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The process of reality negotiations in finding hope for people who have encountered depression: a collaborative narrative research

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The Process of Reality Negotiations in Finding Hope for People Who Have Encountered Depression: A Collaborative Narrative Research

WU Ho Yee

A thesis submitted in a partial fulfillment or requirements

for the degree of

Doctor of Philosophy

Principal Supervisor:
Dr. TSUN On Kee, Angela (Hong Kong Baptist University)
September 2017

DECLARATION

I hereby declare that this thesis represents my own work which has been done after registration for the degree of MPhil (or PhD as appropriate) at Hong Kong Baptist University, and has not been previously included in a thesis or dissertation submitted to this or any other institution for a degree, diploma or other qualifications.

I have read the University's current research ethics guidelines, and accept responsibility for the conduct of the procedures in accordance with the University's Committee on the Use of Human & Animal Subjects in Teaching and Research (HASC). I have attempted to identify all the risks related to this research that may arise in conducting this research, obtained the relevant ethical and/or safety approval (where applicable), and acknowledged my obligations and the rights of the participants

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Date: September 2017

Abstract

The aim of this research is to reveal the reality negotiation process for finding hope in people who have Depression. In the traditional, modern and medical models of depression, and biological, psychological, social or even contextual perspectives, it is considered that people who are affected by depression are stigmatized in a sick role with different kinds of dysfunctions or deficiencies. They are not considered to have much hope. Their reality is singular and absolute which prevent the use of personal agency to make choices, take action and narrate preferences and experiences to address their problems. In the school of positive psychology, there is a theory that focuses on pathways to hope which aim at positivity as people have the ability for reality negotiation. The postmodern and humanistic views have allowed people to start to see that even though one may be affected by mental illnesses, one will still have his/her expert knowledge, unique experiences, and strategies through narratives of hope.

This research is collaborative narrative research. Twelve individuals, males and females of different ages and backgrounds, have been invited to take part in semi-structured in-depth narrative interviews. They have also been invited to provide feedback and reflections during the interview process. They are given the opportunity to comment on their own verbatim and review the script at a second interview for further storytelling and reflection. When these individuals are given the space and time to narrate their accounts of negotiating depression, the hope that is previously hidden will then emerge. Throughout the conversation, they reconstruct their preferred self by revisiting the negotiation process. They have the agency to perform their preferred life and self-strategies and over techniques to manage life problems and compete with the power of dominant discourses within the mainstream context. It is shown that they have to lead their life with hopeful stories that are applicable to their future life circumstances. A theory is consequently formulated based on the findings of the process of reality negotiation in finding hope. Recommendations are provided in light of the current situation of mental health services in the Hong Kong Chinese cultural context, which include recommendations on the allocation of resources and human resources that are oriented towards the expertise of the persons who are facing depression. It is based on their knowledge and experience found by the everyday stories of the persons through collaboration with them.

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Chapter 1 Introduction

Depression is an important public health problem. As of the beginning of 2017, the World Health Organization (WHO) indicated that more than 300 million people suffer from depression globally (World Health Organization, 2017). That is twice the figure that was provided 10 years ago. Depression is already the leading cause of disability worldwide. It has repercussions because it can lead to suicide. The figure in Hong Kong is not low either. According to the most recent report from the Centre for Health Protection of the Department of Health of The Government of the Hong Kong Special Administrative Region, three percent of Hong Kong adults or approximately 190,000 individuals are affected by depression (Centre for Health Protection and Department of Health, 2017; World Health Organization, 2017). The focus of the first three chapters of this thesis is on reality, the negotiation of reality and hope, and depression. It will be therefore demonstrated that subjective reality is important as it is related to the meaning making of the life experience of those who are facing the problem of depression.

This research work starts from a personal experience of struggle with depression. After experiencing this condition and then acquiring knowledge about this ailment, I believe that I started to suffer bouts of this condition at around 6 to 8 years old. Around that time, to the best of my memory, I felt down for as long as six months each time. According to my father, I did not smile for a long period of time. However, when I started to realize that I have this condition, I was already in my late 20s. It was not until my mid-30s that I was more certain that I had been suffering from depression. Now I also believe that my parents have also been suffering from this condition for a substantial amount of time. I am not going to elaborate about my life story in detail here. However, I want to say that I am well aware, and that I have the prior knowledge that I have been suffering from the

effects of depression. I was aware that there was tension and I had to negotiate the different realities in my life. Those different realities affected my ability to make choices and take action for my life, i.e. deciding on whether I should see a doctor, continue to work or take medication, and subsequent actions. Even if I could manage small tasks like reading newspapers, bathing my children or getting up in the morning, I was still greatly influenced by the different realities and the feeling of how much power they had over me. However, for people who are suffering from mental health problems, the opportunity to reveal their life stories of their negotiation with their realities is rare. It is true that a person can make choices and put mind over matter to do things differently but I believe that these realities can also affect a person to a great extent.

The aim of this research is to therefore reveal the realities of those who have been affected by depression. Further to this issue, the process of their negotiation of their different realities will be examined. As will be evident from the first three chapters on reality, depression, and negotiation of reality and hope, people nowadays suffer from different tensions and types of pressure due to their different realities. Depression and sick selves are however products of social and cultural contexts; that it, they are socially and culturally constructed. In daily life, people are in continuous negotiations that conflict between different voices and realities. This is the same for those who are suffering from the effects of depression. They are in the same situations of constant negotiation and evaluation of their realities in daily life but theirs are more unique. However, these processes of negotiations and evaluations allow hope to be found. Yet, these processes have not been the focus of research in the literature. Therefore, this research gap will be addressed in this thesis by exploring the process of negotiation and finding hope from the viewpoint of people who are affected by depression.The following are

the research questions of this study.

1. What is included in narratives on realities and their meanings when there is depression?
2. What is involved in the process of negotiation of different realities?
3. How do depressed individuals find hope and meaning making in the process of negotiating reality?
4. How does hope contribute to the lives of people who have encountered depression?

Brief Introduction of Contents

In Chapter 2, a discussion on what reality means from a historical perspective will be presented. A literature review shows that the meaning of reality and truth have been interesting topics debated by many scholars and philosophers in different periods of time in the Western world. Chinese people have also had their own understanding about reality. However, only educated people and experts have had the privilege and power to gain a better understanding of reality and interpret the meaning of reality. With the development of humanistic and postmodern views, multiple realities have thus been acknowledged in which subjectivities are constructed through language. It is anticipated that a review of previous work over the years on the topic of reality will reveal the factors that have influenced how the meaning of different realities has been constructed.

In Chapter 3, a review of how people have historically viewed depression is provided. The terminologies and classifications of the condition are examined and then different perspectives of depression, namely the individual, social and contextual perspectives of depression, will be investigated. Then, the understanding of this condition in the postmodern era will be discussed. This is in

anticipation that the different discourses on depression will be better understood. People have long been under the influence of constructed knowledge that has historically depicted depression as an illness. Is there another way of seeing this condition? If subjectivity and stories of experiences with depression are examined, what else could be determined about the meaning of depression and how depression is defined? These will be addressed in Chapter 3.

Chapter 4 is a study on the different views of the concept of reality negotiation and hope. They are broadly discussed in terms of modern and post-modern views. The modern view focuses on the conceptualization and characteristics of reality negotiation and how the self and society are related to reality negotiation. Then how hope is theorized under the modern perspective of reality negotiation which will be discussed in terms of the scientific characteristics of agency and means to achieving goals. Following that, a postmodern perspective on the negotiation of reality towards hope will be offered. This school of thinking focuses on narratives of hope by people and the interconnectivity of hope in relationships. After that, the finding of hope and mental health issues will be addressed in terms of the importance of hope, knowledge and meaning of hope, and the factors that contribute to hope for those who are experiencing mental health issues.

The methodology of this research work will be presented in Chapter 5. This research is a qualitative and narrative study with collaborative elements that reveal the reality negotiation process of persons with depression in finding hope. The research paradigm and type of research method will be presented and the rationale for choosing to use a qualitative and narrative study with collaborative elements will be explained. Then the research procedures that have been undertaken will be elaborated in depth along with the characteristics of the

individuals interviewed, invitation process, contents of the interviews, collaborative elements in the two interviews of each individual, production of the interview narratives, narrative analysis, quality issues, ethical considerations, and limitations of this research.

The findings of the research will be presented in Chapter 6. The background information and the challenges that the persons interviewed have undergone will be presented. As this is a narrative collaborative approach, I have made attempts to interview the persons twice. The second interview is for the purpose of verification, review of the script, and reflection on the contents of the first interview narratives, and the persons have been invited to comment and add more stories to their narrative, if any. The stories from the first set of interviews on reality negotiation and hope finding of the 12 persons who have depression will be shared. They will be presented in terms of the negotiation process; that is, how they try to make sense of life challenges and realities that conflict with their self, as well as the strategies, events and actions in continuing to find hope. Eight of the persons attended the second interview. From the second set of narrative interviews, reality negotiation continues and comprises making sense of the first interviews and positioning the self from the second interviews, actions for a coherent self with other events that take place as well as more hoping. Changes are found when the first and second sets of interviews are compared. From the findings, an overall picture is formulated for the process of reality negotiation and hope finding of those who face depression.

From the findings of the interviews in this study, a theory has also been formulated, which will be presented in Chapter 7. It is found that the process of reality negotiation in finding hope of those with depression is an ongoing, complex, cyclical and fluid endeavor that entails competing factors over a certain

period of time. A figure is provided that illustrates the theory, which consists of five large components and four sub-components, which focus on the problem of unmet desires and intentions. The persons made sense of these unmet desires and intentions, and incorporated them into how they define depression along with other problems. At the same time, these persons are in a power context and mainstream discourses that compete with the power of the self or their personal agency. Throughout this, there is the process of self-evaluation and evaluation of others. The persons also have options in terms of actions that they take after they evaluated their strategies and made changes that aligned with their personal preferences. In their process of finding hope, there is an ongoing process of discovery and realization of preferred identities. They also made changes in their stance at the same time, so that their hopes and preferred identities could be realized which will be illustrated through the stories of four individuals.

Chapter 8 serves the purpose of presenting discussions from the findings and theory formulated. Nine main points are provided in the discussions. They involve the views of those who are dealing with depression and their realities. The social construction of problems and meaning of depression will be discussed along with medical treatment and the view that depressed persons are the expert of their life. The characteristics of the 12 Hong Kong Chinese persons who have depression will be discussed. The characteristics of the ongoing process of negotiation of problems and strategies will also be discussed. In the midst of depression, the embedded hopes and realization of hope and its contribution will be addressed. Individuals who have more experience with depression mean that they increase their own power and incur hope. The factors that incur hope will also be acknowledged.

Chapter 9 will provide recommendations and ways that they can be

implemented in the background for the current situation as studied from the persons with depression in Hong Kong. Different rationales for the recommendations will be provided. The recommendations focus on the awareness of different realities, and attention given to persons who are not just patients or cases, but experts of their life when sharing knowledge and experience. Also, the diverse meanings behind depression should be studied and better understood in terms of each individual's experience with depression. Following that, recommendations for treatment and other strategies as well as recommendations made for the Chinese context will be discussed. Then, to address how more resources should be provided to address depression in Hong Kong, three perspectives are offered: reviewing values, knowledge, positions, and power imbalances; and the actions of those who work with depressed people and public awareness and knowledge exchange. Further recommendations will be made for individual practicing practitioners, counselors, and those who provide other related community services. Public awareness and knowledge exchange are also discussed as important factors in order to give depressed individuals the chance to narrate and evaluate possible options that would help their process of negotiating problems related to depression.

The concluding chapter includes the findings from this research on the views of the persons who are dealing with depression and other realities in the Hong Kong Chinese culture. Also views on depression and other realities with the preferences and embedded hopes of the persons are discussed and summarized. We need to rethink the views on medical treatment as there are important self-management strategies by the persons that they would consider to be more central for their recovery. Then, a summary of the future directions for those who are facing depression is provided along with the theoretical and methodological

contributions of this research.

Chapter 2 Reality

Approximately 3000 years ago in the West, philosophers started to ponder about reality, as well as the real nature and meaning of things, and their thoughts on reality have had great influence since then on ways of thinking. The main focus of this chapter is to therefore outline how people in different eras have tried to obtain knowledge on reality and their findings of a supposed reality. First, historical perspectives will be provided on how different scholars have viewed reality since the ancient Greeks in the pre-modern age in which reality is singular, consistent, perfect and a luxury for the educated and people with good virtue, like scholars and kings. This is followed by debates on reality in the modern age, in which reality is obtained through information from the senses, reasoning and physical means in the scientific era. Yet it is still timeless, objective and constant but very binary with only positive or negative. In the movement of humanistic thinking, people's freewill in choice and responsibility started to be taken into consideration at the end of the modern age. In postmodern times in the Western world, people have started to see the self and identity in terms of their experience in a cultural context in different power relations. Reality is multidimensional and complex through social relationships constructed by language. Then, the meaning of reality to Chinese people will be studied. The Confucian principle of kindness (*ren*) and conduct (*li*) and Daoism, the understanding of the way to reality (*dao*) and moral goodness (*de*) will be outlined. These historical beliefs of reality have had great influence on people's thinking today.

2.1 Pre-modern Age: Ancient Greeks and Reality

Historical views on reality were very absolute. Most of the people at that time believed that reality is consistent and unchanging. Commoners, including those who lacked education, peasants or merchants, usually saw things as they

appeared to be (Babbie, 2010). There was no negotiation. In the Western world, Greek philosophers such as Thales, Parmenides, Plato and Aristotle, shared the common desire of finding out the nature of reality behind everyday happenings (Weate, 1998; Solomon, 2008). There was debate on whether reality is changing or fixed; if reality had one, two or many dimensions; or whether reality can be reached through the senses and the observation of worldly material goods or reasoning with our own rationale inside our own head. During ancient Greece, pondering the true meaning of reality was considered to be a luxury. Only educated philosophers and nobles aimed to gain an understanding of reality.

Another debate on reality is whether reality changes at all. Thales (624-546 BC) held that the meaning of the truest ultimate reality as one that is constantly changing (Blocker, 1999; Solomon, 2008). Along with Parmenides (501-492 BC), they both also believed that there is only one reality. However, Parmenides and Plato (424-348 BC) considered true reality to be constant and non-changing (Blocker, 1999). They stated that rationalization through logic and reasoning was the means to understanding reality instead of relying on the human senses. Plato indicated that there are two realities: an ultimate reality and the reality from the sensory world that is only a shadow of the true reality. The former is the rational part of the world that is real and constant, and connects to the soul through the mind. The latter is less real, irrational and less important, but connects to the human senses (Mclnerney, 1992; Solomon, 2008). He asserted that only through schooling could one become part of the elite and rulers and have the intelligence to understand true absolute reality (Mclnerney, 1992; Weate, 1998). Aristotle (348-322 BC) considered the real world as a phenomenon that can be observed, and not a mentally conceived entity (Weate, 1998). He considered that one part of the soul is better and rational and the other part is irrational. Thus, if

one strives to be good and practice good virtues to reach perfection, then this state of excellence is the means to a perfect reality (Mclnerney, 1992).

So, during this period of time, the primary belief about reality which has had great influence on humanity is that the philosophers believed in an absolute, ultimate, and perfect reality. This reality could be fixed or changing but only the privileged and educated who were endowed with rationality were able to reach and understand a perfect reality.

2.2 Modern Age

In the following modern age, there was separation with the start of the scientific era and movement of humanistic thinking. The nature of the reality for those with scientific beliefs contained a few characteristics, the most fundamental being that reality is obtained from facts through reasoning and rationality with proof from available sensory data. Theories for reality were drawn from repetitive happenings of recurring patterns to form general scientific laws for a phenomenon. The self and identity are also stable, measurable and predictable in a physical base. Then in the movement of humanistic thinking, agency and the diversity of culture started to be considered. Reality was then believed to be multidimensional and constructed through the interactive construction and interpretation of meaning between people in society.

2.2.1 Start of the scientific era.

The debate about whether reality is derived from mental reasoning from the conscious mind or through our senses continued in the modern age. René Descartes, a French philosopher, started the era of scientific thinking by applying the concept of reasoning. John Locke, an English philosopher, used observation of sensory data to determine reality. The scholars of these schools of positivism have similarities with those of the pre-modern age in that they assumed an objective

and singular reality. They believed that all things originate from objective facts, and disregarded personal opinions and subjectivity in the process of thinking (Blaikie, 1993). However, there are many everyday experiences that cannot be verified through rational science as well as social entities that depend on knowledge which sometimes cannot be quantitatively written or measured. Yet these schools of thoughts considered that human experience is less real and reliable. Thoughts and actions from inborn potential and life experience that cannot be justified but only relayed through the senses were ignored (Blocker, 1999; Benton & Craib, 2011; Olkowski, 2012; Solomon, 2008).

Descartes put forth the idea that rationality, through reasoning by examining evidence and logical thinking, is the connection to understanding reality. He felt that one must be absolutely certain of something with proof in order to best understand reality (Weate, 1998; Mclnerney, 1992; Solomon, 2008). He started the modern age emphasis on doubting everything in order to acquire knowledge (Benton & Craib, 2011; Blocker, 1999). Descartes believed that he could find perfect reality through cognitive thinking by using rationality and reasoning with the conscious mind. Thus, he conceived a mind-body dualist relation in which there is an internal conscious mental mind which thinks, and external matter that takes up space in this world. Human beings are made of up a mind (immaterial matter) and a material body. The mind thinks and is more reliable. It gives us access to reality and reacts to the material world through thinking, perceiving and rationalizing (Blocker, 1999; Hall & Ames, 1998; Elder-Vass, 2012; Mclnerney, 1992; Shotter, 1993; Solomon, 2008; White, 2002).

John Locke (1632-1704) started another school of thought that focused on empiricism in which he argued that reality could be obtained through perception by the senses, experience and observation but not from reasoning, obtaining

evidence or thinking (Benton & Craib, 2011; Blaikie, 1993; Weate, 1998). To Locke, the mind is simply a blank sheet of paper and ideas could be accordingly added and placed onto this simple mind by inputting data of happenings in the world (Benton & Craib, 2011; Mclnerney, 1992). All knowledge is transferred into the human mind through the five senses. However, the essence of his beliefs is that the process of learning and testing of reality are done through recurrent patterns of experience. Then, these recurring patterns become general scientific laws that explain a phenomenon. Thus, future phenomena can be accordingly predicted (Benton & Craib, 2011). Therefore, these schools of positivism assumed that fixed and absolute meanings can be found through testing, measuring, finding evidence and logical reasoning as well as from sensory data (Blocker, 1999; Elder-Vass, 2012).

In the modern world, individuals are considered to have an internal conscious mental world which causes observable behaviours. How a person thinks, feels and behaves could be discovered and measured within everyday life. The self is definite, rational, motivated, predictable and consistent across context and time. It is a core entity, a stable material within the biological model and physical functions (Schneider, Pierson, & Bugental, 2015). Identity is also thought to be unchanging, timeless, the core, the real essence of the self, thus representing the person known by others and the self (Galasiñski, 2008). Identity is an extreme binary that is either positive or negative in character with their essence in the modern world, for example, being good or bad, and hard working or lazy. The problems of the self could be therefore isolated, measured, diagnosed and improved upon. Thus, under modern thinking, the conditions, selfhood and identity of a person are not accepted as a unique and multiple ways to be. Subjective and personal knowledge is disregarded as the objective truth for the

majority of the time.

Modernists also believed that language only reflects realities that can be observed by rational minds and sensory data (Fee, 2000; Hepburn, 2003). However, they did not take into consideration that sensed perceptions can be different for everyone. The diversity of cultures, ambiguity of languages and differences in histories were not taken into consideration (Smith, 2007). The dominant truth of modern thinking usually explained reality through cause and effect. People were expected to know and understand the completeness of reality only through physical and biological means and knowledge (Payne, 2006). They claimed that life narratives, and life occurrences and the reasons behind them, are inaccurate, unreliable and unconvincing (Gergen, 1994; Robinson & Groves, 1999).

2.2.2 Movement of humanistic thinking.

The search for reality continued, and some academics started to view reality in a more humanistic way by emphasising freewill and personal responsibility, thereby opening the door for multiple realities instead of a single absolute reality. At the end of the modern age, thinkers such as German philosophers Immanuel Kant (1724-1804), Edmund Husserl (1853-1938) and Danish philosopher Søren Kierkegaaed (1813-1855), started to rethink the scientific approaches and were consequently critical of them. They believed that people should be seen not as objects but humans (Smith, 2003). Experience, freewill and responsibility started to gain recognition and were taken into account. It was believed that people have the ability to interpret the meanings of their experiences and construct their own reality. Thus, this created the awareness that the construction of realities could be diverse, rather than singular, fixed or objective.

According to Immanuel Kant, the human mind is actively and creatively relating experiences and understandings, and shaping reality. It is not just a piece of blank paper (Robinson & Groves, 1999; Solomon, 2008). Kant believed that no one can be certain about what reality is, but people can judge and make sense of reality through its appearance and their beliefs (Mclnerney, 1992; Roberts, 2008; Weate, 1998). Kant came to believe that there is not only one absolute reality, and one's understanding of reality is produced within the social and moral structures of his/her world (White, 2002).

Another humanistic thinker was German philosopher Edmund Husserl (1853-1938). He believed in experience through consciousness and socially shared knowledge. In terms of reality, he believed in the first-person subjective experience through perspective (Harper & Thompson, 2012; Scott, 2006; Smith, 2003). The focus was on how one perceives reality and gives meaning to one's own experiences in terms of one's values and thoughts. People can interpret their own life experiences to determine reality (Blaikie, 1993; Ratcliffe, 2008; Roberts, 2008; Tan, 2011). Moreover, knowledge and truth are products of our systems of rules and regulations (Solomon, 2008). He suggested that people have actively created their social world through inter-subjective interactions and mutual agreement between the subjectivity of individual human beings. Social and everyday realities are regarded as the products of social actors who are negotiating the meanings through their feelings, thinking and ability to judge.

Søren Kierkegaaed (1813-1855) founded another school of humanistic thinking and stated that there is no universal objective truth (Smith, 2003; Weate, 1998). Instead, he philosophized about freedom, the meaning of life and personal relationships (Mclnerney, 1992). Kierkegaaed also saw people as creative and free beings who create their own reality and then take responsibility for that reality

(Weate, 1998). He believed that experience leads to the meaning of reality, and realities and identities are chosen through individual actions (Solomon, Higgins, & Martin, Introducing philosophy : A text with integrated readings (Eleventh ed.), 2015). After Kierkegaaed, the postmodern age of seeing reality started.

2.3 Postmodern Age and Reality

In the postmodern age, truth and reality continue to be topics of study, and beliefs of a fixed and absolute reality are challenged. A wide range of opinions are found to revolve around determining reality. Postmodernists do not reject traditional knowledge, yet do not accept that there is just one truth for all individuals (Abels & Abels, 2001). Instead, they reevaluate the scientific objective truth that scientists claim to be true. For example, Thomas Kuhn, an American philosopher (1922-1996), indicated that there is no objective truth at all. Other postmodern philosophers include Ludwig Wittgenstein (1889-1951), an Austrian-British philosopher and Michel Foucault (1926 to 1984) and Jacques Derrida (1930-2004), both French philosophers. Wittgenstein found the meaning of reality in language and he thought that reality depends on how the words in a language are used to construct meaning. Derrida invented a way of thinking called deconstruction. This means that people can unfold meaning behind the words that they use. Foucault studied people with mental health problems and noticed that history shows changes in how people viewed the nature of humans differently from one time to another (Weate, 1998). The focus of postmodern philosophers is a shift in understanding reality from the position of "I" to collective human structures. They criticized modern theories that are only based on sensory data from the external world, physical body and conscious reasoning by the mind and ignore the forces that have been mentioned earlier, such as the dynamics of

language, power and culture in society (Newman, 2010; Robinson & Groves, 1999; Weate, 1998). A thorough examination of the literature on postmodern thinking of reality produced a summary of a few selected popular topics: (1) the self, identity and experiences; (2) reality and cultural context; (3) language, stories and narratives; and (4) power relations.

2.3.1 Self, identity and experiences.

In postmodern thinking, the self-experiences not just through cognitive thoughts from the conscious mind. In fact, no two humans can experience an identical subjective reality. The reality that we live in is not homogeneous and common but different for everyone. Different people in different positions at different times will live in different realities (Levin, 1987; Shotter, 1993). The interpretation of experiences and the actions made in accordance with their interpretation are central to their own life and experiences, as they interpret meaning from experiences, and seek purpose in all events. The self is also the site that thinks, acts and feels. It is active with personal agency and has the ability to think, reflect, interpret, make choices and act. Personal agency, within an actor, transfers potential capacity into action. Responsibility and behaviour are also products of the self which reflect its core values. In the process of reflection, responsiveness and creativity, the self is made in the interactions in terms of its core values. The self also involves the capacity, skills and commitment within actors for social practices (Dickerson, 2012; Scott, 2006).

