan et al., 2004; Roe et al., 2004; Schrank and Slade, 2007; Bonney and Stickley, 2008). Although the level of hope is highly variable among different individuals, it is considered to be a relatively enduring characteristic (Landeem and Seeman, 2000).

Most definitions of hope include the idea of a positive future orientation (Landeem and Seeman, 2000). The current study is based on Snyder's definition of hope as a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning of ways to meet goals) (Snyder et al., 1991). The construct of hope reflects an individual's perceptions about his or her ability to conceptualize goals, develop strategies to reach those goals, and sustain the motivation to use the strategies (Snyder et al., 2003; Resnick et al., 2005). The central element of hope is the positive expectancy of reaching goals that are deemed achievable to the individual (Snyder et al., 2006).

Studies in different disability fields have utilized the hope construct as a predictor variable for life satisfaction (Chen and Crewe, 2009). The use of hope as a predictor variable is based on the conception of hope as an inner strength (Chang and DeSimone, 2001) and as a positive psychological variable that can predict positive outcomes, including greater life satisfaction (Kortte et al., 2010).

The present study uses hope as a predictor of SWB. Several studies have examined the relationship between hope and QoL among individuals with SMI. A review study of the literature through 2008 identified 11 studies that examined hope as a predictor variable in mental health settings (Schrank et al., 2008). Three of these studies examined some aspects of well-being as the outcome variable. One study in a community mental health center found that higher hope was associated with greater SWB (Irving et al., 2004). In a study of 476 combat veterans in a PTSD unit who were examined pre- and post-treatment, it was found that more veterans with low levels of hope perceived their QoL to be better than did veterans with high levels of hope. One explanation for these unexpected results was the overall low level of hope expressed by all participants in the group (Johnson, 2001). In another study with 124 clients from university counseling centers, it was found that clients who reported higher levels of hope also reported higher SWB and lower symptom distress (Magyar-Moe, 2004).

Since the above review, three additional studies are worth noting. A recent study conducted in Taiwan among 113 inpatients with schizophrenia found that depressive symptoms, parkinsonism side effects, hopelessness, and age at illness onset were the four strongest predictors of subjective QoL (Kao et al., 2011). Another study, conducted in Hong Kong (Ho et al., 2010), examined the recovery status of 201 outpatients with schizophrenia, using hope as one of ten recovery components, and found it to be a determinant of QoL. Finally, in a study conducted in Israel among 60 individuals with schizophrenia, hope was found to make a positive contribution to QoL, suggesting that increasing the hope of persons with schizophrenia may directly and positively increase their QoL (Hasson-Ohayon et al., 2009).

Despite the importance of these studies, they have focused on different study questions than the current study. For example, some

studies have focused on the construct of hopelessness rather than hope, which, although important, measures a degree of pessimism, rather than optimism (Kao et al., 2011). Methodologically, no study has utilized the Personal Wellbeing Index, which has recently been deemed as one of the most effective SWB instruments (Geyh et al., 2010). Finally, to the best of our knowledge, no study has examined how the impact of hope on QoL may be mediated by individual needs.

### 1.2. Needs and SWB

Needs have been defined as “the requirements of individuals to enable them to achieve, maintain or restore an acceptable level of social independence or QoL” (Department of Health Social Services Inspectorate., 1991). Understanding the needs of persons with SMI is highly important, as these individuals are often faced with disadvantages in various social and personal areas of life (Bengtsson-Tops and Hansson, 1999), which are not limited to the disease itself (de Weert-van Oene et al., 2009). Needs can be seen as a state variable, and as such, it has been acknowledged that MH care should be based on patients' needs in order to improve their QoL (Slade, 2002). Moreover, needs assessment can form the basis of resource allocation and service delivery (Lasalvia et al., 2000) by uncovering unmet areas of need where there is an insufficient supply of treatment interventions (Wiersma and van Busschbach, 2001).

Recent studies have examined the influence of met and unmet needs on the QoL of individuals with MI, using a broad QoL terminology rather than SWB. A number of these studies have established a relationship between unmet needs and lower QoL (Slade et al., 1999; Lasalvia et al., 2005). For example, in a longitudinal study among 251 individuals with MI in Italy, improvement in QoL was achieved by a reduction in self-rated needs (Lasalvia et al., 2005). Similar findings have been reported in studies conducted in other parts of the world, such as Great Britain (Slade et al., 2005) and Sweden (Bengtsson-Tops and Hansson, 1999). Several studies have also shown that met needs are important predictors of QoL. In one such study among 265 mental health service recipients in Italy, patient-rated unmet needs, and to a lesser extent patient-rated met needs, were negatively associated with subjective QoL (Slade et al., 2004).

Studies in the field of needs have stressed that the existence of a need is likely to be influenced by individual patient characteristics (McCrone et al., 2001), such as hope. Thus, the current study examined needs as a mediating factor between hope and SWB.

### 1.3. Study aims

The current study has two main aims. The first aim is to examine SWB among individuals with SMI in Israel. According to the literature review, it is hypothesized that the level of SWB among people with SMI in Israel will be lower than the average in other Western populations. The second aim is to examine a mediation model for the relation between hope (as a predictor variable) and SWB (as a dependent variable). Specifically, we propose that hope is positively related to SWB and that this positive relationship is mediated by needs. According to Baron and Kenny (1986), four hypotheses can be inferred from a mediation model. This model (see Fig. 1) generated the following hypotheses: 1) hope will be positively related to SWB; 2) needs will be positively related to SWB; 3) hope will be positively related to needs; and 4) hope will be a positive predictor of SWB through the mediating variable of needs.

## 2. Methods

### 2.1. Participants

A convenience sample of 172 individuals with serious mental illness (SMI) participated in the study. All participants were receiving at least one service under the Rehabilitation of

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