As such, the self with constant reflection, gives birth to a new self (Schneider, Pierson, & Bugental, 2015). Thus, the self is fluid, diverse, constantly changing, instead of static and constant, as interactions with others change. The self is always adjusting and affected by the inter-subjectivities of different people

within a context. The self is therefore the very complex interwoven experiences of a person with the world.

The power of personal agency with chosen and preferred actions provides the grounds on which people position themselves in their interpretation of realities. It is defined by where a person speaks from, that is, the family base for engagement, society, relationships or moral and spiritual beliefs (Dowrick, 2004). Identity is socially created in the interactions of the self with others (Dickerson, 2012). Identity is also formed by balancing multiple intentions. It is socially constructed and co-authored by others in the same culture. Identity is an integrated, complex and merging of the contrast of selves at different times in life. Sometimes these identities might restrict individuals as they could contain elements that are not preferred and agreed upon by mainstream society. This could result in tensions and conflicts. Then depersonalising could happen as these identities are not acknowledged by other people in society but rather judged and categorised which could result in stereotyping. For example, students are expected to behave in certain ways in a classroom, and are not allowed to speak whenever they wish, and this is especially the case in Eastern cultures (Blaikie,1993; Hepburn, 2003). However, when there is the opportunity to narrate, for instance, in a counselling session, a counsellor can facilitate his/her client to present his/her preferred identity so that s/he can say whatever s/he wants (Angus & McLeod, 2004) .

However, experiences themselves are meaningless. The construction of identity involves the organising of experiences and interpretation and reconstruction of the self into a coherent story or narrative in which events are organised (Angus & McLeod, 2004). The narration of identity is coherent and cohesive with a tempo of sequence of experiences that makes sense to the person

(Clark, 2008). They need to be compared and interpreted with reference to knowledge about reality and the world. Self-experience is the selection of unique information and trying to interpret this information with agreed upon terms. By telling a life story, the landscape of identity can be developed based on stories of meaning, desire, intention, belief, commitment, motivation, and values that are related to experience for action (Angus & McLeod, 2004). It is a process of self-understanding and decision-making (Fee, 2000). Furthermore, there is not only universal objective knowledge but subjective everyday experiences of reality (Bela, 2007; Blaikie, 1993).

2.3.2 Reality and cultural context.

Reality is not only based on sensory data but socially constructed within different cultures, languages and power in historical contexts (Newman, 2010). Culture shapes thinking because it affects meaning making processes (Abels & Abels, 2001). For example, in different cultures, there are very different meanings about sharing with other people about your problem. In Eastern cultures, the disclosure could indicate weakness or attempts to seek help. In Western cultures, disclosure might just be sharing and voicing the pain. We live in the ideologies of the dominant culture that guides our behaviours and the process of interactions with others in daily life (White M. , 2011). Life stories and identity are obtained from cultural discourses that determine what is "good" for people, what people believe is true in their reality are discovered, interpret and changed by members of a society (Elder-Vass, 2012).

It is assumed that the objective reality comprises commonly agreed facts that are accepted by everyone. Yet reality might be different across social groups. People within the same group will act as if their reality is based on the natural and universal truth (O'Brien & Kollock, 1997; Newman, 2010). This is because the

reality that we experience is the co-creation of human interactions that involves society's rules, norms, and regulations and interpretations of the reality that are commonly agreed upon by mainstream society (Smith, 2003). Reality is therefore constructed, sustained and changed through interactions in a society of a particular culture. For this reason, social reality has become complex, ambiguous, changeable, flexible, and difficult to understand and capture. Reality is interconnected, interactional and dependent. As such, realities are multiple and unique as people can have different versions of reality at different points in time and in different cultures (Ichheiser, 1970; Weate, 1998). Derrida stated that meanings of language are unstable and deceiving as there are many meanings. Wittgenstein echoed this sentiment in that the meaning of language depends on how the words are used. In fact, their views on reality have common grounds in that it is constantly changing and chaotic (Robinson & Groves, 1999; Weate, 1998).

As mentioned, the self is tied to society as a member. The sense of self depends on social factors, interaction with others and the wider forces that operate within a specific culture (Dickerson, 2012). We are in a matrix of meaning making through the self and culture. Our subjective realities are woven into interactions between social reality and subjective experiences of the world. Reality is the product of relationships with groups, communities, institutions and societies in a specific culture (O'Brien & Kollock 1997).

Realities have been produced, reproduced and reinforced in society through language. As Wittgenstein and Derrida stated, reality is neither objective nor subjective, but subjective experiences situated in socially constructed objective contexts in a society of a specific culture, in a circular motion.

2.3.3 Language, stories and narratives.

Realities and language are inseparable as language is used to think and communicate. Language gives meaning to the people, objects, events and ideas in our lives. Only language used by people can capture the present realities and allow us to understand and express those realities (Elder-Vass, 2012; Hollinger, 1994). We have no access to realities in terms of the facts that actually occurred (Bela, 2007). There are no means through which we can reach or construct realities in any other way except through language (Held, 1995). Derrida indicated that we have no objective way of knowing the realities outside of language as our thinking is all trapped inside the parameters of language (Robinson & Groves, 1999; Smith, 2003). Language is a carrier; a vehicle of culture, knowledge and practices (Angus & McLeod, 2004; White M. , 2011). Interactions and relationships between individuals in society are also conversational through language. Language also guides actions, communications and relationships in the future, which fit into the dominant culture. Thus, language is not a neutral and transparent medium.

We also use language to create our self, identity and position, and interpret our experiences (Angus & McLeod, 2004). Language is not just used by the inner self to express, think and feel, but a tool to build "truth" through reflections and language. It is the personal meaning of realities (Fee, 2000; Payne, 2006; Cook & Alexander, 2008). As mentioned earlier, realities are captured by personal experiences and not just facts. Each of our subjective realities is so complicated because our individual reality is created and based on our own constructed worlds. Language presents congruent descriptions of a person's experience. It is the closest way to let others know about ourselves (Schneider, Pierson, & Bugental, 2015). In addition, there is constant negotiation between our lived experiences and the conception of the self through language. The consciousness of a person is

his/her own way of understanding reality through his/her own version of the interpreted truth.

Realities, like stories, do not exist unless people tell them (O'Brien & Kollock, 1997). Stories are told with language to organize and turn experiences of reality into narratives of important happenings that have meaning to the story teller. Stories are the basic building blocks of human thinking (De Fina & Georgakopoulou, 2012). Our lives are nothing but memories and stories (Bela, 2007). Narratives are basically an account; a human-made product of the objectives and actions of the narrator told in an everyday story for communication. Narratives are long-term and large scale sequences of human actions, experiences and reflections towards an experience (Webster & Mertova, 2007). There is a timely sequence of events that coordinates actions, material and people to give meaning and perspective to experiences and justify existence (Angus & McLeod, 2004; Dickerson, 2012; Schaafsma & Vinz, 2011).

Stories are strong and expressive dialogues that may carry feelings and judgment of events that give life to reality (Bela, 2007; Schaafsma & Vinz, 2011). People make sense and evaluate their realities through life stories. They are constantly renewing and restructuring their stories with new events. So, the life story of the self is a process rather than a core unchanging item (Webster & Mertova, 2007). Telling a story is a process of creating and organizing memorable and emotional experiences. One's self-story tells about the person and his/her history, his/her identity and relationships that s/he had involvement. Self stories contain dominant themes and concepts that also project the future. Sharing a personal story with others is an act with intention. It is not just a descriptive process but a creative and interpretative act that relates to the past, present and future. Sharing stories is intelligible, interactive, meaningful and authoritative by

persons for its purpose and the context, for example, hoping to receive support from others. Stories bring sense to things that are unusual and unique produced by a particular self of an individual. They are the accounts of behavior, giving a sense of self enclosed identity, and allowing focus on the agency of the person (Angus & McLeod, 2004; Dickerson, 2012; Gubrium & Holstein, 2009; Scott, 2006; Smith, 2003).

2.3.4 Power relations.

Power is a productive and enabling force that influences beliefs, attitude and behavior. It changes how we understand reality as the people who are in power have greater power constructing, interpreting and competing the meaning of reality in society (Appignanesi, Garratt, Sardar, & Curry, 2003; Weate, 1998). The dominant discourse then becomes about the beliefs in everyday life in society, privileging certain versions of social reality. Power has significant effects in social structures, so that challenging power then becomes difficult. It is often assumed that individuals are free to construct their own reality. However, this is a misunderstanding because reality depends on knowledge, judgment, intelligence, and power. Our individual power is not limitless (Elder-Vass, 2012; Smith, 2003) because we are born into societal norms and values. In fact, we are not completely free to create the social reality that we want. Reality is often governed by sets of norms and rules in a specific culture, and enforced by different groups and institutions which are part of society. We are constrained by institutions such as the medical system which has molded our ability to construct reality. In fact, individuals in those kinds of institutions with greater power have a better chance of defining people's version of reality (Berger & Luckmann, 1966 ; Newman, 2010 ; O'Brien & Kollock, 1997)

One of the most renowned social theorists on power is Foucault, who is

most well known for studying the relationship between power and knowledge. Power and knowledge operate in a system of thoughts that control and run societal systems. It involved parties, such as the government, trying to put forth their own knowledge so that it becomes the dominant version of reality in society. The recognized reality of a society often shows the underlying economic interests. Individuals or groups who will benefit economically the most or least are in competition, fighting to put forth their version of reality. Powerful business enterprises and industries can create a reality that favors their interests, for example, pharmaceuticals who spend an exorbitant amount of money to broadcast the efficacy of drugs with various ailments, for example, mental health issues (Newman, 2010). This process of constructing reality is itself a great political action. Whether an entity will continue to be in power depends on its ability to construct a reality that reinforces its authority. An important actor of this construction of reality is the media. The media is a primary source of information about everything locally and internationally. There are different parties who hope to control the type of information that will be released to the public. They therefore construct and determine which social realities are released to the public. In fact, research has proven that those with more power, for example, the upper class, hold greater power to control the shaping of languages and values (Abels & Abels, 2001).

Experts and professionals, who are knowers of knowledge, have the power to provide the "truth" which they produce and maintain (White M. , 2011). Power operates in modern disciplines like psychology, medicine and social work in everyday practices that normalize judgment with constructed norms that create various identity categories for people within a specific culture (White M. , 2011).

We can see from this section that reality is not just about direct facts or

data. Reality starts from the subjective reality of a person's own choice and will. Yet, a person, by himself or herself, cannot be fully responsible for the construction of reality. Reality is constructed through language in stories told which are operated under the power structures in society. Different communities operate under different rules within different cultures. Therefore, reality is multi-faceted and changeable within different contexts. Subjective reality has to be constantly negotiated with social realities that are collectively produced. These forces work in multiple ways (with or against social and subjective realities) to produce and reproduce reality. A person in society is under the tensions and pressure of these systems of multiple realities. These voices are interfering with one's life. One is not free to determine and execute choices and the power of a single individual is limited. Still, we continue to negotiate to construct and narrate our preferences.

2.4 Chinese Views of Reality

The Chinese view reality very differently. To summarize how the Chinese view reality, it can be said that their view is one that is holistic which has been consistent throughout history. The specific Chinese society discussed here is Hong Kong, which has been under both the political power of the British and Chinese authorities for a significant period of time. However, Hong Kong people are still Chinese at heart and greatly influenced by traditional and historical Chinese cultural aspects (Dunaj, 2015). In the following sections, I will discuss the conventional ways that the Chinese have viewed reality, and how these may still be related to the reality today of Chinese people. The Confucian principle of *ren* - kindness and *li* - conduct and norms in society greatly influence the Chinese. They also value the balance and harmony within themselves and outside with nature and others in understanding the meaning of the pathway to truth or *dao*, the core

belief in Daoism which is also a very important concept that influences the construction of meaning of life for Chinese people.

2.4.1 Conventional views of reality.

In this study, the stories of Chinese people in Hong Kong are explored, and it is in these stories that the roots of their beliefs of reality are found. This will be briefly discussed in the following. The conception of reality can be said to have roots in the chaotic Warring States period (475-221 BC), in which China had much unrest, and many scholars with privileged status were relieved from their position. They then tried to seek and teach others about alternative ways of living and reality (Lai, 2008; Van Norden, 2011). There were therefore conventionally two main schools of thoughts: 1. Confucianism, which was mainly taught by Confucius (551-479 BC), and 2. Daoism, which was mainly preached by Laozi (6^{th} century BC). In the following, their teachings will be outlined.

There are two main concepts in Confucianism: *ren* (仁) or kindness/charity and *li* (禮) or ritual norms. They provided the moral views and direction to live a good life and be a good person. These two concepts allowed one to be molded into the ideal person or prescribed the moral actions of a model gentleman for an ideal family and society (Lai, 2008; Van Norden, 2011; Wen, 2012). Confucius believed that a person moves symbiotically with his or her environment. Unity, balance and harmony among the inner and exterior selves and with society are important (Lai, 2008; Solomon, Introducing philosophy : A text with integrated readings (7th ed.), 2001). If one hopes to have good things, one must be good to others. The Chinese character of *ren* is composed of a left side which denotes human and a right side which denotes two. Thus, *ren* is about the relationship between two individuals. The word means love, charity and compassion. The king should love his nation and subjects much like a father who loves his children. As

ren started to revolve around the family, the concept of filial piety or *xiao* emerged (Lai, 2008; Wen, 2012). Confucius considered that *ren* started with close intimate relationships. *Ren* encourages emotional attachments, loyalty and affections towards one's family members, as the family is the root and fundamental essence of human existence. The skills that are learned in maintaining family relationships are very vital to the life-long practice of living in a society (Lai, 2008; Wen, 2012).

The other primary concept of Confucianism, *li*, is interdependent with *ren*. A person has to commit to being *ren* both in saying and practice. *Li* are the ideals to be put into practice to make *ren* reality. They are the ancient behavioral norms that encourage people to do the right thing and put proper deeds into actions and rituals, for example, in addressing or saying farewell to a family member, and how long to mourn the death of different people in a respectful way. People would receive acknowledgement and praise for doing things properly (Van Norden, 2011; Wen, 2012). One would also need to enforce the self into discipline to follow the ideals in order to fulfill the ritual norms of *li*. That is because personal desires might affect others and lead to failure to comply with the requirements of *li* (Wen, 2012). There are also various desirable attitudes and qualities of humans, namely obedience, tolerance, generosity, being hardworking, courageous, trustworthy, and wise (Lai, 2008). For example, in order to be wise, a person must be committed to a greater understanding of many other virtues. There were a range of correct, proper and systemic behaviors for different contexts; for example, for children and parents, and the king and his ministers. Furthermore, whatever a person is doing, s/he should do it to the best of his/her ability and being *ren* along with *li* can be achieved by anybody if they try (Lai, 2008; Solomon, Introducing philosophy : A text with integrated readings (7th ed.), 2001; Van Norden, 2011;

Wen, 2012). However, in this context of proper behavior for the different roles of people, Confucius strongly believed in a social hierarchy of scholars, farmers, craftsmen and merchants, from top to bottom respectively. People need to recognize their class in order to properly perform their role. As well, the life of a scholar, who is in the upper rung of the hierarchy, is considered to be better than that of a farmer, who is lower on the hierarchy and so on and so forth.

The DaodeJing (Way of Life) by Laozi is one of the most influential books with significant representation of the Chinese culture. There are many aspects of the concept of *Dao* (道) and *de* (德) in this book. Laozi believed that there is a natural reality called *Dao*, or the "Way" (Solomon, 2008). It is a whole system of moral truths and the mother of all phenomena (Lai, 2008). He explained that humans should follow the earth, the earth should follow the heavens, the heavens follow *dao,* and *dao* follows nature (or itself and nothing else). Dao is the beginning and sustainer and the source of all things. It is the way of truth which is natural, eternal and spontaneous. *Laozi's Dao* is from nothing to one, then to many (Zhang, 2012). This reality is far beyond the visible and sensible world (Solomon, 2008). Laozi stated that *Dao* is very mysterious, invisible and unreachable. *Dao* surely does not have physical elements and cannot be understood through rules, discourses or conduct. *Dao* is hard to name and define (Hsu, 2008), but an individual who is living with *Dao* should try to compromise and understand this reality of *Dao* instead of interfering with it and destroying it. Laozi tried to provide guidance on how one should address situations and interact with people to live in this world with his teachings. He believed that the harmony of *Dao* can help humans to realise the truth (Hall & Ames, 1998; Moeller, 2007). To be a sage, a perfect man, and to have good virtue, one should go back to being natural and not be too extreme about things. Thus one can accordingly understand reality

(Blocker, 1999). Laozi was a rationalist and believed that reasons and understanding of how things worked had to be in place to be able to reach *Dao* or the ultimate reality, discovery of the self and relationship with others. If a person does not do so, disaster will happen (Wen, 2012).

Laozi stated that to be "non-being" *wu* (無) is a metaphysical way to reach reality. *Wu* is a state of emptiness. *Wu* can bring about peace and does not interact *wuwei* (無為) with the root of our nature. *Wu* is to have still actions and thoughts (Hsu, 2008; Moeller, 2007; Wen, 2012). The solution to a problem is not to impose power onto people (Hall & Ames, 1998). Laozi indicated that the best way is to use *Dao* to teach people to be peaceful and let things proceed naturally, with no conflict and without strife. It is not the same as being soft and doing nothing. Instead, it is being self-conscious to not disturb the way of *Dao*. Laozi often metaphorised *Dao* with water. Water benefits everything in this world without struggle. It is soft yet can be very powerful and destructive (Van Norden, 2011; Wen, 2012). Laozi also promoted the idea of *wuzhi* (無知) or peace of mind, which translates into a peaceful society (Moeller 2007; Hsu, 2008). It means knowing without principles (Hall & Ames, 1998). Through non-action, he also promoted a state of no desire *wuyu* (無欲), or no competition with others, so that people can be free and then transform others. Laozi found that the one who fights with others usually gets less than what s/he wants (Wen, 2012). His advice was to seek moderation and be free from desires as he believed that too much stimulation and enjoyment would numb our senses. The writing of Laozi showed that his reality is in a cyclical direction of ying-yang in time and space rather than being linear. Laozi often talked about the contracting of two extreme polar opposites, like destroy and promote, and contract and expand. They are a mutual interplay and exchange in a circular cycle. So, if there are no desires and disturbances, the

world will settle down and find peace within itself. Daoism is about a method to understand and achieve *Dao,* the way to the truth of reality. He proposed that one should not seek to change others to become like us, but recognize others and accept them. *Dao* is to enhance individual uniqueness but not necessary grow to become the same as others. In relationships, the aim is to appreciate and benefit each other. *Dao* is to echo, influence and respond to each other (Hsu, 2008; Lai, 2008).

Another concept in the teaching of Laozi is *de*, which is virtue and excellence that shape the entity of humans and objects from within. *De* is sourced from the entire context of *Dao. De* is within an individual, who can practically and appropriately execute the principles and meaning of *Dao* in daily existence. *De* can also be translated as power; that is, inner power which can be used for good influence and to benefit others. It is related to full individual self-realization, determination and well-being. Laozi taught people to be a sage, a perfect human, someone who is to be able to reach true reality, which is realized through direct experience and practice of moral goodness (Blocker, 1999; Lai, 2008; Solomon, 2008).

2.4.2 Relating Chinese view of reality to the present.

Chinese classical beliefs of reality are still considered to apply to the contemporary life of Chinese people as they are strongly influenced by those beliefs and traditions and continue to incorporate them into daily life (Dunaj, 2015; Van Norden 2011). The Eastern cultures are considered to be collectivist; people are more intertwined with others and the relationships are interdependent, relational and connected. This intertwining is not limited to people, but also with nature, and the surrounding environment. The boundary of the self is less obvious compared to the Western context. Others in the world have an important role in

affecting the individual self (Dickerson, 2012).

In the conventional Chinese beliefs on reality, there is no separation among the world, substance and the person. One's experience and identity is at whole and in harmony with the nature of the ultimate reality. Reality is the unity of the self with the world and the non-being (Cheng & Bunnin, 2002; Dunaji, 2005).

The capability of a person to fulfill his/her potential is to perform various functions and roles in family and social life. To strive for achievement and reach a perfect reality are the values of being a human**.** The philosophy of reality in the Chinese mainly focuses on morality (Cheng & Bunnin, 2002; Paramore, 2015). Moral practice is central in their beliefs. That is because Chinese society is a "well-ordered society" (Dunaj, 2015). Therefore, being a good person is important for social life. If one carries out actions that are not acceptable by society, this will lead to rejection and judgment as bad behavior and shameful actions. People are expected to live in harmony and unity with others, both socially and politically. Unfortunately, these classical ways of thinking by the Chinese do not recognize the changes and different possibilities in life in that there could be more than one way to live a good life (Van Norden, 2011).

The concepts of "non-interference", which is to watch and allow events to progress without individual interference, and "non-doing", which is to surrender and find the right circumstances to rectify any situation into a harmonious event, are very important metaphysical actions for daily life. These two concepts are important because the interest of society as a whole is more important than that of individuals. Therefore, expression of individual feelings is not encouraged especially when it might conflict with the harmony and interests of society as a whole. Even in the present day, disagreements and conflicts within society are not

encouraged. The voices and opinions of the minorities and marginalized are not strong compared to the ideals and values of the normative world with social order. Therefore, one must adapt to the regular and common ways in society (Dunaj, 2015). Thus, the main premises behind the Chinese way of viewing reality are to strive for goodness and achieve harmony with the natural world and society.

In terms of the Hong Kong Chinese, the views are a mix of Western and Eastern due to the colonial history of the city. However, living in the postmodern world, people have to negotiate with their own subjective and social realities from many forces of power (Blaikie 1993). Suppose the way that Laozi solved problems related to reality was applied in the postmodern world of the Hong Kong Chinese people. He may not advise fighting against a situation. Instead, he would tell us to quietly go with the flow of nature, the most natural situation encountered in the most natural way. It is obvious how conventional Chinese thinking affects a great number of the Hong Kong Chinese. Indeed, the two schools of philosophy have influenced Hong Kong Chinese people, for example, compared to other cultures, Hong Kong Chinese people are very obedient to authority figures, like parents, employers, teachers and professionals even in times of conflict. They follow the wisdom of Laozi to become a sage in reaching the perfect *Dao* but with *De*. As well, they follow Confucius to be a gentleman with *ren* and *li* to attain moderation and be non-striking, and they try not to do so much to disturb harmony with the environment, and be someone who has great virtue to reach a perfect life. It is a common practice and people would think that it is good to keep quiet and be peaceful. These teachings do not encourage negotiation nor resistance to the social ideal but to achieve perfection. This is by no means easy to achieve by the average person in the midst of different tensions and demands in a modern and cosmopolitan city like Hong Kong with international ties. As a result,

when one fails to achieve balance, this could be problematic, as this is often internalized as individual deficiencies.

2.5 Conclusions

In the course of civilization, whether it is the West or the East, people are constantly trying to find out more about what constitutes reality. Understanding reality has been mostly the privilege of scholars, experts and the powerful in the West. For example, in the classical periods, reality was seen as singular and fixed. It was a difficult entity to understand beyond the use of the senses. Understanding reality involved hard work and education, which only applied to kings and noblemen. One needed to self-actualize as a rational being to understand reality. The same is true in the Chinese culture in that like the West, only the sage or the learned with certain levels of training, education, wisdom and experience can truly grasp the meaning of reality. Thus, conventional Chinese philosophy has greatly inhibited and limited the free thinking of modern Hong Kong Chinese people in constructing reality. If one fails to comply with societal expectations and views, problems will likely emerge. In the modern age, the truth about reality was still singular and privileged by scientists and academics. Scientists used scientific methods to reason, observe and prove reality. They believed that reality can only be understood through reasoning, logical thinking, observation and empirical evidence of sensory data. However, humanistic views have challenged them, and choice, responsibility and potential of humans are starting to be recognized as alternatives. Reality is therefore not fixed and singular anymore. With the advent of the postmodern age, multiple realities are being acknowledged; they are operating and being created in everyday life. They are constructed in the interactions of our subjectivities, and language of our everyday conversations within the power structure and hierarchy of our society and culture. Multiple

realities stem from the subjectivity and agency of individuals, in which language plays a very important role, in particular through the media, where discourse and power operate together to construct and make meaning of this world. The media is a tool that works in circular and multiple directions, constructing reality between subjective and social realities. Awareness of the dominant discourses that are reflective of power is very important. The individual him or herself cannot be fully blamed for certain problems and issues because there are many societal forces that govern and affect realities and how they are constructed. Those who occupy positions of power have effects over people's lives and their options. Such discourses are deeply rooted in our everyday thinking, for instance, how we see depression and people affected by depression.

In the following chapter, discourses on depression will be examined. The historical background of depression and how it affects beliefs about those with this condition will be discussed.

Chapter 3 Discourse on Depression

There has been the awareness of depression as a condition of prolonged sadness and fear even before there were written records of such a phenomenon around 10,000 BC. Then, this condition was labeled melancholia around 4th century BC and since the 17th century, called depression in daily use language. This chapter will examine depression in four parts: (1) changes in the terminology and classifications from pre-history to the modern age; (2) the perspectives; (3) understanding of this condition in the postmodern age; and (4) related discourses over time and how people recognize the symptoms. The terms of depression evolved from melancholia then to depression. There were many sub-types and the meaning of depression also evolved at the same time. In general, the condition together with its theories pointed to many different problems of persons with depression, including those that are physical, mental, emotional and even spiritual. Melancholia or depression was generalized with all mental problems but with different severity for a long time, and considered to be just a milder form of mania. Not until the 19th century was melancholia or depression differentiated as a separate illness from other mental problems like schizophrenia. As a result, it will be evident how people are influenced by the different discourses and contexts around this illness. It is premised that how people understand, relate to and negotiate with the condition of depression in the current context are influenced by its historical background. Many of the conditions for the problem of depression were internalized by those affected by depression. They were judged to be inadequate with the standards and expectations of mainstream society. They were stigmatized. In the postmodern age, however, people started to criticize the way that practitioners and people viewed mental health issues. They started to view depression as a constructed process that interacted with the self and society. Many

scholars started to look into the condition with a different perspective, in terms of the person's experience and interpretation in terms of language, for the meaning and the reality of persons affected by depression.

.1 Terminology, Classifications and Characteristics of Melancholia/ Depression

There has been a significant transition in how depression is viewed and classified from the ancient times to the modern age. The term "depression" has evolved after many different phases of change in terminology, starting with melancholia, and these changes can also be found in the development of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This section will therefore outline the following: (1) melancholia; (2) depression and the development of the DSM; and (3) the relation between melancholia/depression with mania in terms of classification.

.1.1 Melancholia.

Melancholia is the former term used to denote depression. The term was made prevalent in Western culture by Greek physician Hippocrates (460-377 BC). Melancholia is derived from the Greek words *melas* (black) and *khole* (bile) (Aguirre, 2008). Doctors considered that melancholia was manifested through two symptoms: prolonged fear and despondency without cause and reason (Grob & Horowitz, 2010; Jackson, 1986; Lim, 2008; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000; Radden, Moody minds distempered : essays on melancholy and depression, 2009). The characteristics of melancholia were also numerous, different and very negative, including sleeplessness, irritability and restlessness, desperation, distrust, weeping, fear of death, ill digestion, crudity, self-centredness, delusions related to fear, bad temper, over-reactiveness, abnormal behaviours, and lowering of self-regard and self-esteem (Dowrick, 2004;

Grob & Horowitz, 2010; Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Radden, Moody minds distempered : essays on melancholy and depression, 2009).

In the 4th century, religious and spiritual theories dominated Europe. Acedia, which is apathy, was thought to be an evil spirit and sin of sloth and negligence, and shared some common grounds with melancholia (Ehrenberg, 2010; Jackson, 1986; Kasper, Boer, & Sitsen, 2003). At that time, doctors who were also mostly priests attempted to differentiate acedia from melancholia by citing delusional behavior in the latter, which was associated with possession. Therefore, some individuals were persecuted for melancholia as they were mistakenly identified as those involved in witchcraft and therefore possessed by the devil (Jackson, 1986).

Many physicians also noted that individuals with melancholia exhibit strange, negative, and pathological behaviours. Timothie Bright (1551-1615), a British physician and clergyman, stated that melancholia disturbs the passions and organs, is mixed with madness that causes strange changes in actions of people. Robert Burton (1577-1640), an English scholar, made attempts to differentiate melancholy from madness and possession by the devil. He stated that melancholy also presented physical signs which originate from the brain and gastrointestinal problems. Christian Heimroth (1773- 1843), a German physician, also viewed that melancholia could disturb the soul (Jackson, 1986). Both Burton and Heimroth considered that there are other kinds of melancholia, namely, love-melancholia (love-sick), religious melancholia which is a form of love-melancholia or a love for God that is so distorted that it results in murder and suicide, and metamorphosis in which a person is delusional in thinking that s/he has been changed into an animal (Dowrick, 2004; Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000). Sigmund Freud, the founder of

psychoanalysis, correlated melancholia with sexual conditions, such as excessive sexual excitation or deprivation (Jackson, 1986).

3.1.2 Depression and diagnostic and Statistical Manual of Mental Disorders.

In the 17th century, physicians, writers and psychiatrists started to use the term "depressed" to describe the symptoms of melancholia, and depression was derived from the Latin word "deprimere" which means to 'press down'. In *Chronicle*, a book written by Sir Richard Baker, a religious writer who was also a politician and historian in 1665, reference was made to someone with a great depression in spirit (Jackson 1886, p.147; Wolpert, 1999). Philippe Pinel (1745-1826), a French physician, used "depression of spirits" and "habitual depression and anxiety" (Berrios, 1988, p.300) to denote melancholia in his book, *Treatise on Insanity* which was written in the 18th century. Wilheim Griesinger (1817- 1868), a German neurologist and psychiatrist, introduced the term "depression of mind" as equivalent to melancholia (Jackson, 1986, p.161). At that time, depression was the folkloric description by commoners of melancholia (Berrios, 1988; Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000).

Emil Kraepelin (1856-1926), a German psychiatrist, used a roster of symptoms to describe depression and created a category called "manic-depressive insanity" in 1886. Then, mood disorders were categorized into "manic-depressive psychoses" (Radden, Moody minds distempered : essays on melancholy and depression, 2009) and melancholia (p. 39); that is, manic depression and depression without mania in today's terms (Berrios, 1988; Ehrenberg, 2010; Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Radden, Moody minds distempered : essays on melancholy and depression, 2009; Wolpert, 1999). Depression

symptoms included psychomotor retardation, absence of spontaneous activities, dejected emotions, inhibited thoughts and down moods (Grob & Horwitz, 2010). Other symptoms include self-accusation, ideas of sin, self-loathing, hatred, feelings of inadequacy, helplessness, religious strain, anxiety, inhibition of thoughts and action. (Grob & Horwitz, 2010; Jackson, 1986; Kasper, Boer & Sitsen, 2003). In the most serious cases, depression was diagnosed as an illness with sensorial disorders and guilt which led to suicide (Ehrenberg, 2010).

In the beginning of the 20th century, two more mood disorders, namely, manic depressive psychosis and melancholia were added to the list. Adolf Meyer, an American psychiatrist and president of the APA from 1927 to 1928, along with Freud were the primary contributors behind the DSM-I. Freud started to use depression as a descriptive term for the mind state of patients. Depression was dubbed a "reaction" under the influence of Meyer, which correlated depression as a reaction to the environment (Grob & Horwitz, 2010; Jackson, 1986; Kasper, Boer, & Sitsen., 2003, 2003). In any event, the focus of DSM-I on depression reactions emphasised psychological reactions in depressive illnesses, and thus the term depression replaced melancholia. In 1937, the American Psychiatric Association (APA) added "reactive depression" differentiated from psychotic mood disorders (Grob & Horwitz, 2010; Jackson 1986). In 1952, the APA developed an official classification for mental illnesses, called the Diagnostic and Statistical Manual of Mental Disorders, DSM-I. The classification system focused on categorising the similarities and differences of various mental illnesses based on a variety of symptoms. However, the causes of depression and background of individuals who are affected by depression were not taken into consideration.

Under the influence of Freud, the term 'reaction' was subsequently eliminated in 1968 in DSM-II. Instead, "depression neurosis", a disorder due to

internal conflict of loss (Greenberg, 2010; Grob & Horwitz, 2010; Jackson 1986), was used. Later, DSM-II was criticized for neglecting the causes of the disorders, but some descriptive diagnostic standards were used for depression, which separated the affective disorder category into primary and secondary disorders of depression and mania respectively depending if they were caused by another psychiatric illness. At that time, depression consisted of more than five of the following symptoms, namely, poor appetite; sleeping difficulties; loss of energy, loss of interest; guilt; lack of concentration and thoughts of death. On the other hand, mania is a psychotic state of heightened energy and increased arousal.

In 1980, DSM-III was launched with some adjustments in the criteria for depression. For example, the duration of the symptoms was changed from one month to two weeks. Again, this diagnostic criterion only focused on the symptoms but not the causes. So, the diagnosis could not differentiate whether the depression was due to bereavement or loss because of natural disasters. Moreover, depression became the dominating mental disorder, replacing anxiety. Thus, the definition of depression was basically left untouched, from DSM-III-R which was launched in 1987, to DSM-IV in 1994 and finally DSM-IV-TR in 2000. The parameters around depression continued to expand starting from the 1980s as there were controversies whether people who had fewer than five symptoms should be diagnosed with depression, and the diagnostic criteria of Major Depressive Disorder in the DSM were challenged. Fewer symptoms meant that it was a milder form of the disorder. The term minor depression then came about which featured fewer symptoms (Dowrick, 2004; Grob & Horwitz, 2010).

In 2013, the DSM-V was launched, which differentiated between the various chronic forms of depression. The APA added a few subtypes of depressive disorders in DSM-V, including disruptive mood dysregulation disorder and

premenstrual dysphoric disorder. In total, eight types of depressive disorders were provided, including major depressive disorder, persistent depressive disorder (dysthymia), substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorders and unspecified depressive disorder. Depression due to bereavement was omitted because the time required for a diagnosis was a much longer period of time of two months as mentioned earlier (American Psychiatric Association, 2013; Ehret & Berking, 2013). The diagnostic criteria for major depressive disorder in DSM V incorporate five or more of symptoms during a 2-week period of time and changes in lifestyle, for example, depressed mood; reduced interest; significant weight loss weight gain; insomnia or hypersomnia (APA, 2013). They are used as criteria by doctors and practitioners to determine if a person is affected by depression. Many scales and tools have also been developed based on the DSM in other scientific research work to help professionals to determine and diagnose if their "patient" is really suffering from depression. When their symptoms match, they would be labelled to have depression or are a depressive patient (Beck, 1996; McKnight & Kashdan, 2009; World Health Organization, 2003).

There have been 6 versions of the DSM since 1952. From the summarized classifications of depression and melancholia, it is evident that the theories, developed by experts, have been constantly changing, thereby affecting the naming, meaning and the "truth" of the condition itself (Stern, 2003).

3.1.3 Relation between melancholia/ depression with mania in terms of classification.

Many scholars, physicians, philosophers, scientists strongly believed that melancholia, the former term for depression, was closely related to mania, madness and insanity. Melancholia is “without cause” because the reaction of the

patient was from the internal and not proportionate to their cause. Aristotle (384-322 BC), a Greek philosopher and scientist, used the term mania to define mental illness in general (Kasper et al., 2003). However, he considered that melancholia was "with cause" and proportionated to the circumstances, for example, the death of a loved one (Grob & Horwitz, 2010; Jackson, 1986).

Many well-known physicians namely, Aretaeus, a Greek physician who lived in the first century; Galen (130 AD to 210 AD), a Greek physician; Herman Boerhaave (1668- 1738), a Dutch physician, Benjamin Rush (1745- 1813), an American doctor; Pinel; Griesinger; and Jean-Étienne Dominique Esquirol (1772 to 1840), a French psychiatrist, believed that melancholia is an early or mild stage of mania and madness. They are a continuum of increasing severity of one illness (Aguirre, 2008; Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000). Aretaeus thought that when melancholia became serious, the dreams of patients became true, so that they became mean-spirited and wanted to die (Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000). Avicenna (980-1037), a Persian physician, thought that melancholia would change the character of a person and called it violent Mania. The physicians also included symptoms such as bad judgement, unreasonable fear, negativity, suspicion, and solitary behaviour (Aguirre, 2008; Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000). Boerhaave thought that the worse type of melancholia is called "Wild Fury", which is mania and madness that affect mental functions (Jackson, 1986). Serious physical symptoms included difficulty of breathing, lasting violent affection and at worst, disturb all functions (Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000).

Rush, the father of American psychiatry, stressed that mental disorders are a pathological condition of the mind (Leventhal & Martell, 2006). Both Rush and Pinel also regarded melancholia as "insanity" that results in deviant behaviour including suicide and related to delusions. Johann Christian August Heinroth (1773 to 1843), a German physician, stated that severe melancholia would result in extreme disturbance of behaviour which he called melancholia attonita, which was renamed as catatonia in the 19th century, and later, catatonic schizophrenia in the 20th century to the present day schizophrenia (Berrios G. , 1988; Berrios & Porter, 1995; Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000).

Griesinger believed that melancholia is an affective kind of insanity found in reasoning and mood without intelligence disorder (Ehrenberg, 2010; Radden, Moody minds distempered : essays on melancholy and depression, 2009). He described symptoms to include emotional disorder, hatred of others, indecisiveness, deviated and disconnected sensations. (Jackson, 1986). Esquirol, on the other hand, indicated that melancholia must not be confused with mania and dementia, but still viewed melancholia as partial insanity. He dubbed lypemania as melancholy with delirium (Berrios, 1988; Jackson 1986; Lim, 2008).

Kraepelin defined "manic-depressive insanity" to include melancholia and mania. Then finally, the APA separated dementia praecox (schizophrenia) from manic depressive psychosis which included melancholia in DSM II in 1968, and still holds today (Ehrenberg, 2010; Kasper, Boer & Sitsen, 2003; Grob & Horwitz, 2010; Leventhal & Martell, 2006).

The evolution from the use of the term melancholia to depression has been a long and slow process, and here, only a short summary has been given due to

space limitations. Basically, depression is synonymous with melancholia which meant low in spirit. Slowly depression became the dominant term and melancholia a subtype. Then the term gradually faded out and its use ceased (Dowrick, 2004; Grob & Horowitz, 2010; Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Radden, Moody minds distempered : essays on melancholy and depression, 2009).

Moreover, melancholia, depression and mania, insanity, and later schizophrenia were labelled as the same illness for a long period of time but only differed in severity since the time of Aristotle until 1968 with the advent of DSMII. There is even a strong belief today that depression is the umbrella of all mental illnesses that are related to the insanity, mania, madness. It is related to strong irrational, unreasonable emotions which are also related to delusions and confusing thoughts. This belief which has spanned human history has contributed to the stigma and misunderstanding of people affected by depression even in the present day (Dowrick, 2004; Radden, Moody minds distempered : essays on melancholy and depression, 2009).

3.2 Perspectives of Depression

After outlining the previous literature on melancholia and depression, different perspectives of depression will be discussed in this section. Specifically, three perspectives will be covered: (1) individual, (2) social, and (3) contextual.

3.2.1 Individual perspective.

The perspective that depression originates from within an individual has dominated the fields of medicine and social sciences since awareness developed around depression. Two strands of related theories under this perspective emerged: biological and psychological theories.

3.2.1.1 Biological theories.

The dominant biological theories of depression include humoral, mechanical medical, heredity, chemical, and life stage theories as well as other medical and physiological factors.

1. Humoral theory

The humoral theory was perhaps the first scientific based theory used to describe depression, with supporters such as Aristotle. This theory was prevalent in 490 BC during the Antiquity period up to the 19th century. The theory stated that depression is resultant of the imbalances of humor (fluid – black and yellow/red bile, blood and phlegm), thus resulting in disorders and mental problems. Aristotle also believed that emotional disorders were derived from an irrational part of the soul and due to imbalances of black bile. Aretaeus believed that bile caused anger and depression (Jackson, 1986; Kasper et al., 2003; Leventhal & Martell, 2006; Radden, 2000, 2009; Zax & Cowen, 1976). Galen thought abnormalities of the black bile damaged cerebral tissue and led to mental problems. Aretaeus and Avicenna both believed that food is the main cause of black bile and affected the actions of the soul. Marsilio Ficino (1433- 1499), an Italian scholar, thought that dryness and coldness of the humor caused fear and sadness. Bright stated that melancholy humor and vapor from the spleen affect the brain and heart, emotions, perception, judgment. Other scholars also believed that depression is found in the physical body; for example, the heart, brain and nerves, abdomen, all-over the body as well as unknown locations (Aguirre, 2008; Jackson, 1986; Kasper et al., 2003; Radden, 2000; Zax & Cowen, 1976).

2. Mechanical medical theory

Another scientific theory that was used to define depression is the mechanical medical approach in which illnesses are induced by a mechanical

stimulus. Galen indicated that the structure and function of the brain and nervous system including the spinal cord was responsible for mental disorders. He thought that blockage of the blood vessels by particles resulted in mental problems (Jackson, 1986; Leventhal & Martell, 2006). René Descartes (1596-1650), a French scientist, believed that flowing particles released by the spinal gland that reach the heart then releases messages from the soul to the body. This changed the context of blood and explained diseases, and was widely accepted by the medical world after the 17th century. Boerhaave and Rush stated that depression is the excess of "melancholy juice" in the blood. Rush introduced mental disorder as sickness of the brain. Starting from the 18th century, neural fluid replaced blood vessels as the reason for depression as the electrical charges are said to be responsible for the condition (Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Leventhal & Martell, 2006; Ng, 1998; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000; Wolpert, 1999).

3. Chemical theory

In the late 1950s, claims were made that monoamine neurotransmitters, namely serotonin, are found in the central nervous system, and important for the well-functioning of the body. When these neurotransmitters are imbalanced, problems such as depression and insomnia are the result (Gotlib & Hammen, 2009). By the mid 1960s, medications such as antidepressants and monoamine oxidase inhibitors began to be prescribed to help regulate the uptake of neurotransmitters. Since then, there has been a huge debate about the use of drugs, as the ambiguity lies in whether neurotransmitters are really solely responsible for depression so that inhibitors are needed to introduce changes or whether the effects of medications vary among different people (Kasper et al., 2003).

4. Heredity theory

Burton was convinced that if a mother had depression at the time of conception or pregnancy, the baby would be born with the condition (Aguirre, 2008; Dowrick, 2004; Kasper et al., 2003). Esquirol made the observation that among 990 cases, nearly 80% of the mothers that he had treated had depression in their post-partum period (Kasper et al., 2003). Kraepelin believed that genetically, only modern civilized Europeans would have emotional disorders because only educated people can be affected by depression (Wolpert, 1999). On the other hand, in the area of genetics studies, no evidence was found that shows genes could be the cause of depression. It was attributed to multiple factors that interacted to increase the chances of such illnesses (Alpert & Fava, 2004; Dowrick, 2004; Gotlib & Hammen, 2009; Kasper et al., 2003).

5. Life stage theory

Physicians of depression found that certain people in certain age groups are more prone to the condition. For instance, Aristotle, Burton and Kraepelin regarded old age as the cause of depression when people physically deteriorated. Aristotle pointed out that the bile of the elderly is weak and cold and they would therefore easily become depressed (Aguirre, 2008; Jackson, 1986; Kasper et al., 2003). Burton also felt that old age is one of the natural causes of depression. Esquirol stated that depression mostly affects people from 25 to 45 years old (Berrios, 1988; Dowrick, 2004; Jackson, 1986). Although early theories stressed that depression is an illness of adults, more recent theories state that children and adolescents also have high risk and in fact, depression happens in all ages (Gotlib & Hammen, 2009).

6. Other medical and physiological factors

Some of the physicians and scientists believed that diet could cause depression. For instance, Galen and Avicenna believed that food is the main cause.

Galen was against eating certain kinds of meat (Aguirre, 2008, Jackson, 1986). Burton did not approve of certain foods, such as pork, goat, pigeons, peacock, wine, and spices as well as overeating for depressed patients. Griesinger also believed that physiological changes in the body would affect the likelihood of depression. Others, for example, Esquirol, Griesinger and Kraepelin, indicated that certain lifestyles, for example, alcoholism, tobacco use, excess sexual activity or none could affect mental conditions (Berrios, 1988; Jackson, 1986; Wolpert, 1999). Burton thought that biological factors such as constipation, nose bleeds, exercise and sleep could cause depression. Pinel stated that depression resulted from abnormal lifestyles, such as lack of regularity in sleep hours, drinking and smoking. Other biological causes attributed to depression included abnormal skull structures, head injuries and skin conditions (Aguirre, 2008; Dowrick, 2004; Jackson, 1986; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000).

3.1.1.2 Psychological theories.

Five psychological theories have often been used to explain for the cause of depression: personality, cognitive, behavioural, and cognitive behavioural, and psychoanalysis theories.

1. Personality theory

Aristotle and Ficino were convinced that people with high intelligence are highly at risk of having depression. Aretaeus concluded that individuals with depression have a depressive personality due to the unique compositions of humor. Burton and Esquirol were also convinced that depression is “in disposition” (a habit), such as laziness (Berrios G. , 1988; Jackson, 1986; Kasper, Boer, & Sitsen, 2003; Radden, Moody minds distempered : essays on melancholy and depression, 2009; Zax & Cowen, 1976). Kraepelin named four personality traits responsible

for depression: depressive, manic, irritable and cyclothymic (mood swings). Meyer had the view that depression is a reactive illness to environmental demands on negative personality and physical characteristics. Many modern researchers have also surmised that individuals with certain personality traits such as neuroticism, high sensitivity or negatively emotional are more at risk to depression (Greenberg, 2010; Grob & Horwitz, 2010; Jackson, 1986; Kasper et al., 2003; Klein, Kotov & Bufferd, 2011).

2. Cognitive theory

Along with Hippocrates, Aristotle believed that there are two parts of the soul: a rational and an irrational component. The rational soul in the brain governs mental functions. Emotions and disorders come from the irrational part (Jackson, 1986; Leventhal & Martell, 2006; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000; Radden, Moody minds distempered : essays on melancholy and depression, 2009; Zax & Cowen, 1976). Aristotle stated that depression could change one's actions and judgment. One then becomes despondent without reason. Galen concluded that emotions in those with a mental illness were the "disease and error of the soul" that needed correction (Berrios, 1988; Jackson, 1986; Lim, 2008). These views of depression all influenced the modern day cognitive and behavioral theories in that mental thoughts cause negative or irrational behaviors (Cash, 2002).

3. Behavioral theory

The behavioral theory, which is based on experiments of observable behaviors of animals, assumes that actions are not rational, whether they are those of humans or animals. They only seek pleasure and avoid punishment, as evidenced by observable behaviors which are due to linkages between stimuli and reactions/ behavior (Cash, 2002; Gergen, 1994; Mclnerney, 1992; O'Brien &

Kollock, 1997; Roberts, 2008; Smith, 2003; Solomon, 2008). There is no private mental activity, like love, but only experimental situations in the mind presented by behavior that could be interpreted or evaluated.

4. Cognitive Behavioral Theory

The cognitive behavioral theory is based on the combined principles of cognitive psychology and behavioral theory. The focus is still on external, objective, and measurable variables that can be used to interpret irrational beliefs or distortion of reality, which would lead to maladaptive behavior, for example, depression and anxiety (Dorr, Zax, & Bonner, 1983; Elliott & Smith, 2006; Fee, 2000).

5. Psychoanalysis theory

Heimroth viewed depression as the internal conflicts between the conscience and impulses that cause mental illnesses which are "disturbances of the soul". Depression is due to serious loss or fear of loss. These concepts influenced Sigmund Freud. Freud's psychoanalysis theory dominated explanations of mental illnesses from the early 1900s to the 1980s (Aguirre, 2008; Jackson, 1986; Leventhal & Martell, 2006). The psychoanalysis theory sees humans as irrational with conflicts between internal drives and constraint of external reality thus causing symptoms of mental health problems (Held, 1995; O'Brien & Kollock, 1997). Freud also believed that there is a degree of insanity found in depression. Depression is found in the individual who is feeling negative, a defence, and an imbalanced state and despondency of loss (Freudenberger & Freedheim, 1992; Lowden, 1985; Ng, 1998; Radden, The nature of melancholy : from Aristotle to Kristeva, 2000; Wolpert, 1999). Depression is also because a person is angry with the world but turns the anger directly inward to the self and ego. When the object of love is lost, the rage turns to the self, causing self-hatred,

which are the central characteristics of depression according to cognitive behavioral theories (Aguirre, 2008; Grob & Horwitz, 2010; Kasper et al., 2003; Radden, 2000).

3.2.2 Social perspective.

The social perspective believes that supernatural forces, gender and relationships are the three social forces that cause depression.

3.2.1.1 Supernatural forces.

Around 10,000 BC, i.e., the European Neolithic era which was before any written records, human skull fossils of primitive cave men were found to have holes in them. This ritual of hole-drilling is called trephination–dispelling of evil spirits which caused mental illness. In ancient Egypt (1570 BC), medical papyri were discovered which described depression as related to incantations and evil spirits. A number of people were also described in the Bible to be suffering from depression. For example, King Saul (1040 BC) tried to commit suicide and he was thought to be troubled by evil spirits (Aguirre, 2008; International Bible Society (HK), 2003; Leventhal & Martell, 2006; Zax & Cowan, 1976). Aristotle and Burton believed that mental illnesses came from the gods. Avicenna thought that demons were one of the causes. In the 4th century, religious beliefs around depression dominated in Europe, and people believed that mental illnesses were the result of demonic power (Daly et al., 2007; Jackson, 1986; Kasper et al., 2003; Ng, 1998). In the late Middle Ages, doctors were usually also priests. They associated depression with acedia, the sin of sloth. In the early Renaissance, people believed that the devil contributed to melancholic humor (Dowrick, 2004; Ehrenberg, 2010; Jackson, 1986; Kasper et al., 2003; Radden, 2000; 2009). They felt that sinful actions, witchcraft, demonic influences and mental disorders are the same (Leventhal & Martell, 2006).

Burton, Pinel, Esquirol, Heinroth, and Griesinger also classified a subtype of religious melancholia, in which excessive religious enthusiasm could result in depression. Those who have religious melancholia have delusions of committing fearful sins and fear punishment in hell. Ficino attributed the significance of astrology with depression and temperament, especially with the planets Saturn and Mercury. He believed that when the orbit of the stars was at certain locations, it affected people's temperament. Stars remained one of the causes of depression even in the 17th century (Aguirre, 2008; Dowrick, 2004; Jackson, 1986; Radden, 2009).

3.2.1.2 Gender.

The attribution of gender to depression dated as far back as the 2nd century until the 10th century. Some physicians and scientists believed that men suffer from depression more than women but affected women more seriously. In the medieval period and early Renaissance, the church related witchcraft to women who suffered from mental illnesses. Johanne Weyer was a Dutch doctor who thought that women, especially elderly women, are more vulnerable to demons because they are "inconstant, wicked, ...stupid, foolish and uncontrolled in spirit and melancholic" (Levack, 2015, p. 349). Burton and Pinel both believed that women are more prone to depression due to their monthly period and menopause (Aguirre, 2008, Jackson, 1986; Radden, 2000, 2009). Esquirol and similarly, Griesinger believed that childbirth and lactation are causes of depression and so women are more likely to be depressed (Berrios, 1988: Jackson, 1986). Burton also felt that women are not disciplined and their depression is due to lack of discipline and their sexuality and they were too emotional. So it was not surprising that love-melancholia, or "love-sick" was common to them (Radden, 2000). Even in the 20th century, Kraepelin believed that women are more prone to

depression, as around 70% of his patients are female with stronger emotional excitability. Modern gender related theories also state that the chances that women would be affected by depression are twice those of men (Gotlib & Hammen, 2009; Radden, Moody minds distempered : essays on melancholy and depression, 2009; World Health Organization, 2017).

3.2.2.3 Relationship issues.

From the time of Aristotle until that of Esquirol, many physicians and scientists believed that the death of a loved one, friend or family member is one of the causes of depression (Dowrick 2004; Grob & Horwitz, 2010). Pinel also believed that incidents of certain domestic misfortune could be the cause of depression. Esquirol stated that the causes of depression include domestic trouble, for example, disturbed relationships. Griesinger also thought that bad upbringing and domestic problems contribute to depression. Freud indicated that depression is a defense towards the loss of parents. Consequently, the rage from the loss of loved ones would be redirected to the self (Aguirre, 2008; Berrios, 1988; Jackson, 1986; Radden, 2000; Wolpert, 1995).

3.2.3 Contextual perspective.

Long ago, Hippocrates proposed that depression could be due to natural causes from seasonal weather changes. Burton stated that some outward causes including air could cause depression. Pinel and Esquirol found that the season and climate influence depression. Griesinger noticed that some cases appeared as mania in the spring and then depression in the autumn (Aguirre, 2008; Berrios, 1988; Jackson, 1986; Kasper et al., 2003).

Burton, Esquirol and Griesinger agreed that life changes caused changes in emotions including anger and grief which could be caused by poverty, shock, imprisonment, disappointment, or other losses (Berrios, 1988; Dowrick, 2004;

Jackson, 1986).

Meyer contemplated on the contextual approach, and believed that depressive illnesses are diverse and complicated rather than a single disease. He viewed depressive disorders as a reactive illness as the person tries to adapt to environmental demands. The cause is from a mix of personality and biological characteristics, life circumstances and experiences. Modern studies have revealed that social environment, namely different cultures and socioeconomic statuses that affect life events, difficulties and stress are all related to the onset of depression (Gotlib & Hammen, 2009; Grob & Horwitz, 2010; Greenberg, 2010).

3.2.4 Comments on the different theories of depression.

It is evident that the discussed psychological theories all have scientific basis, in which a scientific view was used to formulate medical knowledge. This scientifically structured view of depression then became the central structure of the sick role and self-identity. Depression is said to be produced socially in society and relationships further impact the condition depending on the historical and cultural contexts. For example, some physicians and scientists believed that people have irrational behaviors and some turned the anger toward themselves. This kind of language also has a negative effect on the mental state of a person, as it blames those who have the condition and assumes that they have done something immoral which has led to stigma and punishment. The birth of the asylum in the 19th century meant that people with a mental illness were confined as an economic and social measure to avoid harm and damage to society. Foucault was critical that people were treated inhumanely if they could not reason and did not have feelings. This was because people who were mentally ill were stigmatized. Language produces stigma because people have many negative views about depression and these views are internalised by those affected by the

condition. Furthermore, stigma is also not easy to understand as it is always changing, thus reflecting social and cultural norms. Nevertheless, due to the language used to describe mental illness, individuals who were mentally ill were widely stigmatized. Mental illness was therefore used as a means of oppression to label patients as deviant, sick and abnormal. Therefore, all of those physicians and scientists, seen as experts or carriers of knowledge, created this language and therefore the dominant discourse, in that they created socially favored identities. The dominating discourses created socially favored identities and on the other hand, if people did not fall into these socially accepted identities, were given a negative identity, as in the case of people with mental health issues (Radden, Moody minds distempered : essays on melancholy and depression, 2009; Westerbeek & Mutsaers, 2009; White M. , 2011).

In modern times, there are many tools and scales in the market to evaluate cognitive or psychological deficits, such as assessment tests or scales for depression that try to determine the source and type of mental illness. That is, when people have depression, their actions and behaviours are not within the norms of culture, historical knowledge and science that define a 'normal' person and therefore, they need to be 'fixed'. Back then, practitioners and physicians tried to locate the illness, with the aim to destroy and cure it. People were labelled and pressured to get well, because the experts theorized that individuals who are mentally ill are imbalanced physically or mentally. That is, the medical model viewed depression as biological and chemical imbalances of the body and brain, and then these are internalized as physical, emotional and social dysfunctions.

Furthermore, in most cultures, people are expected to be happy and in a positive mood. That is why it is often regarded that negative feelings and depression need to be eliminated, especially in a culture where the dominant

discourse does not encourage even mourning or at least for not too long even in the most devastating moments of life.

People therefore felt that they do not have the right to be unhappy. For example, they considered that depression is associated with negative emotions, such as, anger, jealousy and guilt. These sorts of emotions are viewed to be negative and people are also seen as deviants if they often express emotional outbursts. As Foucault realised, patients in the early asylums were forced to confess their deviant behaviour but in doing so lost their subjective ground and agency as they showed that they were different from other people. This further oppressed people with mental illnesses and only served to construct a 'sick' identity that was identified with various symptoms (Dowrick, 2004; Fee, 2000; Gergen, 1994).

However, this is not to say that people became anti-psychiatry and denied the existence of mental illness and abandoned all the previous work in the medicine field and the knowledge that previous physicians and scientists have worked hard to provide. As evidenced in this chapter, there are a variety of theories about depression. There are many reasons that lead to depression. In fact, no single theory seems to conclusively explain the origin of the condition (Westerbeek & Mutsaers, 2009). Even modern medical theories only gather information to help practitioners and doctors diagnose the symptoms to treat the condition, for example, with the DSM. Then the individual who has the symptoms can only answer the related questions posed by the practitioner for the purpose of diagnosis. However, the responses might not entirely reflect their reality. As well, current treatment in Western medicine often just comes down to prescribing an anti-depressant medication. The number of antidepressants dispensed annually has increased to 61 million from 29.4 million in the UK, which is therefore double

compared to 10 years ago (Press Association, 2016). Often, doctors just prescribe a drug as the solution for depression (Healy, 2004). When attempts are made to treat depression by this simple means, the drug merely reduces people into nothing but a pill and helplessness. It is an easy way out, and an overly simple and one dimensional way to address such a complicated problem. This is because practitioners have actually little opportunity to understand the ailment. The patient's experience, language, interpretive skills and their perspective of the illness are all overlooked. The patients would be indirectly informed that they are not capable of understanding their own reality. As the focus of practitioners is to treat the condition, the experiences of the patient are irrelevant. Therefore, where are the theories and methods that can reflect the complexities and diversity of depression? These are actually best reflected in the views of the postmodern age (Gergen, 1994; Lewis, 2006; Stern, 2003).

3.3 Understanding Depression in Postmodern Age

In the postmodern age literature reviewed, it was found that researchers indicated depression could be understood through two primary means. They are: (1) the construction of depression and self in an interactive process, and the (2) social construction of depression, as discussed and summarized below.

3.3.1 Construction of depression and self in an interactive process.

In the 20th century, Meyer began to advocate for the roles that lifelong history and unique experiences have on depression. The insight of patients and judgment around their own mental condition started to be assessed. Mental illness became less mysterious and seen as a health condition with reactions that demonstrate responses to the environment (Greenberg, 2010; Jackson, 1986). That is, depression is actually not just a biological or psychological phenomenon, but also a constructed discourse (reflective of the social environment) and a reflective

process of the construction of the self and identity. The latter is actually very evident in counselling when a patient narrates about his/her experiences. When language is used to narrate feelings and emotions, this provides a platform which helps the patient to find his/her self and identity as these are linked to emotions and moods. This is because an active communication process acknowledges, and allows interpretation of the self in the past, present and perhaps future. People define, redefine, cope, construct, evaluate and negotiate with and reproduce a mental illness and their existing-self. Narratives of depression contain meaning to hardships that are faced during depression. Postmodernists view that people have multiple positions with conflicts of feelings and interests in their lives with alternative stories. In particular, in the face of difficulties, people tend to express these life events as how they have experienced and evaluated them. This is a process of negotiation and re-negotiation. Negotiations with life challenges are similar to sustaining a coherent narrative with the self to make sense, give meaning and conceiving the problems that have taken place. In return, the process of narrating and constructing about their condition, their identity is also shown. That is because in the process, they revealed the condition as well as assessed, redefined the current self and reinterpreted their past selves to construct a future self. Karp (1996) interviewed 50 people to see how identity is constructed, destructed and reconstructed through pain with depression. Once people learn to live with depression, they cope with it and face, accept and manage their condition. So, by coping with the illness, they start to reconstruct their self and identity as they are able to live with the condition and see the positive aspects, including the process of self-examination and improvement in their situation, thereby constructing their future in ways that they find acceptable. In doing so, this even increases the intimacy in their relationships. The process thus renews

their life.

Other researchers have found that depression is an illness about the self, thus forcing people to reflect on their self and identity. Depression has been historically linked to brilliance, creativity and sensitivity as people become more sensitive and able to see reality through their own pain. Depression could therefore be related to realization of self, identity and reality. In the process of facing depression, the self is re-examined and reviewed. Thus, depression could be reconstructed in a more positive way, in which losses become gains and the self is reunited. When they make sense of events, the narratives of experiences fit into expectations, and positive meanings could be expected to follow (Angus & McLeod, 2004; Clark, 2008; Fee, 2000; Karp, 1996; Levin, 1987; Lewis, 2006; Radden, Moody minds distempered : essays on melancholy and depression, 2009; Stern, 2003).

Patients also try to make sense of their condition and interpret their depression by sharing with their friends, relatives and therapists. Even at times when others cannot fully understood the problem, the patients still believe and hope that by telling their stories, this would somehow help to ease their problem. The author of the experiences therefore has a unique story that carries, expresses, and constructs his/her sadness. It is interesting that the symptoms for each person are similar but the meaning attributed to depression is very unique for each person. Subjectivity therefore crystallizes and actualizes the contents of the story behind their experiences. In the reflective process of life experiences, a person can best understand his/her consciousness, including his/her responses and emotions in terms of his/her beliefs, hopes, needs, motives, intentions and goals. Self-reflection includes the narration and construction of events of problems into stories through coherent meaningful accounts in a time-wise sequence (Lewis,

2006; Stern, 2003).

When individuals have the opportunity to talk about their story on depression, private experiences then become public and allow individual voices to be heard. It is therefore important to allow experiences to be vocalized and teach skills that can reorganize life experience and choices. This is because one's skills and management of life are within the self. Depression cannot be understood without taking into consideration daily life experiences, for example, relationship problems and financial difficulties. Rather, depression is actually best understood as a meaningful narrative of experience.

Narratives are able to reflect the core values of the individual who is presenting his/her views and choices about his/her life. So, practitioners should allow their clients to express themselves freely, and voice their experiences to construct their narrative. Narratives on depression allow other people as well as the person who suffers from the condition to better understand the illness, as the life position of a person lies in how s/he has made choices in his/her life. Then the practitioner's objective scientific knowledge of mental illnesses could be incorporated into the narrative practices towards examining and understanding the unique circumstances of each human individual (Clark, 2008; Dowrick, 2004; Galasiñski, 2008; Lewis, 2006).

3.3.2 Social construction of depression.

Postmodernism focuses on local and contextual knowledge in society. Therefore, the postmodern view of depression contains messages about the self, the world and their relationship; that is, the construction of interpersonal experiences in society (Karp, 1996; Stern, 2003). Depression takes place in a social context and discourses of depression are based on how society has constructed the condition. For example, medical discourses have defined

individuals with depression. It is important to understand the social component of depression, dominant views that define depression, and then how people suffer from, struggle with and construct their identity in the process of negotiation with depression. Apart from individual choices and factors, there are cultural and social factors that are related to depression across different points in life, for example, social and family support, available treatment, and education system. It was found that socio-cultural factors most affect the onset of depression. Living in the shadow of the modern world, individuals are constantly negotiating with expert knowledge and the dominant discourse of those in power every day. All these are intertwined together to contribute to depression and affect how one constructs a sick identity. For instance, mental health problems have always been linked to poverty, incapacity for work and associated with a certain group (Clark, 2008; Fee, 2000; Galasiñski, 2008; Radden, 2009; Robert, 2008). For example, Drew, Dobson, & Stam (1999) found from their research on eight individuals that, even though the victims reactively find strategies to counter blame from society, they feel powerless and are victimised. They are judged to be vulnerable to depression which socially produced a negative self-conception.

The amount of different types of stresses might be serious in some cultures. In some cultures, women have greater chances of being socially disadvantaged, are abused and discriminated but have greater responsibilities than the men. This is one of the reasons why they might be more prone to depression (Jackson, 1986; Clark, 2008). Another example is that the economy interacts with one's poor economic situation which causes a greater chance of depression (Karp, 1996). It is also necessary to acknowledge the effect of contextual background on people. As Foucault (1965, cited in Clark, 2008) had acknowledged, health and wellness depend on the shift in how a certain culture controls the definition of a healthy

and ideal body. However, it is not the cultural context that directly affects the concept of health, but how the person interprets its meaning. For example, Galasiñski (2008) examined how depression might affect the view and construction of the work life of the individuals in his study. Some individuals are afraid to lose their job and respect from others in their community. Work affects how they see themselves and their intention to seek help. Therefore, depression could discourage one from sharing one's experiences and silence victims (Aguirre, 2008; Galasiñski, 2008; Stern, 2003).

As explained, depression is a term developed in the West, but the word depression might be sometimes misused; for example, in China and Hong Kong, people suffer depression with symptoms of sadness, anxiety, insomnia, and headaches. However, in the 1970s to 1980s, the term depression was not found in Hong Kong, or even had a local meaning, so people often received a diagnosis of neurasthenia, which is a physical neurological weakness (Dowrick, 2004; Karp, 1996; Schwartz, 2002). This is because in China and Hong Kong, mental illness is very much stigmatized and neurasthenia was more acceptable and received cultural consensus from the Chinese people. As Chinese people do not encourage expression of strong emotions and private problems, like mental illness, this example demonstrates the social construction of depression because the same condition is called and interpreted differently in different cultural contexts.

3.3.3 Qualitative research on depression in postmodern age.

The aim of this section is to report on some of the recent research work that is found in the West and Hong Kong. The purpose is to validate the argument that was made earlier on the importance of narratives of depression. The current literature has been examined to determine whether importance of narratives of depression has already been addressed in qualitative research. In Section 3.3.2,

current practices and research work related to narratives of depression show the reality of the patient based on theories on depression and reality in the postmodern age. So, it would be relevant to provide some of the qualitative research work to examine the findings based on the postmodern theories on depression. In the following section, both qualitative research work from the West and Hong Kong that examine the experiences and stories of those who are facing depression are selected as examples.

3.3.3.1 Selected qualitative research from the West.

A database called Proquest was used with 'depression' as the keyword in the research title and 'qualitative or narrative research' in the document text of the searched scholarly journals. It was found that many research studies are conducted in the West. More recent studies were also selected if they were qualitative or narrative research work which provided the stories and experiences of those who have depression. In total, eight studies were selected and outlined below.

Whittle et al. (2015) reviewed 20 qualitative studies on strategies that men adopted to cope with negative feelings of depression. They found that most of the research focuses on unhelpful behaviours, for example, use of escape and avoidance, which often makes the conditions even worse. Few research works reported on "positive" strategies for coping with depression.

Aldersen et al. (2014) conducted a qualitative study with semi-structured interviews of 26 people to obtain their beliefs and experiences when they had to address chronic physical illnesses and depression. It was found that the interviewees define depression as an individual disorder instead of a changed self in their life stories. Furthermore, they were ambiguous about receiving help from practitioners but felt that it is their responsibility to overcome depression themselves.

Godoy-Ruiz et al. (2014) conducted open-ended semi-structured interviews with 12 Latin American women in Toronto to determine the relationship between intimate partner violence (IPV) and depression. It was found that IPV is just one of the challenges experienced by the women, and other traumas and multiple social hardships also contributed to depression. Moreover, the women understood their problems and even the problems of their spouses in relation to IPV and depression.

Angus and Kagan (2013) extensively analysed a single case of an individual affected by depression of her self narrative changes after sessions of therapy to determine the contribution of narratives. The overwhelming experience with depression and pain was audio recorded. The interviewee attempted to challenge the voice of self-criticism and reduce the grip that anger had over her. Changes in the individual followed with a coherent narrative of self-identity.

Westerbeek and Mutsaers (2009) published 10 autobiographies on depression. From the text, 4 phases of depression were determined: 1. negative feelings; 2. realisation that there is a problem and feelings of guilt and anxiety; 3. inability to cope, feelings of crisis, and then medical help is sought and provided; and 4. search for another personal story, questioning but accepting the patient identity and depression and finally, finding happiness. This four phases show capacity to survive depression, courage to give up previous images and proceeding to rebuild a new self.

Galasiñski (2008) carried out semi-structured interviews with 21 men affected by depression. The interviews mostly focused on experience and relationship with depression and views on the condition. Although the participants felt that they live very painful lives, they thanked the researcher for providing them with the opportunity to talk freely about themselves and the illness. It was

meaningful for them to have the space to narrate their experiences in which it was expressed that they felt inability to satisfy the dominant Western requirements of masculinity (Galasiñski, 2008).

Black, White, & Hannum, 2007 worked with 20 elderly African American women to gather their stories of their lived experiences with depression through open-ended interviews. Three themes were found: 1. depression is linked to the reduction of strength and difficulties resulted; 2. depression is related to sadness and suffering; and 3. depression can be resolved if personal responsibility is assumed. The experience of a specific culture group was captured; their difficulties and solutions for depression were found (Black, White, & Hannum, 2007).

Stern (2003) carried out research on the personal written accounts of depression by three authors. She found that depression can silence the victim. It steals away a normal life and energy, replacing them with pain and death. However, the power of language can release the pain. It was beneficial for the depression sufferers and others to tell their story. They were able to define their condition which helped them to better manage the depression. In the construction of the experience facing depression, their identity and selfhood were found again (Stern, 2003).

The eight sources of research work discussed in this section are good examples of work that have examined the depression narrative of people which presented stories of the self and identity. They prove that depression patients also have expert knowledge and different perspectives of personal, social and institutional factors about depression. Both depression and their life stories are reconstructed in these studies.

3.3.3.2 Selected qualitative research in Hong Kong.

A search was carried out on Proquest again, by using depression as the key word and Hong Kong as the research title, and 'qualitative or narrative research' in the document text of the searched scholarly journals. The aim was to find qualitative or narrative research on people who have experience with depression. Only two qualitative research works were found to have these prerequisites from the academic journals.

Chan, Williamson and Mccutcheon (2009) compared the experiences of a group of Hong Kong Chinese and Australian women in terms of postnatal depression. Thirty-five of the former and 12 of the latter were interviewed. They felt that they are trapped by postnatal depression and felt angry with their husband and mother-in-law. They also felt guilty that they could not live up to the ideal image of a mother under the local cultural values of motherhood.

Wong (2011) interviewed 20 Chinese individuals in Hong Kong who had participated in group cognitive behavioral therapy (CBT). It was reported that the groups helped them to gain an awareness of their thoughts and behavioral patterns and learn new cognitive and behavioral strategies. However, the participants considered the outpouring of negative emotions to be detrimental to their learning and practice of CBT.

The research works find that Hong Kong patients also have many insights into depression, and understanding and reactions toward depression, but at the same time, they face their depression. They are critical toward different people, values and practices in their lives. However, only two qualitative research work were found in total, thus demonstrating that there is a need for more work in this area.

3.4 Conclusions

In this chapter, it is evident that historically, depression was seen as the

result of psychological problems and physical sickness: imbalances in humour or blood or other chemical imbalances; inherited from parents; sickness of the body; depressive personality; irregular lifestyle; irrationality of the soul and behaviour; suffering a loss and unconscious conflicts; and distorted thinking. Or an individual is sinful or has family problems or disappointments in life. The problem of depression seems to have been internalised as a person's deficiencies and the person is to be blamed and held responsible for the problem. In the construction of depression discourses since the beginning of time and in different cultures, it is obvious that people with this condition have been stigmatized and considered to be sick. The symptoms and feelings associated with depression have always been seen as those that are unwanted, unacceptable and negative. Depression has been associated with madness, laziness, hatred, grief, guilt, and being sinful. For thousands of years, people have tried to remedy the problems of depression and eliminate all of the unwanted symptoms.

Discourses have been very powerful in explaining about depression. Experts, such as physicians and psychiatrists, are in the position to decide and interpret the theories that explain depression, and even decide if a person is suffering from depression or the symptoms that should be used to describe depression. Until now, the most dominant authority on depression is the DSM. It specifies the characteristics, symptoms, and duration of each type of mental illness and evaluates the likelihood of someone having a mental illness The mental health profession today however is still dominated by modernist perspectives. From Freud's theory to even contemporary cognitive and behavioural approaches, professionals are armed with knowledge to diagnose and label, as well as decide on the welfare of individuals, if any. Thus, they enter the practice with well-developed dominant discourses supported by scientific beliefs.

In general, modern scientific beliefs on depression are that the underlying causes and reasons of the illness could be measured when the problem lies within the persons. The professionals have the knowledge and methods of how the illness is being diagnosed or identified, and they also can manage the means to treat the condition.

Under the umbrella of postmodern thinking, it is found that the interactive process among the self, identity, experience and knowledge of people who are struggling with depression in a different cultural context is very important. Yet very few research work has been done to explore the experience and stories of people with depression. Pre-determined factors and solutions are adopted and prescribed by professionals that restrict and oppress the journey of the person who seeks recovery. However, academics and practitioners have started to realise that subjective experience in constructing the self and identity should be given credit and acknowledged in battling or living with depression. Language and narrative construction also play important roles in negotiating the dominant discourses on depression and constructing identity in society. Cultural and historical contexts should also be taken into account when one is evaluating the problems as these elements interact and contribute to problems in life. Individuals themselves should not be blamed or held fully responsible for having limited resources and opportunities, and people facing depression are being oppressed. However, in the context of Hong Kong, the average time that a doctor would give a patient is only about a few minutes when a patient seeks help in a public hospital. Even private doctors or psychologists have very little time to listen to their patients and usually have conversations with a patient based on their own agenda and to meet their own objectives. To fill the research gap, more qualitative research should to be done on experiences with depression in the Hong Kong context. Their struggles,

hard work, strengths and local knowledge and skills in dealing with depression should be given the limelight and credit.

Chapter 4 Reality Negotiation and Hope

As explained in Chapter 2, the way that people see reality differs from individual to individual, as knowledge on reality is accumulated. This is also true for hope. Therefore, this chapter will provide a discussion on modern and postmodern views on the concepts of reality negotiation and hope in relation to mental health issues. In the modern view of reality negotiation, it is about the person trying to maintain a positive image of the self when threats or criticisms are made. It is a cognitive process for coping strategies to avoid the negativities to the self and such behavior is measurable. In this process, this self-enhancing behavior could result in the hope for a better future through a pathway made possible by the agency of people to achieving their goals. Again, this process is a scientific process which means more positive factors could be identified to contribute to the quantity of hope. On the other hand, postmodern views have a different approach to reality negotiation and hope. It is a multi-dimensional process and a complex interpretation of meaning, and the life forces of knowledge of people in a process of construction of self. Hope is not a tangible asset. It is expressed through narratives in the social construction of meaning through relationships in society. It is a shared meaning and experience among people. Hope is very important for people facing mental health issues. It is about their personal choices and using their knowledge to manage their condition. Again, their knowledge is woven into narratives of hope when they make meaning of their situation, making choices, positioning themselves and having strategies applied to their situations. People who could share their experience and receive supports mean that there is hope for those who are facing mental health problems.

4.1 Modern Views on Reality Negotiation and Hope

The modern conceptualization of reality negotiation and theorization of

hope will be presented below.

4.1.1 Conceptualization of reality negotiation

The conceptualization of negotiating reality is provided as a review that comprises three parts as follows. These three components include: (1) reality negotiation and self**;** (2) characteristics of the modern views of negotiating reality; and (3) reality negotiation within society.

4.1.1.1 Reality negotiation and self.

Reality is constantly being negotiated based on external feedback. This concept was first discussed by Snyder and Higgins (1988) who discussed the use of excuses as part of the reality negotiation. Reality negotiation is considered to be an advanced and self-governing process when one's self-esteem and sense of ability are threatened so as to obtain a more positive self-image. Negotiation therefore involves a variety of cognitive responses and strategies to help safeguard and preserve a positive self-image. Control over one's destiny, self-esteem, and happiness are all pertinent to negotiating reality as it is a form of self-protection and self defense as well as a self-enhancing process. In modern psychology, negotiation is considered to be a subconscious and automatic response to threats to the self (Sherwin, et al., 1992; Elliott, Witty, Herrick, & Hoffman, 1991; Snyder & Higgins, Excuses: Their Effective Role in the Negotiation of Reality, 1988; Snyder & Higgins, Reality Negotiation: Governing One's Self and Being Governed by Others, 1997; Lopez & Snyder, 2009).

The concept of reality negotiation is based on the premises that negotiations are carried out with reality in order to achieve a self that is being good and in control (Snyder, 1989). This includes any coping process that facilitates change to one's theory of self. Reality negotiation allows one to maintain an adaptive illusion of a positive and healthy biased view of reality in

response to external constraints. It also allows one to slow down the rate of uncontrollable changes in reacting to threatening events and for more time to build a personal theory. For example, when someone is criticized, s/he would respond with his/her own opinion and reasons that defend his/her choice of action (Elliott et al., 1991; Snyder, 1989; Snyder & Higgins, 1988).

In this school of thinking, reality negotiation considers that individuals are the ones who are responsible for their own self-theory and can control their own circumstances to achieve socially approved goals. Negotiating reality helps with managing both negative and threatening events and maintaining positive beliefs about one's personal theory of self, as well as defining identities (Dunn, 2005; Elliott et al., 1991; Lopez & Synder, 2009; Snyder & Higgins, 1988; Snyder & Higgins, 1997). In doing so, one avoids the 'bad' self and there is hope that there will be changes which would reduce the negativities from association with this self. Negotiating reality is also a process to increase linkage with positive acts and a positive self-image. One of the primary means to negotiate reality is to cope, or adapt to negative situations, which is called making excuses. This strategy is helpful for reducing self blaming or self discrediting, by redefining or weakening the connections of information that violate one's self-theories (Lopez & Synder, 2009; Snyder & Higgins, 1988). The concepts are based on the belief that certain human efforts (coping strategies) could increase or reduce the respective positive or negative outcomes and emotions. To be specific, reality negotiation is a self-serving act that increases positive outcomes and reduces negative outcomes. The more obvious positive outcomes include a higher self-esteem, happiness/ satisfaction and more empathy to others (Elliott et al., 1991; Snyder & Higgins, 1997).

4.1.1.2 Characteristics of reality negotiation in modern views.

Negotiated reality is considered to be a biased compromise between the internal and external worlds. It is biased because the bargaining process is skewed more towards the individual's side of the story with the attempt to reduce his/her association with bad acts and increase his/her good image. Moreover, the aim is to maintain personal control over life events. The strategies of this process are thought to be linear and focus on linkage of causes and effects to reduce negative outcomes, such as negative emotions. Thus, reality negotiation is considered to be supported by self-deception, such that negative beliefs are beyond awareness when conflicting feedback about one's self is received from other people. Thus, this process of cognitive responding takes place when positive beliefs are pitted against negative events and opinions towards them (Elliott et al., 1991, Snyder & Higgins, 1988, Snyder, 1989).

The performance of negotiating of reality is measurable (as discussed later), and some of the negotiation of realities could be considered adaptive or maladaptive, and positive or negative (Snyder, 1989). Snyder (1989) further pointed out that reality negotiation could also be beneficial in the short term but harmful in the long run if the same negative strategies are repeatedly used for problems, such as making excuses. An example is using heavy drinking as a strategy and saying that it is not harmful to the body (Snyder, 1989).

4.1.1.3 Reality negotiation in a society.

One needs to be in contact and harmonize with reality, which is also defined by others in the context in which one is embedded. The audience of the external world has the power to observe and criticize which would contribute to the outcomes of negotiating reality. Thus, in the process of negotiation, external rules and opinions would need to be acknowledged at the same time that one's

own interpretations are taken into consideration.

Reality negotiation also plays a vital role in setting the norms, rules and regulations of a society. It is crucial for maintaining a predictable and orderly society for productive and harmonious social interactions. It is also related to the choice of freewill and responsibility as human beings because negative outcomes of human actions are usually linked with punishment and positive ones with rewards within the system and rules of different institutions in a civilized society (Snyder, 1989, Synder & Higgins, 1997). Negotiation is usually private at first but can be subjected to various forms of control and regulations as society aims to maintain what is considered to be good for society at large. In fact, reality negotiation is said to be a good defense for individuals but could also offend others when actions deviate from societal norms. Social control would then be put into action to maneuver reality negotiations based on normative social interactions. For example, excessive excuses or hoping for too much might not be acceptable by society. Therefore, societal gatekeepers like professionals in the system would react quickly to safeguard the values of society. Another example is when there are deviations from socially approved goals. Institutions would have procedures to deal with these deviant individuals. Doctors and other practitioners in the mental health services would give advice to patients on how to act or think. If someone with a mental health problem wants to work in a part-time job, the professional might provide advice to him/her, or precaution him or her, with the goal to repair the differences in the society so as to produce good and controlled selves for society. These authorities have the legal power to ensure that individuals follow social and cultural standards.

In the negotiation process, one's objective reality is internalized and then negotiated by one's subjective reality of what would benefit one's self, while

others have the vital role of either supporting or readjusting this reality so as to ensure socially acceptable actions or a harmonious society (Lopez & Snyder, 2009; Snyder & Higgins, 1997). Therefore, reality is negotiable, but one also needs to be self-regulating and control one's own actions or else face social sanctions (Lopez & Snyder, 2009; Snyder, 1989, Synder & Higgins, 1997).

4.1.2 Modern theorization of hope.

This section will provide a discussion on the modern theorization of hope, which comprises three parts: (1) reality negotiation, hope and the self; (2) agency and pathway to achieving goals and (3) the scientific characteristics of hope**.**

4.1.2.1 Negotiating reality, hope and the self.

As explained above, in reality negotiation, strategies are often used to avoid negative self value by using excuses (Elliott et al., 2005). These protective and self-enhancing behaviors in the negotiation process are directed towards what is called 'hope', in the aim of facilitating a better living environment (Snyder, 1989). People adapt to these kinds of protective behaviors with the intention to avoid undesirable situations that have negative impacts on their self-image. The self-enhancing behaviors increase personal connections with positive events. They also help people to move away from defensive avoidance and a negative self-image towards better and actively positive goals. Hope is therefore a form of negotiating reality that prevents negative circumstances. At the same time, it increases linkages with positive acts. The positive acts provide a pathway that enhances personal connections to positive events in both the past and for the future (Snyder, 1989; Elliott et al., 1991). Hoping improves self-esteem and changes perspectives which increase causal linkages to positive outcomes and desired goals (Elliott et al., 1991; Harley et al., 2008).

There is the desire that reasonable expectations for the future will

positively affect emotions, will and behaviors. This is because hope provides a emotional force for a successful plan within reason (Allen, 2006; Chow, 2010; Lohne, 2001; Perry, Taylor, & Shaw, 2007; Schrank, Woppmann, Sibitz, & Lauber, 2010; Tong, Fredrickson, Chang, & Lim, 2001). Hope also depends on intentions and motivation which affect actions that are important for achieving goals as well as sustaining hope in difficult times and in different relationships with others. In the case of people with mental health issues, these would include personal views, personal characteristics, motivation, energy, external environmental factors such as relationships, and medical professionals to produce treatment that would result in positive and healthy outcomes. In doing so, patients can focus on their own success and increase their chances of realizing their hopes (Schrank, Woppmann, Sibitz, & Lauber, 2010; Scioli, Ricci, Nguyen & Scioli, 2011).

4.1.2.2 Agency and pathway to goals.

The philosophy behind the modern theories of hope is based on scientific beliefs of reality. The modern theorization of hope consists of elements of both cognitive and behavioral theories. The emphasis is on goal-directed cognition, which is about positive expectations and the desire to aim for better performance. These are associated with the belief that the core of human nature is to seek rewards rather than punishment. The hope is that a single action or stimulus would result in pleasurable consequences which would drive a person to set certain goals that provide rewarding consequences and avoid negative outcomes (Elliott et al., 2005).

Snyder, Irving & Anderson (1991, cited in Elliott et al. 2005) defined hope as a positive motivational state based on interaction between agency (goal-directed energy) and pathway (plans to meet goals) (Elliott, et al. 2005, p. 105). This modern theorization of hope therefore has two main parts - agency and pathways,

to achieve goals. It is considered that desirable outcomes will become the reality in the near future which is the result of a movement in the field of positive psychology that focuses on positive aspects and strengths instead of deficiencies and symptoms of illnesses. The movement is about people striving for a good and improved human state (Miller & Happell, 2006; Schrank, Bird, Rudnick & Slade, 2012). Snyder. (1989) believed that to be hopeful is a cognitive process. Being hopeful involves energy that directs one to walk on the pathway towards a better situation, in response to threats (Gilman, Schumm & Chard, 2012 ; Harley et al., 2008).

Agency is the sense of motivation, determination to meet goals, and the directed force that provides energy in the process of negotiating of reality. It provides the will to survive. There is a pathway, that is, a workable route from Point A to Point B, which is the plan, and involves past successes or planning to meet the desired goals successfully in the future (Chow, 2010). People with a high sense of agency will be positive even in stressful conditions. Agency is about self-perception and beliefs in one's ability to find a feasible way to achieve goals. Personally, agency depends on skills, the means of coping and adjustments (Elliott ed., 2005; Snyder, 1989). These two variables, agency and pathway, result in positive directions for optimistic goals, coping, desire for control and self esteem.

Goals for a person, whether they are set for the long or short term, can be different at different times. Therefore, goals are the most important aspects of this theory which involves agency and pathway. In any event, people tend to strive for goals that are positive and avoid those with negative outcomes (Chow, 2010; Elliott et al., 2005) which ultimately give them hope. Understandably, this hope is beneficial, and assists with long-term stress or emotional exhaustion that threatens the self. This is because hope is helpful for finding meaning in life, giving one

more “fuel” or more goal-directed energy in the face of problematic situations and better manages negative impacts. Hope also allows and gives room for people to translate and reinterpret the situation so that it becomes manageable (Elliott, 2005; Elliott et al., 1991, 1992, Harley et al., 2008, Snyder & Higgins, 1988, Snyder 1989).

4.1.2.3 Scientific characteristics of hope.

Hope is considered to contribute to sense of agency and pathway to goals for life, and is directly related to positive emotions and health conditions (Snyder, 1989). People with high hopes, and good sense of their pathway are able to choose from a wide range of options and effectively change their means for solving difficult issues. They can overcome obstacles and be successful in seeking different paths. It is about the ability to generate ways with one’s own resources to make all of these possible. Problems can be solved but more beneficial outcomes produced in the meantime. Positive emotions are also one of the results when there is the view that there has been success in attaining goals. However, in the face of barriers in that block desired goals, those who are more hopeful are better at overcoming the obstacles with positive emotions and making cognitive assessments of their environment with a sense of well-being. Threats might be seen as challenges instead and perceived as a experience of growth and obtaining a good sense of the self. The benefits of hope are related to finding approaches to reach the desired outcome while maintaining a positive orientation emotionally and behaviorally even in the event that there is the inability to reach the desired outcome and there is uncertainty in the future. Conversely, if there is little hope, goals and barriers are considered insurmountable and too difficult to achieve and overcome respectively. Some may embark on pathways that are linked to inability and are dysfunctional. Negative emotions would instead be produced when the

focus is only on the problems. One will feel stuck in a situation with negative emotions and this might lead to depression (Ashby, Dickinson, Gnilka, & Noble, 2011; Elliott J. , 2005; Larsen & Stege, 2012; Lohne, 2001; Snyder, Reality Negotiation: From Excuses To Hope And Beyond, 1989; Snyder & Higgins, Excuses: Their Effective Role in the Negotiation of Reality, 1988; Tong, Fredrickson, Chang, & Lim, 2001). To cite an example, non-depressed individuals seem to be able to access information that confirms their positive self theories, but depressed individuals tend to access information that confirms more of the negative ones. The reality negotiation of depressed individuals may result in an ongoing cycle with negative self theories (Crowson, Cromwell & Snyder, 1998).

The school of positive psychology indicates that perspectives have multiple dimensions, not only focusing on symptoms of people but also their positivity. Many researchers have carried out work in the related literature by using both quantitative and qualitative methods in this area. They are under the belief that hope could actually be a combination of emotional, cognitive and behavioral based processes instead of only a cognitive process. However, this theorization still involves measurable inputs and outcomes required for producing hope and the process is still linear and scientific. That is, there is still a cause and effect relationship between variables in that hope depends on the trait of the person, whether that person has the characteristics and ability that are positive enough so that s/he could apply them to achieve goals to reach the desired pathway.

Thus, academics and researchers have produced many scales that measure the level of hope based on studies and research work. There are a few commonly used scales of hope, namely, The Adult Trait Hope Scale developed by Snyder and Harris (1991), and Herth Hope Index (1989) (cited in Scioli, Ricci, Nguyen &

Scioli, 2011). These scales are often based on the definition of hope in terms of applications that result in some kind of reoccurring pattern that is believed to prove the existence of elements of hope through quantitative research. The researchers who developed these scales on hope based them on different dimensions, namely, personal perspective, confidence, positivity and future orientations, and relationship to work. These dimensions can be calculated and added up to inform the level of hope. For example, Snyder (1989) found that hope is positively correlated with self-esteem, problem solving abilities, controlling ability, positive emotions, and expectations (Ashby et al., 2011; Elliott ed., 2005; Gilman, Schumm & Chard, 2012; Schrank et al., 2012, Tae, Heitkemper & Kim, 2012). This brings us to the postmodern view of hope.

4.2 Postmodern View on Reality Negotiation and Hope

The literature on the postmodern view of negotiating reality and hope will be discussed in three parts: (1) characteristics of negotiating reality; (2) hope as a theory, and narratives of hope; and (3) interconnectivity of hope in relationships.

4.2.1 Postmodern view of negotiating reality.

Postmodern academics are under the view that reality negotiation can be understood within narratives. As explained in Chapter 2, stories are used to make sense of one's life. Different perspectives of the self are integrated with transitions over time of unique moments of reality into a coherent identity. This coherent identity is constantly being revised and renegotiated depending on personal activities and subjective experiences of reality (Miller & Happell, 2006). The process interactively involves thinking, acting, feeling and relating simple ordinary things, like everyday life of work, for purposive, subjective and complex meanings in life. Reality negotiation is itself a holistic, dynamic, and multifaceted approach with many elements, such as involving spiritual, philosophical and

interpersonal aspects, as well as affecting the quality of life (Larsen & Stege, 2010; Scioli et al., 2011; Schrank et al., 2012.). The process is also about reformation and self-acceptance in dynamically responding to life experiences. It concerns what the person cares and values about with their life energy. Thus reality is negotiated through dialogue and action, and for certain purposes regardless of the uncertainty of the situation (Kirkpatrick, Landeen, Woodside, & Byrne, 2001; Chow, 2010). It is about knowledge and feelings for managing the realities of life challenges in the past, present and future (Chow, 2010; Houghton, 2007; Kylmä, Duggleby, Cooper, & Molander, 2009; Kylmä & Vehviläinen-Julkunen, Hope in nursing research: A meta-analysis of the ontological and epistemological foundations of research on hope, 1997; Larsen & Stege, 2012; Scioli, Ricci, Nguyen, & Scioli, 2011; Schrank, Bird, Rudnick, & Slade, 2012).

4.2.2 Postmodern view of theory of hope.

In the postmodern view, reality negotiation that points towards hope is so much more than just a linear shift from negative to positive outcomes. The negotiation is about the choice of strategies and actions that were taken into consideration in the selfing process, or the process of the construction of the self. Understanding and interpreting life events are based on the self, which involves managing one's self image and search for positivity relevant to one's well-being in the future (Dunn, 2005). Hope is actually a complex, mysterious and fluid concept. Hope is grounded in the past, present and future, and vulnerable as it could be uncertain for what will happen in the future yet it has lasting and powerful influences on life. It could be practical and realistic yet uncertain at the same time. Hope is about making choices with personal agency and freedom to start to seek one's destiny. These traits of hope mean that quantitative research might not be able to properly address these kinds of abstract concepts which incorporate the

aspects of quality of life, well-being, faith, trust, hopes, inner power, and meaning (Lohne, 2001).

Through many instances of qualitative research work, researchers have found that hope is not limited to positive thinking but is complex and multidimensional. It is not limited to emotions as it is also a powerful relational resource that is a holistic and interactive life force in the face of painful situations. It consists of many interacting networks of factors that include spiritual and personal factors, as well as contextual beliefs and involve a meaning making process which is relevant at specific times. Hope also includes the relationship with others in terms of interconnectivity attachment, survival motives, trust, openness, life satisfaction, subjective experiences, inner strength, mastery, meaning, purpose and quality of life (Kirkpatrick, Landeen, Woodside, & Byrne., 2001; Elliott, 2005; Houghton, 2007; Kylmä, Duggleby, Cooper & Molander, 2009; Larsen & Stege, 2010, 2012; Schrank et al., 2010; Scioli et al., 2011; Tae et al., 2012). Studies of accounts of experiences with problematic situations have indicated that hope is the “best medicine” which is associated with the realities of wellbeing, liberation, adjustment, change, virtue, faith, willingness to learn, commitment, enrichment, joy and resilience (Lohne, 2001; Kirkpatrick et al., 2001; Allen, 2006; Scioli et al., 2011; Schrank et al., 2012).

However, hope is not a tangible asset. Hope cannot be accumulated like money, but response to problems and issues can be explored to discover their power in personal agency. As explained, agency is essential for hope but similarly, not a tangible entity so that the two can scientifically react with each other. However, in real life, hope is expressed through agency (Hedtke, 2014). The process is a practice by action that develops meaning. The process of hoping is about actualizing possibilities into real experiences. However, hope is not just

positive cognition for preferred outcomes. Just merely hoping is not adequate; nor is it enough to feel positive, but these must be actualized through action and/or sense making of experiences of the self regardless of the end result. Thus, this affects the evaluation of experience, emotions, coping strategies, positive beliefs, direction of goals, confidence, as well as sustaining and compromising commitment to achieve goals and maintain one's well-being. For example, when someone is very sick, s/he might not feel very positive but the experience itself could have a very special meaning (Hedtke, 2014; Tae et al., 2012).

4.2.3 Narrative of hope.

Hope is also expressed through everyday life stories of people that provide meaning about their choices of actions, woven into the actions that are taken by experiencing difficulties. Thus, hope can come from narratives through which there is a meaning making process, and expressed through stories that point to their identity (Hedtke, 2014). As explained in Chapter 2, ways of thinking, acting and feeling can be best exemplified through stories. A study on narratives of hope is also be important for understanding its characteristics in terms of postmodern views. Narratives of hope are related to one's own self and desires. They can also contain emotional responses to situational constraints and possibilities. Narratives of hope are not necessarily linear but could point to a number of directions through different happenings and interpretations that make sense even in the middle of contradictory and uncertain constraints and possibilities. Narratives are relational, and with practice, keep the door to the future open, influence the seeking of goals and finding the right pathway (Elliott, 2005; Hedtke, 2014; Weingarten, 2010).

The narrative structure of hope usually comprises three elements: wishing, coping and having faith. Wishing is the idealization of desires for a certain

outcome. Coping is taking action and having realistically-oriented responses to reach desired outcomes regardless of the uncertainties. Having faith is more complex and less certain. It is about having the confidence that the desired outcomes are possible. Having faith is a blend of the idealizations of wishing yet the realistic practices of coping. Having faith is resolution and integration of two contradicting ends of what is needed and what is possible. However, a system of beliefs is required to have faith. For example, having faith could mean that suffering is interpreted and resolved as opportunities to achieve and learn from experience (Elliott, 2005; Perry et al., 2007)

4.2.4 Interconnectivity of hope in relationships.

As mentioned above, hope is not just a set of perceptions, nor feelings and behaviors resultant of some inputted variables. Hope is also found to be related to circumstances and actions. It is said that hope is an action and not a state, which brings one to the future (Weingarten, 2010). As a joint endeavor with others, those who care and are connected strive for 'hope' together. Contexts are then created, in which collaboration is carried out with others to perform hope so that preferred identities can be interwoven with those of others (Fredman, 2014). At the same time, hope is also outward looking; for example, towards the community as a whole. Society needs to have inclusion of its members in the participation of hoping. Hope is thus a shared experience with others and has an interpersonal characteristic. However, the hope of individuals can at times conflict with that of others.

Therefore, the reality negotiation towards hope also involves acknowledging the interconnectivities in relationships. The process of negotiating reality and finding hope means connecting with others and the community, as societal members are interconnected. With hope, efforts are made to maintain

harmonious relationships. The basis of hope includes the elements of kindness to others, creativity, spirituality, growth and strength (Bay, Beckman, Trippi, Gunderman, & Terry, 2008; Elliott, 2005; Kylmä et al., 2009; Perry et al., 2007; Tae et al., 2012; Weingarten, 2010).

4.2.5 Finding hope and mental health issues.

The following section outlines the relationship between finding hope and mental health issues. The section is divided into three parts: (1) the importance of hope for individuals with mental health issues; (2) knowledge, meaning and narratives of hope of those with mental health issues; and (3) factors that contribute to the hope of those who are experiencing mental health issues.

4.2.5.1 Importance of hope to individuals with mental health issues.

Hope is known to be negatively associated with depression, as low levels of hope means higher levels of depression and anxiety (Perry et al., 2007: Schrank et al., 2010, 2012). As explained in Chapter 3, the traditional medical model which describes depression as a personal problem can be hope-destroying and prevent people from connecting to their own hopeful experiences. Hopelessness can inhibit the process of recovery and even result in death (Larsen & Stege, 2012) because hopelessness is associated with depression and can retard recovery. Loss of hope could be related to poor psychological adjustment and physical conditions. Low levels of hope are also associated with family problems and unemployment. These are the problems that are faced with mental health issues. However, hope can contribute to recovery from hopelessness and despair. Hope is therefore very important to initiate motivation to make choices and adapt that purpose for the well-being of people who are facing mental health problems. Hope is an initiating and maintaining factor for recovery. It is about having resilience against negative events. Hope gives comfort to those who are ill and encourages wellness

(Houghton, 2007; Lohne, 2001; Miller & Happell, 2006; Kylmä et al., 2009; Schrank et al., 2010, 2012; Tae et al., 2012).

Since the 1950s, researchers have explored the relationship between mental health and hope. Many related research studies have been published which have been a main focus in mental health practices and other research (Larsen & Stege, 2012). As mentioned in Section 4.2.2, hope is an important resource for strength that is essential for human life especially when dealing with difficulties and uncertain situations, such as illnesses and depression. In light of reality negotiation, it is considered that those who are affected by depression would try to negotiate with negative self-theories and psychopathological labels. They then try to reduce the internalization of the effects of the negative labeling so as to avoid affecting their sense of agency. Alternatively, they can reduce the linkage between themselves and depression. In doing so, this reduces and helps management and control of pain and symptoms, and directly increases self-esteem and self-worth, as well as allows problem-focused coping. Hope can also be about being cared for and supported, for suffering to end; that is, a spiritual miracle. Hope is the central, triggering, sustaining and goal directing factor towards recovery and healing from mental illness. Hope can provide a positive experience which gives the will to continue living. Hope encourages individuals to change, try and trust. It helps to increase the quality of life, and fulfills psychosocial and spiritual needs (Crowson et al., 1998; Elliott et al., 1991 Kylmä et al., 2009; Perry et al., 2007; Snyder & Higgins, 1997).

4.2.5.2 Knowledge, meaning and narratives of hope for those with mental health issues.

Miller & Happell (2006) conducted in-depth interviews with eight people on their experience with hope in the face of mental health issues. Their personal

accounts revealed that hope is a basic human response to mental health problems. It reduces the risk of suicide and increases the chances of gaining employment and reduces the symptoms related to the management of the illness on a day to day basis (Miller & Happell, 2006). A review of qualitative research on hope by Schrank et al. (2012) showed that people have insights into their illness and treatment. They have knowledge of self-management strategies and strategies of working with mental health service partners for the intervention of their problems. The self-management strategies include seeking information and education, building and maintaining social relationships with caregivers, family bonding, and using mental health services (Kirkpatrick et al., 2001; Schrank et al., 2012). Another qualitative piece of research work by Larsen & Stege (2010) suggested that insights into illnesses and treatment allow management of symptoms and support hope. Kirst, Zerger, Harris, Plenert and Stergiopoulos (2014) conducted more than 60 in-depth interviews with homeless people who suffer from mental illness to examine their narratives of hope. They also witnessed that hope is the foundation of recovery. Hope is about the management of mental illness. Hope is also related to self-acceptance, well-being and self-management strategies of goal setting and rebuilding of self-esteem, gaining control in the lives of the homeless study subjects, being independent and gaining security in the recovery process (Kirst et al., 2014). It seems that qualitative research has found that people with mental health issues have the expertise and knowledge in finding hope. However, compared to quantitative studies that use scientific measures of hope, there is relatively less research on personal accounts of mental illness and hope (Larsen & Stege, 2012; Schrank et al., 2012)

In their struggles with mental health problems, patients may also conceptualize and reconnect with hope. Hope is a healing factor and often realized

as accounts of narratives of recovery in different contexts. Thus, it is important to give individuals the space to narrate their accounts or their experiences with negotiating of depression, a process through which people gain insights, validate their experiences, relationships, strategies and abilities against depression. Their hopes are then re-visited and realized. The process includes finding the means to face mental health problems, self-reflection and striving for an anticipated identity. In doing so, there are multiple types of hopes that will provide a meaningful future (Chow, 2010; Elliott et al., 1991; Miller & Happell, 2006; Perry et al., 2007; Houghton, 2007; Kirkpatrick et al., 2001; Kylmä et, al., 2009; Larsen & Stege, 2010, 2012; Rajandram, Ho, Samman, Chan, & McGrath, 2011; Scioli et al., 2011; Schrank et al., 2012).

4.2.5.3 Contributing factors to hope in midst of mental health problems.

Similar to reality negotiation, hope is directly affected by the support of friends and family as how people view their health situation affects their self-esteem. The research that Perry, Taylor and Shaw (2007) conducted also indicated that relationships contribute to hope. The interviewees indicated that they hope to have other people share their experiences. When they have friends, they do not feel alone and out of place, which make them feel more hopeful. Employment is also important. When people are not working or having nothing to do, they feel terribly isolated, and this is related to the deterioration of their mental state (Perry et al., 2007; Tae et al., 2012). Thus, peer support and relationships are two main factors that contribute to hope as they help with symptom release (Schrank et al., 2012). The qualitative research by Miller and Happell (2006) showed that people care about their treatment and their interaction with practitioners. The quality of treatment and the relationship with professionals affect how hopeful they felt about their situation. Another research work by Kirst

et al. (2014) also found that hope works together with social connections and relationships. The qualitative research review on hope carried out by Schrank et al. (2012) concluded that hope arises when there is the chance to construct insights into one's philosophy of life and the world. It is also true that when there is success and reconstruction of dreams and goals that life can be put into perspective, thereby gaining a sense of control. Further to this issue, spiritual strategies and support can also contribute to the construction of hope. However, the stigma of mental health issues is associated with a low level of hope. Stigma inhibits relationships that are important for hope finding for those who are facing mental health problems (Perry et al., 2007).

4.3 Conclusions

In this chapter, the characteristics of negotiating reality and hope have been discussed. In the modern and postmodern schools on the theory of hope, they agree that hope can be found in the process of negotiation with reality. The modern view indicates that hope is relatively linear, straightforward and binary. Hope is scientifically measurable and negotiation is also a scientific process with certain factors and aspects that can be added up to determine the level of hope. The modern view of hope is binary in the sense that the factors and the outcomes of the negotiation that result in hope are either positive or negative. Therefore, the school of positive psychology acknowledges that societal context has a significant role in contributing or inhibiting reality negotiation and hope, yet it is also aware of the multi-dimensionality of factors that contribute to hope. Yet the process of finding hope is still linear and scientific in nature. The academics are confident that this hope finding process is a self-serving method and a biased self-deception method used only to enhance self-image in the short run.

Postmodernists view reality negotiation and finding of hope as integrating

and managing different perspectives and challenges of the self with changes in time into a coherent identity; a process that is purposive, subjective and complex. Actions are incorporated into a continuous process of constructing and interpreting the self with unique choices. Hope is realized through narratives of identities. These identities are multi-faceted and provide different directions of possibilities, which at the same time, are interwoven with the identities of others. Hope is a shared experience and very important for the well-being of those who are facing mental health issues. It is about the management of symptoms that point towards recovery and improved quality of life. For those who are facing mental health issues, their knowledge and interpretation of hope can be revealed through qualitative methods. These individuals have insights and self-management strategies for their condition. They have expert knowledge to find their own hope. So, it is important to allow individuals with mental health issues to narrate about their experiences in negotiating with their problems and in the process, multiple meanings of hope in their preferred identities will be found. In some research work carried out in the West, it is found that employment, relationships, peer support, good treatment and interaction with practitioners, spiritual strategies and the opportunity to share life philosophy all contribute as factors for hope for people who are facing mental health issues.

4.4 Conceptual Perspective

After the previous three chapters that provide literature reviews, the conceptual perspective that I have identified to guide and inform this study for the establishment of the methodology in the coming chapter will be reviewed here. In studies on reality, it is seen that the movement of humanistic thinking which believes in people's agency to make choices and take responsibility is important. People view their self and identity in terms of their own subjective experiences.

Moreover, knowledge of reality is not only a privilege of the experts and educated nor is it only possible through proof of evidence from the senses, reasoning and rationality. I therefore adopt the perspective of postmodern thinking in that reality is multidimensional and complex, and experienced through social construction by using language in cultural contexts in relation with different discourses in the power relations that operate in society every day. So, although individuals could make choices for their lives, they cannot be fully blamed for problems within the power structure of society. In terms of the problems concerned with depression, understanding of this problem is also influenced by different dominant discourses about the illness within the special historical and cultural contexts in which one is embedded. The condition of depression again is the result of a social construction process of negotiation among the self, the conditions that concern the illness and society. It is important to see how persons affected by depression interpret their subjective experience of their realities with their narrative on the meaning of these realities. In the midst of depression, the negotiation process with reality to find hope is a multi-dimensional and complex process of interpretation and construction of meaning and the self. It is done through the social construction of narratives of hope among people which are shared in society. They make meaning of their conditions, position themselves with their actions of strategies to tackle the mental health problems in their cultural context.

Chapter 5 Methodology

After presenting the literature review, the orientation of the paradigm for this research work will be presented next, in a way which demonstrates that narratives of reality are the best means to show subjective realities. This is true for people who are struggling with depression. Then, this will direct the reader to the best research method that shows how depressed individuals negotiate reality while facing problems related to depression. In this chapter, the nature and context of the research work will be presented together with the procedures that have been carried out in the study.

5.1 Research Rationale, Aim and Research Questions

The following section will provide the rationale behind this research work, the aim and the research questions.

5.1.1 Rationale for research.

Depression is an important public health problem. As of the beginning of 2017, the World Health Organization (WHO) indicated that more than 300 million people suffer from depression globally (World Health Organization, 2017). That is twice the figure that was provided 10 years ago. Depression is already the leading cause of disability worldwide. It has repercussions because it can lead to suicide. The figure in Hong Kong is not low either. According to the most recent report from the Centre for Health Protection in the Department of Health of The Government of the Hong Kong Special Administrative Region, three percent of Hong Kong adults or approximately 190,000 individuals are affected by depression (Centre for Health Protection, 2017; World Health Organization, 2017). The previous three chapters of this thesis focused on reality, negotiation of reality and hope, and depression. Therefore, it has been demonstrated that subjective reality is important as it is related to the meaning making of the life experience of

those who are facing the problems of depression.

5.1.2 Research aim

The aim of this research is to reveal the reality of those who have been affected by depression. Further to this issue, the process of their negotiation of different realities will be examined. As evident from the previous three chapters on reality, depression, and negotiation of reality and hope, respectively, people nowadays suffer from different types of tensions and pressure from their different realities. Depression and sick selves are however products of social and cultural construction. In daily life, people are in continuous battles of negotiations between different voices and realities. This is the same for those who are suffering from the effects of depression. They are in the same situations of constant negotiation and evaluation of their realities in daily life but theirs are more unique. These processes of negotiations and evaluations allow hope to be found. Yet, these processes have not been the focus of research in the literature. Therefore, this research gap will be addressed in this thesis by exploring the process of negotiation and finding hope from the viewpoint of people who are affected by depression.

5.1.3 Research questions

The following are the research questions in this study.

- What is included in narratives on realities and their meanings when there is depression?
- What is involved in the process of negotiation of different realities?
- How do depressed individuals find hope and meaning making in the process of negotiating reality?
- How does hope contribute to the lives of people who have encountered depression?

5.2 Different Research Paradigms

In this section, two main research paradigms will be presented. Different epistemologies involve sets of unique assumptions to determine the nature of reality. After a literature review in this area, and for simplicity purposes, two main contrasting classical frameworks, i.e. positivism and interpretivism, are presented as follows (Blaikie, 2010; Harper & Thompson, 2012).

5.2.1 Positivism

The French philosopher, Auguste Comte (1798-1857), coined the terms positivism and sociology in the 19th century. Positivism is a school of thinking that is based on the scientific observation of human behavior. It is a classical approach to understanding human mentality and social life in the social sciences in that the only knowledge of reality is that derived from experience, along with simple and direct evidence deduced from sensory data (Rubin & Babbie, 2011; Benton & Craib, 2011; Blaikie, 1993; Macionis, 2014; Smith, 2003). The main idea behind positivism is that reality is regarded as a series of discrete events that can be observed by the human senses, usually through seeing and hearing. Then, they can be tested, and either determined to be true or not, and replicated through modeling. The models will show how measurable variables are related to cause and effect. Therefore, research work will test the models of hypotheses on the relationships between variables, and then theories can be generated which become universal laws to explain behaviors. Positivism is a philosophy of science, in which science is valued and acknowledged as the highest form of knowledge and the only truth (Benton & Craib, 2011; Blaikie, 1993; Smith, 2003). Advocates of positivism consider that scientific knowledge of society can replace knowledge obtained through tradition, customs, and daily practices (Roberts, 2008). This claim dominated the social sciences throughout the 19th century. The

presupposition is that an objective external world of reality can be captured and conceptualized by using scientific mechanisms and investigation to determine cause and effect. The approach stresses on a singular, logical and real society of reality where knowledge and truth are independent of human existence, the human mind and human imagination (O'Brien & Kollock, 1997; Roberts, 2008; Scott, 2006). In summary, there are several major assumptions found in positivism: 1. scientific reoccurring patterns are necessary for social science studies, 2. the logic is that what we know is only through observation from using our senses, and 3. all things are real and not related to anyone, any knowledge or action (Fee, 2000; Keat, 1979).

5.2.2 Interpretivism

Interpretivism is a school of knowledge that focuses on the meanings that people attach to their social world. It is about understanding reality through subjective and constructed meanings which take place through interpretation of various accounts, actions, events, and experiences. The focuses are on the process itself, the role of the elements of social life and how the meanings of events and experiences can be understood. Reality is the product of meaning making and reproduced by the interpretation of people living in a society. Interpretivism scholars have argued that understanding of the social world should start from studying human actions. Interpretivism thus focuses on interpreting actions and human cultural products (Blaikie, 2007; Macionis, 2014).

Interpretivism makes one rethink positivism. It not only views the occurrence of events as causal relationships between variables but also as a complex process in which the different variables interact in unlimited and unpredictable ways. Interpretivism is not just trying to obtain the objective meaning of what has happened, but involves looking deeper into how a particular

actor makes sense of his/her situation and tries to give meaning to his/her actions accordingly. Moreover, not only the reality of individuals, but also social rules needs to be understood as to how meanings are constructed by an actor in a particular situation (Blaikie, 1993; Jones, Bradbury, & Le Boutillier, 2011). In fact, the social world was interpreted by people even before social scientists decided to conduct investigations. Social reality is the production and reproduction of essential parts of everyday activities by the inhabitants of a particular society (Blaikie, 1993; Smith, 2003). Interpretivism rejects the explanation that human actions have physical or causal means but views language as providing the rules and standards within cultures. The rules are not just personal but operated among people in a social context. The rules of language are also a device and the media used by the participants to construct meanings that guide daily behaviors (Benton & Craib, 2011; Jones, Bradbury, & Le Boutillier, 2011; Mason, 1996; Scott, 2006).

In sum, interpretivism holds that we live in a social reality where we act inter-subjectively with cultural elements and institutions. There are four related assumptions: first, meaning is constructed by people as interpreted from their daily actions within a specific context in their community. Secondly, it involves the purpose of actors. Thirdly, meaning is interpreted by the actors and not the observer. Finally, when there is disagreement among actors, observers and the context, the individual actor has the power to negotiate and often tries to construct meaning of a phenomenon from subjective meanings (Blaikie, 2007; Bradbury & Boutillier, 2011).

5.3 Introduction and Research Method

The different research paradigms and the research methods used in this study are closely tied together. In the following section, the characteristics of

quantitative and qualitative research and their relationship with the two different paradigms are examined. The research method, which is narrative research, is then discussed.

5.3.1 Positivism and quantitative research vs. interpretivism and qualitative research.

Broadly speaking, the main difference between positivism and interpretivism is whether they apply scientific methods to social science. The answer is yes for positivism and no for interpretivism. Positivism encourages that all science, even the social sciences, to use empiricism which is knowledge obtained from sensory experience and observation as the grounds whereas interpretivism rejects the natural science approach and is solely based on using sensory data (Blaikie, 2007; Macionis, 2014). In terms of the different research methods, there are also two main categories, namely, quantitative and qualitative methods. Positivism is the philosophy behind quantitative methods whereas interpretivism behind qualitative methods. That means, the former is derived from positivism and the latter from interpretivism (Mason, 1996). In the following sections, both methods of research will be elaborated.

5.3.1.1 Positivism and quantitative research.

Positivism is the scientific philosophy behind quantitative approaches. The information collected in quantitative research is usually numerically based. The focus is on social facts and seeking social laws based on sensory data and examining occurrences and recurrences. Quantitative research is about volume or size, or relationships between physical objects and observable actions. It is about repetitive patterns, trends or the cause and effect of things (Scott, 2006; Mason, 1996; Smith, 2003). The purpose is to find objective and singular truths about reality based on quantification. The research methods are relatively direct, fixed

and rigid. They are structured and systematic in their formation of theories about individuals, and social and human institutions. The resultant theories can be tested to explain for societal phenomena (Wertz et al., 2011). Research questions are designed in advance, with a relatively large number of people who are asked the same questions in the same way. They would be representative of a particular population. The researcher would reduce a phenomenon from observation to numerical data, for example, the number of people who picked a certain answer. The data are considered to be accurate, and easy to collect and measure to make comparisons. The data would then be analyzed by using mathematical methods through electronic means. The results are comparatively simple and easy to obtain (Babbie, 2010; Newman, 2010; Smith, 2003).

Quantitative methods assume that there is a direct connection between observations and reality. For example, quantitative research can prove that deviant behaviour is a result of the imbalance between individual intention and available opportunities. In short, it neglects the subjective meaning of individual action because in understanding behaviors, positivists are only interested in the relationships between certain behavior variables and the conditions or causes that affect them (Harper & Thompson, 2012; Leventhal & Martell, 2006; Scott, 2006; Wertz et al., 2011).

5.3.1.2 Interpretivism and qualitative research.

As mentioned above, the interpretivist philosophical position deals with how the social world is interpreted and qualitative research is broadly based on this position. Qualitative research mostly involves collecting text to describe actions and events of social life (Newman, 2010). The method is flexible and sensitive to social contexts as the background of the data produced. The result is rich, complete and detailed data.

Qualitative studies are concerned with the lives of people. The experience of those involved in the research informs these studies. They consider the interpretation of meanings with the recollection of experience. Qualitative studies also aim to examine a reality that is deeper than mere appearance, which allows the construction of interpretation and negotiation with meanings of stories. People are living in an interpreted world and both interpreter and understander of this world. Therefore, qualitative research gives another perspective to see the meaning of reality and how people construct their world (Mason, 1996; Smith, 2003).

The aim of qualitative research is to examine the quality and properties of physical entities. The related methods also generate richer and thicker descriptive accounts and stories of people and phenomena than those of quantitative research. Data may be collected in verbal format, such as textual interview accounts. Interpretation is used to group stories and views of events in the context of personal and social experiences. The number of participants in qualitative type of research work is usually relatively small to obtain rich and unique data, so that personal, creative and detailed narratives would be generated as a result (Babbie, 2010; Smith, 2003).

5.3.1.3 Rationale for choosing qualitative research.

Experts such as psychologists and psychiatrists review information based on their own experiences, opinions and clinical findings by using positivist and quantitative methods. They have produced scientific tools, like the DSM or other depression scales to explain and label experiences from observable data that are gathered. Even now, the scientific, disease and medical model of depression along with its generalized knowledge continue to dominate the world of research and practice in mental health/depression. For example, depression has been reduced to

only 12 symptoms and a diagnosis of depression is given only if more than five of the symptoms last more than two weeks. This oversimplification is lacking to fully interpret and address the nature of the condition and people affected. Even the DSM, which was first published in 1952, has had six different versions, thus demonstrating experience with depression as well as the views of experts on depression has changed over time.

The experiences of those who are affected by depression, with reference to the knowledge obtained from the postmodern theories of depression, are surely more than merely a set of quantified symptoms. There is therefore the need to defend the complexities and diversity of depression, and thus to address the research gap so that the different implications of depression can be revealed (Lewis, 2006; Stern, 2003). This is especially true for the situation in Hong Kong, as outlined in Chapter 3 as there has been hardly any comprehensive qualitative research on depression in Hong Kong in the past decade. Yet this is essential for depressed individuals and their family and friends, practitioners and even policy makers to have a better understanding of the detailed experience of Hong Kong individuals who are facing depression. Chapter 3 provided discourses on depression. Therefore, it is deduced that insights, knowledge and meaning of depression would be best investigated by using a qualitative method.

Qualitative methods fit with the theories of reality and depression in postmodern and humanistic thinking. They allow more freedom and flexibility for expression of viewpoints and life stories. They also allow and facilitate the discovery of reality, values, wisdom and choice of actions in multiple ways. Qualitative methods involve subjectivity and meaning of life from the angle of individuals (Lewis, 2006). They provide the opportunity to recall memories of subjective reality, including problems, choices, emotions, and relationships that

are related to depression. Therefore, qualitative methods are a holistic and active approach that can best exemplify quality of life. The core of this research work is about human beings, their desires, values, beliefs, emotions, fears, hopes, dreams, and what they love. Therefore, with the use of qualitative methods, the history of how individuals have faced their depression can be best investigated. They are a way to make sense of particular phenomena under the context of a particular culture. This is because qualitative researchers will respect and value the perspective of individuals (Lips-Wiersma & Mills, 2002; Smith, 2003).

5.3.2 Research method: collaborative narrative research.

In this section, the method that has been chosen to carry out this research under the umbrella of qualitative research will be discussed. The method is called collaborative narrative research. There are four sections that follow which discuss this method as follows: (1) the rationale for choosing narrative research as the study method; (2) introduction on narrative research; (3) types of narrative research and the type that is chosen for this study; and (4) collaborative elements in this study.

5.3.2.1 Rationale for choosing narrative research.

In this research, the aim is to explore the realities of people who are affected by depression. Their negotiations with discourses on social reality of depression will be investigated. After reviewing numerous studies on depression, reality, negotiation of reality and hope, it is concluded that the meaning of depression is in fact constructed from socio-cultural discourses. They have been validated through expert knowledge or medical practices. Awareness needs to be increased around the dominating and normalizing judgments of depression, which still have the power to affect the everyday life of those who are suffering from depression and the way that they view and talk about themselves.

Narrative research is one of the best ways to reveal the stories of how power constructs different realities in contexts that affect people in different ways. However, through the everyday stories of negotiation and efforts to reject the power behind the constructed problems of depression, narrative research is a good means of giving power back to people so that they can voice their problems as well as their own hopes. Daily lived experiences with depression and battling against depression are narrated through narrative research so that both a personal and collective story could be told in the journey of finding one's subjective reality. Living with depression has often been a situation that is difficult to discern. Even though many theories on depression have been proposed during a long time span, family and friends and practitioners still do not appear to fully understand about depression. Therefore, with the use of narrative research, the language and stories could be used to weave out the identity of those who have this problem in terms of their social and cultural contexts. At the same time, how they react to depression can also be observed by their actions and narrated stories.

The narrative research method also means that contact could be made to a greater extent with an individual who was treated as a patient, if his/her viewpoint was not respected and had not been taken seriously. The process of narration could lend the opportunity to reveal how depression as a common and popular condition, has been constructed in ways that have not been considered before. Narrative research also provides the opportunity to view mental health issues in a different perspective, one that would contrast the objective scientific study of this illness. It respects the multiple aspects of life and connects us to the core conceptual structure and features of a condition through the stories of the ones who have suffered the condition. Last but not least, the narrators need stories to address their own sadness, fear, or joy and to find strength. That is, their

subjectivities need a voice (Lewis, 2006; Stern, 2003; Smith, 2003).

5.3.2.2 Introduction on narrative research.

In traditional quantitative or even qualitative research methods, there are differences in power between the researchers and interviewees. Often, researchers would bring their expertise to the research work, which means that they hold the power in their interaction with interviewees. However, narration is a construction of events for a particular audience with a specific purpose. Therefore, meaning does not just come naturally from action or experience, but is constructed through narratives produced socially among those who narrate the aspects of their life. Thus, relatively more power is controlled by the person who is being interviewed in narrative research. It is not just copying facts of what happened. Originating from the interpretivism tradition, narrative research deals with how people interpret the meaning of the world. So, what are worth studying are people's stories. As such, the narrator is the only expert of his/her story. Narrative truth is so much different from objective reality, for it captures lived experience in its own meaning in a reflective and insightful way. Narrative truth involves the construction of experiences and how events are perceived and organised (Harper & Thompson, 2012; Middleton, 2011; Schulz et al., 1997; Scott, 2006). As explained in Chapter 2, narratives are a primary tool for understanding, organizing, making sense and giving shape to the self and identities as they are processed and defined at a particular time. Identity is derived from telling a life story in society within a historical context. It shows values, responsibilities and reasons for actions. It also lends visibility to the life of people and the meanings because the study of narrative research is about relationships and life course in time. Furthermore, humanity has been developing and growing through narratives of family, community and society. Narrative research investigates the nature of the

narratives of individuals and how they are connected to everyday life in the social world (Smith 2003; Webster & Mertova, 2007; Wertz et al., 2011; Lips-Wiersma & Mills, 2002).

As mentioned above, narrative research contains the relative truth and multiple layers of truths. Similarly, there are multiple selves with different voices in dialogue with each another. There are many perspectives when telling stories which each representing different realities in relation to the person's identity. This echoes with the voices of multiple realities. These voices are also socially constructed and interwoven with the tensions from the dominant discourses in the cultural contexts while individuals have the ability to be involved in a process of negotiation with discourses which have power in themselves (Kellett, 2010; Wertz, et al., 2011). So, in narrative research, there is the need to have an awareness of the different voices and different layers of voices. As narratives are also performed for an audience, when interviews take place in narrative research, they also serve as another social occasion between the researcher and the interviewee to construct and reconstruct a story.

Therefore, it is challenging to reduce the differences in power between the researcher and the narrator so as to allow room for the narrator to explore his/her story and expand his/her accounts. It is therefore important to invite the narrator to tell stories with different voices in interpreting the event in the broader historical, social and cultural contexts. In this way, the types of discourses that constrain, limit and shape the lives of the narrators would be revealed (Middleton, 2011; Ribner & Knei-Paz, 2002; Wertz, et al., 2011). To achieve this, the narrator is invited to share or elaborate on the special meaning of words or phrases used in an interview while the researcher listens with curiosity and patience.

As explained earlier, narrative research is human oriented and captures,

reveals and values life stories. Narration involves the way that a person constructs the events of a story and puts them into a plot with a unique sequence. Then, the story is told a coherent story of the self. In Section 2.3.3 of Chapter 2, the importance of stories has already been discussed. Here, stories will be further discussed in relation to the narrative research that will be conducted. People interpret the sequences of events, mental state or relationships, providing different accounts that make sense to them. Stories connect the events of everyday experiences with a beginning, middle and end. The construction of each story reflects the current internal voices of the narrator within his/her social world. A person is capable of organizing plots that are linked to one another and carry meaning for him/her. This is to make sense and link the special and exceptional events in a context that shapes the narrative as it contains personal, social and historical conditions. In the process of producing narratives and negotiating with different realities, one can make sense of events, select or choose events, evaluate them, and then further interpret them as s/he tells and retells the life stories to an audience. So the process of organizing the plots is the main task of narrative making. Plots show how events are linked and related to each other (Angus & McLeod, 2004; Harper & Thompson, 2012; Middleton, 2011; Schulz, Schroeder, & Brody, 1997; Scott, 2006; Smith, 2003; Wertz, et al., 2011).

5.3.2.3 Types of narrative research and the type applied in this study.

There are many forms of narratives which could be collected, namely, narratives obtained through face to face interviews, observational narratives, written narratives, electronic narratives from the internet or even other artistic forms of narratives from films. This study uses verbal narratives from face to face interviews. There are in general four different types of narrative research: case study, oral history, life history (biography) and topic related.

Narrative case study involves a person, a couple, a family or a group of common interest. It is the in-depth study of a single case with a particular issue or problem. Case study allows in-depth examination for a holistic and complete view of life-events of single reachable cases within a limited time (Blaikie, 2009; Wells, 2011). Oral history recognizes the historical significance of personal experiences. It shares many features of life history, but joins personal life stories within a particular region or a group of people into a bigger shared story. It points out the specific traditions of a culture of a group or a place, and is very useful for understanding social changes (Bela, 2007; Bold, 2012; Marlett, Emes, Jennett, Canadian Institutes of Health Research, & Kerby Centre, 2010). Life history focuses on life stories, which are tailored by the narrator to fit a research topic. The narrator can select events and thoughts from his/her own life from as early as s/he can remember to the present or even for the future. In this type of research work, rich and detailed autobiographical stories are generated to address certain questions. There are usually no ready-made questions that are asked in interviews but instead, life history is based on past experience and even future projection (De Fina & Georgakopoulou, 2012; Gubrium & Holstein, 2009; Marlett, Emes, Jennett, Canadian Institutes of Health Research, & Kerby Centre, 2010; Scott, 2006; Soudien & Botsis, 2011).

These three types of narrative research share some common features but have different purposes and objectives. As this study focuses on the stories of negotiations with different realities in relation to the effects of depression, topic related narrative research will be used. It is the type of narrative research that could focus on a group of people or individuals with specific story topics. For example, it could research on people on their experience of living with a common health problem. It could provide the opportunity to bring together their broad life

histories and social context. We could investigate their encounters with health professionals in detail to see how the narrative is structured and used. Encounters with family, friends, and health professionals could be examined in detail to see how narratives are structured and used, thus linking experiences and relationships with depression. Consequently, common yet different experiences in dealing with certain issues (depression in this case) could be addressed within the same institutional and cultural contexts. The stories related to the unique problem for different people could be found individually. Moreover, the struggles, choices, values and voices of these people who are facing the condition could be studied. Furthermore, negotiations with different realities and choices made reflect values which could be further studied. Topic related narratives are also a good method to examine personal and social identities (Bold, 2012; Marlett, Emes, Jennett, Canadian Institutes of Health Research, & Kerby Centre, 2010; Harper & Thompson, 2012; Wells, 2011; Wertz, et al., 2011; Yeung-Yuen, 2005).

5.3.2.4 Collaborative elements in this narrative research study.

In this section, the rationale for using certain collaborative elements in this narrative research study, and the potential challenges will be discussed.

1. Rationale for and introduction of collaborative narrative research

Participants in mental health research are sometimes treated like objects with few opportunities to express themselves, and therefore usually silenced and disadvantaged due to the dominant medical culture. Further to this issue, they could feel inferior in front of practitioners and even researchers. The power over their own lives is very often reduced in front of knowledgeable experts in the process of a research study. As one of the participants in research work by Harper and Thompson (2012) said, “I am tired of being talked about…as a statistic…I want someone to have time for me and to listen to me...to be taken seriously”

(p.46).

In this study, stories about how the participants negotiate with their realities are sought. They are invited to take part as people to help with the research study instead of viewed as objects. The spirit of narrative research is that it is a process of co-construction between the interviewer and interviewee, with the power difference between the two kept relatively minimal in comparison to traditional methods. Nevertheless, it is common that the narrative research design, including the construction of the research questions, analysis and interpretation of the data is solely done by the researcher who would still be in a power position to control the research process and the presentation of the results according to his/her subjectivity. Therefore, in this study, elements of collaborative research are incorporated into the research to increase integrity.

Collaborative research is research work with participants and not on participants. According to Harper and Thompson (2012), the results of carrying out such research would be more relevant and meaningful, and highlight the importance of the participants. More in-depth knowledge and a better understanding of their lives would be obtained. Collaborative research is one of the ways to demonstrate the power and expertise of the participants so that they create their own knowledge and co-produce reflexive, critical and insightful knowledge for the research work itself and the associated field of study. In the process, power is balanced and equal opportunities afforded that allow more meaningful participation of marginalized groups in the construction of knowledge and directly using their own innate knowledge. There is more respect, attention and trust given to the opinion and participation of the interviewees. They are treated not just as persons but also as the most appropriate researchers, consultants and professionals by contributing with their own knowledge and wisdom towards

an existing phenomenon. The whole orientation of the identity of the narrators would transform from passive individual who is being studied to an active participant who can constantly check on the research and make a difference in the results.

Individuals affected by mental health issues are invited for further involvement after the initial interview to ensure not only the validity of the research but also that their reflections are given space for expression. They are therefore partners of this research work, thereby further shifting the power balance toward them (Lips-Wiersma & Mills, 2002; Yeung-Yuen, 2005). It is anticipated that the values of collaborative research provide more clarity and transparency to the work as the interviewees are given access to the research process. Mostly, they can offer valuable firsthand insight into experiences with depression and ensure that the research would be more relevant to clinical practice. They can also make sense of their own experiences by reconstructing them. Moreover, they have a voice to share their stories and can feel that they have been really given attention and are cared about.

In terms of the interpretation and analysis of the narrative scripts, involvement of the interviewees allows the researcher and professionals to have a better understanding about the inside stories for the best insights into the questions that should be asked. Then the interviewees can help to decide which kinds of information to put together, which is significant and otherwise. They could also offer discussions and recommendations – this is a way back into the community with the possibility to make positive social changes with their own contributions. The researcher could produce knowledge and actions useful to the target group for better practices and solutions that could resolve the problems in this community (Harper & Thompson, 2012; Gaddis, 2004; Lewis, 2006; Schulz et al., 1997;

Smith, 2003).

2. Challenges of collaboration

There are also substantial challenges that need to be addressed in collaborative research. First, there are the issues of power and control. Some researchers may believe that people with mental health issues cannot contribute to research. The participants might be concerned that they do not have enough professional knowledge and skills to carry out data analysis and interpretation. Or the participants might be biased by their own personal experiences. To address these problems, first of all, commitment and determination to share power is necessary to ensure that the spirit of such research holds. Mutual trust is also needed for productive collaboration and the willingness of the researcher to share control and power, and make compromises in the research. Yet, there are also precautions that need to be taken and boundaries should be clearly established on how much power will be shared. Furthermore, additional resources for effort, time for briefing and support should be offered to the interviewees. The researcher will need to have a substantial amount of flexibility, sensitivity, open-mindedness and skills to manage the research process. This is especially crucial in a PhD thesis, as there are stipulations for the amount of work that needs to be done by the PhD student. Execution will be further elaborated in later sections.

5.4 Procedures

Here, the research procedures will be outlined. In this study, they are as follows: (1) sequence of research work, (2) characteristics of involved individuals; (3) invitation process; (4) pilot interviews and interview guide; (5) semi-structured interviews and briefing; (6) production of interview narratives and establishment of collaborations; and (8) narrative analysis.

5.4.1 Sequence of research work.

The sequence of the research study is provided in Table 1 which provides a stepwise illustration of the research process from November 2011 to May 2017.

Table 1 *Sequence of research work.*

Time Frame	Activity
Nov. 2011	**Ground work** Literature review and writing reading notes for the history of depression, terminologies, causes and symptoms of depression Working papers on terminologies in topics of methodology and reality Proposal on research topic, methodology and collaborative elements
Nov. 2012	**Research Direction** Literature review to formulate research questions, research proposal, research procedure and recruitment Present proposal and obtain approval for research direction
May 2013	**Research Proposal and Preparation Work** Review focus of research, continue literature review Confirm focus of research on negotiation of reality and finding hope for people affected by depression Draft another research proposal, letters of invitations and consent forms for organizations and persons Formulate interview guide
Nov 2013	**Pilot Interviews and Main Study** Pilot interviews Conduct first 12 interviews Transcribe verbatim first set of interviews
May 2014	**Second Interviews and Narrative Analysis** Present verbatim first set of interviews to interviewees for verification and reflection Start to conduct second interviews (eight)
Dec. 2015- April 2017	**Narrative Analysis** Narrative analysis of first and second interviews
Jan. 2015- Nov. 2015	**Generation of Narratives, Diagrams, Tables and Write ups** Finish second set of interviews Transcribe and verify contents of second set of interviews Develop themes and subthemes of first set of interviews Write first draft of findings of stories
Nov 2015- May 2017	**Generate theories** Each story in first and second set of interviews placed in bird's eye view Continue to draft findings Write discussion section Develop diagrams for theories derived

	Final write ups and amendments

5.4.2 Characteristics of involved individuals.

For qualitative research, usually the sample size is relatively small. After reviewing a number of qualitative studies, the sample size is around 10 to 16, compared to quantitative studies. This is because narrative research focuses on the richness of the stories of those involved. My aim was to have two interviews for each person for the collaborative elements. Also, due to the time constraints for a PhD thesis, I decided on twelve persons as the sample (Drew et al., 1999; Harper, 2012; Lips-Wiersma & Mills, 2002). A purposive method was adopted to examine the characteristics of those who would be involved in the study. The first selection criterion was that the interviewees would have the understanding that they had or have been affected by depression at any stage in their lives. This is because it is important for the subjective interpretation of the experience of the persons to be made visible which is explained in Chapter 5 on the conceptual perception. Thus, as long as the persons subjectively believe that they have had the experience of being affected by depression, they would be included in this study. They could still be affected by the condition at the time of interview, recovering or recovered depending on their own opinion. The interviewees are given the autonomy to share their stories of depression at any stage of their life, so the on-set of the condition is not a criterion in the selection process. However, it would be necessary for them to be fit and available to attend the interviews and able to narrate their experience. If a person was unwell, such as needing to be hospitalized, s/he would not have been considered to be available for this research. The interviewees must be 21 years of age or older at the time of selection, under the assumption that they may have more maturity and experience to take part in this study. There was no age limit as long as the person was available for the

interviews. They could be male or female and Cantonese speaking to avoid misunderstanding due to differences in language between the interviewee and the researcher. To create a diverse sample, a balance between the number of male and female interviewees was struck. They also had to be a permanent resident of Hong Kong as the focus of this study is on Hong Kong people. They could have immigrated to Hong Kong but had to have been living in Hong Kong for at least 7 years. Furthermore, to recruit a sample with a diverse background, the invited sample was purposely evenly distributed in terms of age, level of education and economic status (i.e. housing type). However, substance users, people with other (serious) illnesses, i.e. for those who need to be hospitalized or otherwise unfit to participate, were excluded in order to avoid factors that may be connected more to other issues.

5.4.3 Invitation process.

Two individuals were invited to take part in the pilot interviews and then twelve for the first set of interviews. For the former, one was referred by my friend and the other by the Hong Kong Young Women's Christian Association. A total of four social services organizations who provide services for people affected by mental health issues kindly helped to mail out invitations for the actual interviews. They are the: (1) New Life Psychiatric Rehabilitation Association (NLPRA); (2) Tung Wah Group of Hospitals; (3) Richmond Fellowship of Hong Kong; and (4) Fu Hong Society. Invitation letters were sent to both the interviewees and the organizations. A research proposal was also attached to the letter to the organization which included an explanation of the study to the potential participants at the time of invitation and the intention to recruit a sample with a diverse background was also shared with the organizations. Furthermore, the plan was to have each person interviewed twice. The recruitment was

therefore strategic and separated into phases. For example, two to three persons were first recruited while the other interviewees were recruited at the later stages to ensure recruitment from a diversity of socio-economic backgrounds. Table 2 shows a summary of the background information of the 12 individuals in the final sample (Lesperance, 2010; Lips-Wiersma & Mills, 2002; Souden & Botsis, 2011). Each person was given a hypothetical name for confidentiality reasons.

Table 2 *Summary of background information of interviewees*

Name code	**Organization**	**Gender**	**Age**	**No. of interviews**	**Date of interview(s)**	**Level of education**	**Marital status**	**Housing**	**Occupation**
Pilot Study									
-	Referred by personal contact	F	42	1	27/11/2013	Tertiary	Single	Private Housing	Film Writer
-	YWCA	M	52	1	12/12/2013	secondary	unknown	unknown	Retired, Volunteer
Actual interviews									
Anna	NLPRA	F	35	2	16/12/2013 15/7/2014	secondary	2nd marriage has 1 daughter	Public housing Living with husband and daughter	Housewife Volunteer
Bill	NLPRA	M	50+	1	20/12/2013	secondary	Single	Public housing Living with brother	Retired Volunteer
Cindy	NLPRA	F	70+	2	10/1/2014 27/8/2014	secondary	Married with two children	Private housing Living with husband	Housewife
David	Tung Wah Group	M	25	1	13/1/2014	secondary	Single	Hostel	Shelter workshop
Eddie	Tung Wah Group	M	33	2	17/1/2014 6/10/2014	tertiary	Engaged	Unknown	Helper at social enterprise

Table 2 *Summary of background information of interviewees continued*

Finn	NLPRA	M	60+	2	20/1/2014 25/9/2014	secondary	Single	Public housing Living with mother	Retired businessman Volunteer
Grace	Richmond Fellowship	F	50	1	24/1/2014	secondary	Married with 1 son	Living with husband and son	Housewife
Holly	Tung Wah Group	F	39	2	26/2/2014 22/10/2014	unknown	Single	Living with parents and brothers	Unemployed
Isabella	Fu Hong Society	F	50+	2	17/2/2014 20/11/2014	unknown	Single	Hostel/ public housing living alone	Shelter workshop Unemployed
Jenny	Richmond Fellowship	F	20+	2	21/2/2014 30/12/2014	tertiary	Single	Public housing living with parents and brother	Student Part time work
Katie	Tung Wah Group	F	35	2	26/2/2014 12/12/2014	secondary	Single	Living with parents and sister	Sales at social enterprise
Lucy	Richmond Fellowship	F	25+-	1	26/5/2014	Partly completed tertiary	Single	Living with parents	White collar

5.4.4 Pilot interviews, first interviews and interview guide.

Based on the literature review and research questions, a semi-structured interview guide was formulated prior to the pilot interviews (see Appendix III). The guide only served as a means of reference since exploring subjective experience was more crucial and the interviews would basically follow their lead. The objectives of the first interviews were to obtain the narratives of the twelve persons in certain areas as follows: (1) the realities of the interviewees and the meanings that they assigned to their lived experience with depression; (2) their reactions to their realities and their process of negotiations; (3) meaning making in lived experiences and finding hope in the processes of negotiation of reality; and (4) contribution of their hopes to their preferred way of living and preferred identity. Furthermore, the construction of the questions referred to the questioning of narrative practice. Moreover, I adapted the attitude and skills of narrative practice. This required an open and non-judgmental attitude to give the persons room to tell their stories openly and freely. Narrative practice is based on the belief that stories can reveal the meaning of the realities of the person. It is about finding how the persons define problems as well as asking about their evaluation of the problems and how they find their intentions, purposes, beliefs, values, hopes, dreams, principles and commitment. In the research process, they find their selves, identities and positions through negotiation with the realities (Bela, 2007; Corey, 2009; Hedtke, 2014; Lewis,, 2006; Morgan, 2000; Payne, 2000; Stern, 2003; Westerbeek & Mutsaers, 2009; White, 2007). A list of questions was then developed following the direction of these topics. For example: “could you please tell me about some of the events related to your experience with depression? How were they? How did you manage the events? How are all of these related to your hopes and dreams? What effects do your hopes have on you,

and the process of finding them?" The interview guide only serves as a reminder of the areas of interest to this research. It is most important to follow with the story of the persons and supplement with questions for richness and depth of the stories. Please refer to Appendix III for the revised interview guide after the pilot interviews.

The purpose of the pilot interviews was to evaluate the interview guide and determine the duration of the interview. They served as a rehearsal to prepare for the main interviews. The two pilot interviews took place in November and December 2013. The objectives, background information and rationale of the study and the purpose of the pilot interviews were clearly explained to the two participants. Informed consent and their right to terminate the research at anytime were explained to them. I and the interviewees also signed consent forms that listed the objectives and the rights of the participants. The duration of the first pilot interview was 145 minutes and approximately 90 minutes for the second interview. As much space as possible was given to the interviewees to talk about the topics that they would like to discuss. Both expressed that they felt comfortable and appreciated the chance to narrate their experience with depression. As well, they now understood more about themselves and their problems.

5.4.5 Semi-structured interviews and briefing.

As shown in Table 3, 12 individuals took part in the first set of interviews from December 2013 to May 2014. The interviews were all conducted in Cantonese. The duration of the interviews ranged from one hour and seventeen minutes to two hours and five minutes. As explained, each interviewee was allowed more or less around two hours to avoid fatigue of both the interviewee and researcher and ensure their focus on the interview. Similar to the pilot

interviews, the process included audio recording, and explaining the direction, objectives and rationale behind the research. The reason for their involvement in the research was also shared before informed consent was sought, and their rights were explained to them. The interviewees and I also signed a agreement form about the objectives and their rights. I am well aware of the issues of power and control, and listened actively and maintained a humble and open state of mind during the narrative interviews to ensure that rapport and trust were developed for the interviewees to freely tell their stories.

The interviews commenced with some warm up question to start the questions in the interview guide. Apart from that, the interviews were semi-structured and mainly interviewee-directed. The purpose was to ensure the participants would have the autonomy to talk about their preferred topics in their own sequence and at their own pace. Follow up and narrative-inducing questions were asked following their stories to elicit more richness from their stories. For example, "you mentioned that depression has stopped you from making friends, can you please tell me more about that?" The interviewees were also invited to explain about their non-verbal cues, such as long pauses, facial expressions or emotional reactions, to ensure that the meaning and any reflections of these cues were clarified.

5.4.6 Production of interview narratives and the establishment of collaboration in the second interviews.

I also asked each interviewee if they wanted to participate in another phase of the research in which the verbatim would be sent to them through their social worker or directly from me. The purpose of this phase of the research was to check for any mistakes, verify if the verbatim were correct and accurate, and provide a platform for further reflections, if any. Apart from verification, I used

the verbatim from the first set of interviews to group the stories of the individuals into some themes and sub-themes for each person in Chinese writing. They were grouped in accordance with the description of their problems, negotiations, actions taken to find hope and contributions of hope. Then, the themes and subthemes were sent to the participants and I sought the advice of the social workers to see if they found them to be accurate. The participants were invited to review their first interview and the themes generated to determine whether they reflected their meaning, views and experiences. Please see Appendix V for a sample of the themes and subthemes that were sent to the persons for verification. Each would be invited to a total of two interviews for collaboration. The purpose of the second interview was to invite the participants to check the accuracy of and their views about the subthemes and themes developed from the first interview. They were also asked to add more opinions and submit changes, if any, or provide new stories that emerged after the first interview. Thus, the interviewees took the role of a co-researcher to check and review their own transcripts and provide the most trustworthy interpretation of their narrative. Furthermore, this is for the purpose of reviewing the negotiation processes of the persons over a period of time. Due to the time constraint of a PhD thesis, only two interviews would be provided to each person. Time should be allocated for the negotiation process to take place but again, due to the time constraint of this PhD thesis, the intervals of the interviews would be around six to nine months. The time lapses between the first and second interviews for each person are summarized in Table 3.

The contents of the second interviews were confirmed around six months after the first meeting for the first interview with the help of the organizations that referred the participants. In the end, eight agreed to a second interview. The other four did not attend or rejected the offer due to different reasons, including

hospitalization, personal and emotional issues, traumatization after reading the script from the first interview which caused pain and problems, and reluctance to revisit sad experiences. Their intentions were respected. The social workers followed up with those who expressed traumatization and pain. As for the eight individuals who attended the second interview, the time lapsed between the first and second interviews varied from six months and twenty-nine days to nine months and sixteen days. Table 10 summarizes the dates and time lapses between the first and second interviews.

At the beginning of the second interview, the participants were provided with an explanation of the purpose and objectives. They were asked to provide any comments, reflections and thoughts as well as further comments about the first interview. All eight provided their views, what had happened in the period between the two interviews and the changes that had taken place, as well as further clarifications and items to be added about the events that took place even before the first interview, in terms of their problems with depression, how they negotiated them and their hopes. The second interviews were then audio recorded and transcribed verbatim in Chinese writing, and then given to the interviewees for validation and verification.

Table 3 *Dates of first and second interviews and time lapsed.*

Name Code	**Date of first interview**	**Date of second interview**	**Time lapsed**
Anna	16/12/2013	15/7/2014	6 months 29 days
Cindy	10/01/2014	27/8/2014	7 months 12 days
Eddie	17/1/2014	6/10/2014	8 months 19 days
Finn	20/1/2014	25/9/2014	8 months 5 days
Holly	26/2/2014	22/10/2014	7 months 24 days

Isabella	17/2/2014	20/11/2014	9 months 3 days
Jenny	21/2/2014	30/12/2014	9 months 9 days
Katie	26/2/2014	12/12/2014	9 months 16 days

5.4.7 Narrative analysis.

The following are three sub-sections that provide explanations about the narrative analysis carried out for this research work: (1) introduction of narrative content analysis; (2) introduction of narrative thematic content analysis; and (3) transcription process, interpretation of narratives and development of themes and subthemes**.**

5.4.7.1 Introduction of narrative content analysis.

There are basically two main directions in narrative analysis. One is the analysis of the narrative structure and the other the narrative content. The aim is to obtain a sense of the meaning and pattern of the stories. For this research, the focus is on the analysis of the contents of the narratives. The stories are the windows to the realities of the interviewees instead of only the text. The analysis is carried out as follows: the pattern and meaning of the life stories and across a number of life stories are identified; an experience in the different stories specific to the culture of Hong Kong is examined and compared; and I evaluate how the events in the life of each interviewee are being shaped by the stories told.

Under the umbrella of narrative content analysis, there are a few practical approaches: holistic and thematic content analysis, analysis of narrative identity, construction of a shared narrative and discourse analysis. The type of analysis that is used in this research is thematic content analysis along with some of the elements of analysis of narrative identity and discourse analysis. This will be further elaborated in the following section (Bold, 2012; Drew et al., 1999; Wells, 2012; Smith, 2003).

5.4.7.2 Narrative thematic content analysis.

The aim of thematic content analysis is to look for themes within a narrative and experiences in relation to people and their lived contexts. I read and re-read the scripts. The narrative of each person was first separated into different themes and categories.

The stories generated from this research are the life stories of people affected by depression, how they negotiated their realities and their process in finding hope within the context of Hong Kong. Some of the stories even included life histories based on early memories of the past. Apart from the main themes of their life stories, I could see their identity as reflected from the narrations and negotiation of realities. Personal identity could be multi-faceted and fluid within a narrative. The identity is situated in the interpretation of the stories by the interviewees themselves. Identity is reflected through interactions with the world (Cook & Alexander, 2008; De Fina & Georgakopoulou, Scott 2006; 2012; Wells, 2012).

The themes of the stories and discourses were also studied in relation to the stories on depression. This is because per the studies in the previous chapter on the literature review, one's self and identity are under the influence of societal discourses under a specific culture and time. Language is not neutral, so that social actions such as blaming, giving rewards or making requests have different effects on people. Language is constructed and reconstructed through collective practices and reflections. The social objectives, functions, and actions in constructing the problem of individuals are identified. The stories of the interviewees can thus be compared and contrasted to argue for different discourses (Drew et al., 1999; Smith, 2003; Schulz et al., 1997; Wertz et al., 2011; Zeilani & Seymour, 2010).

5.4.7.3 Transcriptions, interpretation and development of themes and subthemes.

The first set of interviews were audio recorded except for one individual who asked for the audio tape to be switched off toward the end of the interview as s/he did not want some of the contents to be recorded. The tapes were then sent to student helpers, other part-time helpers or members of a self-help organization for the blind to be transcribed verbatim. The transcripts of the first set of interviews were read and re-read. The plots in each story was first grouped into events related to problems in the face of depression, responses to the problems and negotiations of the problems, ways of finding hope and what contributed to finding hope following the answers from the questions of the interview guide created from the research questions. Then in each group of stories, the keywords in each line were identified. As more and more new keywords were developed, they became units with meaning - themes. Thus, they were grouped into themes (Bold, 2012; Messias & DeAnne, 2002; Wertz et al., 2011). Following that, the preliminary themes and sub-themes about the events of each person were sent to the interviewees for verification and reflection as mentioned earlier for further elaboration in the second interview.

The process went on to compare the themes and sub-themes of all 12 first interviews. Then the themes and sub-themes were translated into English. Please refer to Appendix VI for the grouping of the themes for each person in the negotiation process for the first interviews. The themes were reorganised, grouped and regrouped, added and deleted to obtain some central themes and sub-themes of all 12 stories. Themes with related meanings were then grouped. They were placed onto a table for a bird's eye view for comparison across stories as well as to form a clearer picture of the process of negotiation. They were then

presented in the narratives under headings and sub-headings as themes of the events. Please refer to Table 9 for an overall summary of the findings of the first interviews. The resultant themes and sub-themes from the first interviews are summarised in Table 4.

Table 4 *Themes and subthemes of first interviews*.

Themes	**Sub-themes**
Making sense of the life hassles, realities conflict with self	Description of Problems
	Persons' reviews and self and life events
	Responses to Problems
Process of negotiation-Making sense of the strategies, more events and actions	Different strategies in a particular period time
	Evaluations of strategies and other events for that time
Continuation of discovery of hope and its contribution	Hope for the future
	Reviews and contribution of hope

A number of drafts of the findings were written in different angles in the trials for presenting the findings by exploring and organizing the themes and sub-themes. For example, the stories presented under different themes or based on the individual person's stories with different themes were noted. In the process, I tried to understand the coherent life stories of each person. I kept in mind that there is no absolute right way to present and interpret the stories. Some of the stories are even contradictory as there were different voices in the realities of the interviewees. The findings were finally presented in the way of coherent stories in terms of different persons with different themes and showing their negotiation process. The findings will be presented in Chapter 6. Direct quotations from the stories under different thematic categories are presented (Eriksen et al., 2012;

Osborne, 1990; Ergin, 2016; Wells, 2011).

The strength of this research work is that the individuals were invited for a second interview in which they could validate their narrated stories from the first interview. This not only served as a validity check but is a strong and trustworthy reference for a better understanding of the stories and perspectives. This retelling was also a chance for new viewpoints for the elaboration and addition of enhancements, explanations and personal meanings. The results could be referred to as a joint product between the participants and me. Again, all of the eight second interviews were read, and re-read line by line. The events of the plots were grouped and organized, and themes and sub-themes for the eight interviews were created.

Table 5 *Themes and subthemes of second interviews*.

Theme	**Sub-theme(s)**
Making sense of the first interviews	Reflections
	Positions in the first interview and justification
Making sense of position at the time of second interview	Self-acknowledgment of position in second interview
	Reflections and justification of position
Actions coherent with position	Adjustment of actions
	Reflections and justification of adjustment of actions
Special successive events	Successive events
	Reflections and justification of successive events
Successive hope and contributions of such hope	**Successive hope** and contribution of such hope
	Reflections and justification of successive hope and its contribution

Then the findings for the second interviews were drafted a number of times. They will also be presented in Chapter 6. Then, a theory about the whole process of this negotiation of reality and finding hope was formulated from the findings of the first and second interviews. This theory will be presented in Chapter 8 (Gaddis, 2004; Eriksen et al., 2012; Marlett & Emes, 2010; Messias & DeAnne, 2002; Wertz et al., 2011).

5.5 Issues of Quality

The research work is based on well found analyses, so the issues around quality identified include: (1) integrity, and (2) trustworthiness.

5.5.1 Integrity.

I consider myself to be a research tool. I am well qualified to carry out the interviews. With a Master's degree in counseling, I have adequate training and a number of years of experience as a narrative counselor and in teaching narrative practice. However, since this is only my second attempt in carrying out narrative research, I tried my best to make up for the lack of experience by reading more publications on the subject, and discussing the related work with my supervisors and peers so that I would have the best means of carrying out this research work. On the other hand, I felt that my interviewing skills could use some improvement, which was especially evident during the first few interviews, as the questions were not open enough for the interviewees to share their stories more extensively, and I could have been leading them too. I then reviewed the interview scripts and made notes on my reflections to improve my interview skills. I found that after the review, reflection and more practice, as time went on, my interview skills improved. Please see Appendix VI for a sample of reflection and evaluation notes that I wrote after the interviews.

I have a long history of over 10 years of struggling with depression. I am

fully aware that personal bias or excessive emotional involvement could take place in the process of researching the topic. Also, I was advised that the discussion should focus on the topic of research and not to be sidetracked by topics of my own interest and concern. A reflective journal was therefore kept to record my personal reflections during the process. My own emotional involvement was recorded in my version of the interview transcripts as a reminder when I read and processed the stories. In addition, I also discussed with my supervisor any personal emotions during the research process as a precaution for personal bias and being overwhelmed by the interviews. I was also aware of the balance of power in the pilot interviews and all of the interviews. The research was done with respect given to each and every participant.

The interviewees are not professional researchers and some of them may not have ever experienced involvement in a research project before. Briefings and explanations were provided so that they fully understood the boundaries, skills and ethical issues while doing the research. Furthermore, all of them have a history of depression. I predicted that they might need emotional support when they retold their stories, and that sensitivity and flexibility would be necessary components. If counseling support for a particular individual was required after the interviews, a social worker would be informed and made available to him/her. The well-being of the participants was followed up by their respective social worker while I was also careful if they did not want some of the narratives to be disclosed to their social worker. Both the interviewees and I were aware that I was not taking the role of a counselor or providing professional advice (Harper & Thompson, 2012; Lips-Wiersma & Mills, 2002).

5.5.2 Trustworthiness.

In contrast to traditional quantitative research, reliability in narrative

research means the dependability of the interview data. That is, if the data are from trustworthy transcripts, then the accuracy and accessibility of the data would be ensured. Validity refers to the strength of the data analysis, trustworthiness and ease of access to the data which means verification of the data and whether the research is well supported by the data collected (Webster & Mertova, 2007). The narratives did not reflect any particular truth of what had happened but instead, the meaning understood by the narrator. So, I was aware that the research is based on trustworthiness and originality of the narratives of the narrators. To increase the quality of this research work, I made use of many measures. As mentioned above, the use of narrative and collaborative research methods increases the dependability of the data collected. The entire process of this research work as well as the analysis work is a co-construction of the data with mutual agreement given by the interviewees through verification and validating the verbatim and analysis. Moreover, the nature of narrative research itself can ensure the originality and depth of the data. Confidentiality of the interviews, reflections, verifications of the narratives, second interviews and the attitude of the researcher mentioned above also increased the degree of openness, truthfulness and trust between the interviewees and me (Schaafsma & Vinz, 2011; Wells, 2011).

5.6 Ethical Considerations

This research work was designed to adhere to social science ethical conduct, which is especially important since this research examines those who are facing mental health issues. The ethical considerations will be presented in the following sections, which include informed consent and rights of the individuals.

Informed consent was obtained from the two interviewees in the pilot interviews and all 12 individuals in the main study. The objectives and rationale behind the research as well as their rights and benefits were clearly explained. The

invitation letter and the consent form are provided in Appendixes I and IV. For instance, the participants had the right to terminate their participation at any time in research process. However, none terminated their participation in the first interview, but three expressed that they did not want to talk about certain topics that might have caused them pain or because they did not understand the questions or just did not feel that the topic is relevant. They asked the subject to be changed, which I respected. I tried to be sensitive at all times to ensure that the interviewees were willing to continue with the research work.

The names of the interviewees were replaced with a pseudonym in all of the documents and transcripts to protect their confidentiality and privacy. Their background information and transcripts were kept in my personal computer in a room at my university that is not accessible by unauthorized persons. The narratives collected were only used for the purpose of this research and other academic activities to which the interviewees had consented. All of the transcripts and voice recordings are to destroy six months after the completion of this thesis (Harper & Thompson, 2012; Van Der Meulen, 2011; Robinson & Groves, 1999).

5.7 Limitations

One of the limitations was that the interviews were conducted in Chinese, as well as the verbatim and themes and subthemes for the verification of the participants, but the interview guide were constructed in English. Later when the research turned to work on the grouping and re-groping of the themes and subthemes, I translated the narratives and themes and subthemes into English. Then, I rewrote the stories in accordance with the themes and took into consideration the length for the presentation of the findings. There could be some change of meaning or loss of meaning in the process. This process was used because English is not the first language of the persons. Also, their level of

English competency varied, so I could not have invited them to check the re-written stories. This could therefore affect the trustworthiness of the findings.

At times, my personal emotions, opinions or experiences could have affected the ways that I asked the questions. These were epitomized when I read through the transcripts. Again, reflection notes were made and I had also done much of evaluation of the questions line by line. I wrote how the questions could have been asked better. In later interviews, the situation improved. Please refer to Appendix VI for the sample of questions for reflections and evaluations.

The interviews were only audio-recorded. The body language, facial expressions or other pauses and emotions were lost in the interview recordings (Ribner & Knei-Paz, 2002). However, I tried to ask related questions if the person showed feelings or an expression. Time and space were made available for verbal expressions or no expressions.

Furthermore, it was my intention to have a more diverse sample. That is why the participants were recruited through non-profit organizations who serve people with mental health issues. However, this might have affected the diversity of their background as most of them have a relatively low socio-economic status and live in public housing estates. Only one female respondent has a tertiary education. Moreover, more females than males volunteered. This might be due to the fact that more females than males use social services (Emslie, Ridge, Ziebland, & Hunt, 2006; Gaddis, 2004; Mensah, 2009).

Another limitation concerns the collaborative elements and trustworthiness. There were limitations in the extent of the collaboration between the interviewees and me. The literature suggests that the trustworthiness of a research work would increase if the final analysis is checked and verified by the study participants

again. This is because the stories are rearranged and put together with the related plots and themes to form coherent stories in the presentation of the findings. The order and meanings might have been affected after the stories are organized. However, due to time constraints of a PhD study, further involvement of the participants is not possible (Emslie, Ridge, Ziebland, & Hunt, 2006; Gaddis, 2004; Harper & Thompson, 2012; Mensah, 2009).

5.8 Conclusions

To conduct research work on such a sensitive topic as depression, serious consideration has been made, and a literature review is carried out to seek a relevant and trustworthy method(s). As a Hong Konger, I chose a population in Hong Kong that is affected by depression in this study. The rationale for choosing qualitative research is because it is important to reveal the subjective realities of individuals who are facing problems related to depression. Narrative research is chosen to reveal the human side of people who are facing this mental health issue. Collaboration is also introduced so that I would work with individuals to instill the meaning into their chosen life stories and the process of negotiation with different realities to become visible as well as to increase the trustworthiness of the narrative data. Other considerations such as the invitation procedures, interview procedure, narrative analysis procedures, quality issues and ethical considerations are also covered in detail in this chapter. In the next chapter, the themes and sub-themes developed from the interviews are presented.

Chapter 6 Findings

In this chapter, the findings from the interviews of 12 persons will be presented. The findings are reported in three parts: (1) the background information of the 12 persons; (2) the stories of reality negotiation and hope finding based on the experiences with depression of the 12 persons from their first interview; and (3) the stories of renegotiation and hope finding based on the experiences with depression of 8 persons from their second interviews.

6.1 Background Information of 12 Persons

This section presents the demographic information of the 12 persons who were interviewed, the development and course of their depression, and problematic conditions that the persons had experienced.

6.1.1. Background information.

Table 6 shows the demographic information of the 12 persons. They are each assigned a name code. There are four males (M) and eight females (F). They range from their 20s to 70s at the time of the first interview session. Eight persons attended both interviews, while three did not want to take part in the second interview and one could not be located after the first interview. The majority have attained a secondary school level of education with three persons who have a tertiary level of schooling or some tertiary schooling. Eight of them are single, three are married (Anna, Cindy and Grace) and one is engaged (Eddie). Except for Eddie who did not disclose his living conditions, Isabella who lives alone and David who is staying in a hostel, the remaining 9 persons live with their own family or family of origin. With respect to the occupation of the persons, one of them is looking for a job (Holly), another is a student (Jenny), two have retired (Bill and Finn), three are housewives (Anna, Cindy and Grace) with the remaining five persons are currently employed in a sheltered workshop, social work

enterprise or white collar work. It can also been seen in the table that each person has experienced life challenges of some sort, such as physical disability, mental health issues of family members or abuse.

6.1.2 Challenging circumstances.

In this section, information on the challenging circumstances of the persons is presented. The information was also collected from their first interview. The details are summarized in Table 8. The categorization of the conditions were made in reference to the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 and made their conditions seem very problematic (American Psychiatric Association; 2013). Their challenging circumstances were grouped and presented as two areas: (1) functioning, and (2) activities and participation. Functioning was then categorized into (a) physical, (b) emotional, and (c) cognitive. It can be seen in the table that 7 of the 12 persons suffer from the physical problem of insomnia or other sleeping problems, and 5 mention fatigue. Emotionally, all 12 persons suffer from sadness, while 10 are also affected by anxiety. Cognitively, nine are affected by pessimistic thoughts of self-depreciation or negative thoughts about the future. Moreover, eight are affected by thoughts or ideas of suicide and death or have made attempts to carry out them out.

Activities and participation are categorized into those that involve (1) interpersonal relationships and (2) life activities. In terms of the former, 10 of the persons have withdrawn from relationships with their family or friends. Of these 10, 8 experienced conflict with these people. In terms of the latter, six have problems with work or study performance, while another six which include some of those who had problems with work and their study, have also stopped working or studying.

Table 6 *Background information of the persons*

Name code	**Gender**	**Age**	**Inter-view(s)**	**Education**	**Marital status**	**Housing**	**Occupation**	**Other details**
Anna	F	35	2	secondary	2nd marriage Has 1 daughter	Public Living with husband and daughter	Housewife Volunteer	Newly immigrant Struggling with affair Child and husband with Autism
Bill	M	50+	1	secondary	Single	Public Living with brother	Early retired manager Volunteer	Family with mental health issues Failed to go to Japan
Cindy	F	70+	2	secondary	Married with two children	Private Living with husband	Housewife	Mobility impairment
David	M	25	1	secondary	Single	Hostel	Shelter workshop	Visual impairment Mobility impairment
Eddie	M	33	2	tertiary	Engaged	Unknown	Helper at social enterprise	Recovering from physical injury
Finn	M	60+	2	secondary	Single	Public Living with mother	Retired businessman Volunteer	Bankruptcy
Grace	F	50	1	secondary	Married with 1 son	Living with husband and son	Housewife	Adopted
Holly	F	39	2	unknown	Single	Living with parents and brothers	Looking for employment	Recovering from coma and brain damage

Table 6 *Background information of the persons continued (Cont'd)*

Name code	**Gender**	**Age**	**Inter-view(s)**	**Education**	**Marital status**	**Housing**	**Occupation**	**Other details**
Isabel-la	F	50+	2	unknown	Single	Hostel/ public living alone	Shelter workshop Looking for employment	Mother had mental health issues
Jenny	F	20+	2	tertiary	Single	Public living with parents and brother	Student Part time work	Diabetic Eating disorder
Katie	F	35	2	secondary	Single	Living with parents and sister	Sales at social enterprise	Had been bullied Long-term unemployment
Lucy	F	25+	1	Partly finished tertiary	Single	Living with parents	White collar	Sexually abused at age 6

Table 7 *Course of development of depression*

Name Code	**Age**	**Age of Diagnosis of Depression**	**Course of Depression**
Anna	35	Suspected age 25 Diagnosed age 27	Around 7 years
Bill	50+	Year 2000 Around age 35+/-	Around 15 years
Cindy	70+	Age 70+	Around 2-3 years
David	25	Seeing psychiatrist since 2008 (19)	Around 6 years
Eddie	33	Since 2008 Age 27	Around 6 years
Finn	60+	Problems since 1997 Suicidal since age 40+	Around 18 years
Grace	50	Since 2010 Around age 45	Around 4-5 years
Holly	39	Around year 2010 (35)	Around 4 years
Isabella	50+	Around 40	For 12-13 years
Jenny	20+	Started Secondary 6 (18)	Around 2 years
Katie	35	Around age 17	For 18 years
Lucy	25+	Around age 15	For around 10 years

Table 8 *Problematic conditions of persons*

	Functioning			**Activities and Participation**	
Name Code	**Physical**	**Emotional**	**Cognitive**	**Inter-personal relationships**	**Life activities**
Anna	Insomnia, Tiredness	Irritability, Anxiety, Inner tension, Sadness, Guilt	Pessimistic thoughts of self-depreciation, Pessimistic attitude to treatment	Neglects relationships, withdraws from them, and conflicts with family and friends, child abuse	Low interest and energy to do household work and childcare
Bill	Retardation, Inherited factor with mother and siblings having metal health issue	Sadness, Irritability, Inability to feel, Anxiety	Suicidal thoughts and attempts, problems with thinking, Phobia of crowded places	Withdrawn from family, conflict with colleagues and strangers	Stopped all activities, termination of work, Financial problems
Cindy	Lassitude, Tiredness, Insomnia, Mobility problems, Somatic pains from aging	Irritability, Anxiety, Sadness, Guilt	Suicidal ideas, Pessimistic thoughts of self-depreciation	Conflicts with family and helper	Loss of interest in house work
David	Tiredness, Insomnia, Visual problems, Mobility problems from illness	Irritability, Guilt, Anxiety, Sadness	Pessimistic thoughts of self-depreciation and future, Thoughts and actions about death and suicide	Withdrawn from friends and schoolmates, conflicts with mother, pessimistic attitude of God	Loss of interest in school and interests, performance problems in school, termination of study

Table 8 *Problematic conditions of persons (Cont'd)*

	Functioning			**Activities and Participations**	
Name Code	**Physical**	**Emotional**	**Cognitive**	**Inter-personal relationships**	**Life activities**
Eddie	Insomnia, Tiredness, Somatic problems, Physical problems from injury	Sadness, Anxiety, Inner tension, inability to feel	Pessimistic thoughts of self-depreciation and future, Audio hallucination, Inability to think	Withdrawn and conflicts with some friends and old colleagues, Conflicts with boss	Loss of interest, Problems with work performances, financial problem
Finn	Somatic problems and pains	Sadness, Inability to cry, Guilt, Inner tension	Pessimistic thoughts of self-depreciation, Pessimistic attitude towards doctors, Suicidal ideas and plan	Withdrawn from girlfriend, mother and community, conflicts with mother and colleagues	Losing interest and ability in writing, Termination of work, Financial problems
Grace	Tiredness, insomnia, somatic problems, Physical problems due to aging	Sadness, Guilt, Irritability, Anxiety, Inner tensions	Suicidal ideas, hallucination, Phobia of TV drama, Problem with concentration	Conflicts with adopted father and husband, withdrawn from friends	Problems with performance with housework
Holly	Increase in appetite, memory problem, coma and brain damage,	Sadness, Guilt, Irritability, Anxiety, Inner tension, Agitation from medicine	Pessimistic thoughts of self-Depreciation, Audio hallucination, Suicidal thoughts and attempts	Conflicts with mother, withdrawn from old colleagues	Inability to find job, Performance problem at work, Termination of work, Drinking problem, Financial problems

Table 8 *Problematic conditions of persons (Cont'd).*

	Functioning			**Activities and Participations**	
Name Code	**Physical**	**Emotional**	**Cognitive**	**Inter-personal relationships**	**Life activities**
Isabella	Cancer, Mother with mental health issue	Sadness, inner tension, Irritability, Anxiety, Agitation from medicine	Compulsive thoughts of death and murder, suicidal ideas		
Jenny	Diabetic, Tiredness, Lassitude, Hypersomnia, Memory problem, Retardation, Appetite increase	Sadness, Guilt, Inner tension, Inability to feel, Anxiety, Irritability	Pessimistic thoughts of self-depreciation and future, Inability to think and concentrate	Withdrawn and conflicts with family, friends and schoolmates	Loss of interest, Problems with performance at school
Katie	Hypersomnia, Disturbed sleep by bad dreams	Sadness, Anxiety	Pessimistic thoughts of self-depreciation	Pessimistic and withdrawn from some people, Being excluded by schoolmates	Loss of interest in former interests, problems with performance at work, inability to find jobs, termination of work
Lucy	Retardation, Memory lost due to ECT, agitation and tiredness due to medical treatment	Sadness, Inner Tension	Pessimistic thoughts of self-depreciation, Suicidal thoughts and attempts, Self-harming actions, Inability to think	Withdrawn from mother and some family, Sexual abuse at 6 by relative	Performance problem in school, termination of study, Inability to find long term employment

6.2 Stories of Reality Negotiation and Hope Finding Based on Experience with Depression: First Interview

In the following sections, stories on reality negotiation and hope finding based on the experience of the 12 persons with depression will be presented. They are presented individually. Each story will include the following components: (1) making sense of life challenges and realities that conflict with the self; (2) process of negotiation, making sense of the strategies, events and actions; and (3) continuing to discover hope.

6.2.1 Story of Anna.

6.2.1.1 Making sense of life challenges and conflict of realities with self.

Anna felt that her life in China had been a series of challenges, one after another. She had cohabited with a man, had been raped and then cheated by another man. She experienced divorce, sexually transmitted diseases, etc. She has her interpretations and definitions of the problems, and shared her responses to the problems. She was judged by people at home:

> *I felt very ashamed and 'losing face'. I could not bear people criticizing me behind my back in hometown in China. I felt that my life was very messy and dirty.*

Anna had hoped that she could make changes and start afresh in Hong Kong with her second husband. She moved in with her in-laws to start a new family. However, she was discriminated by this new family because she was a new migrant. Apart from defining and reviewing the problems that did not fit her wishes, she shared her responses towards them. She said:

> *I felt very helpless with no sense of belonging. I hated life in Hong Kong... I could not adapt to life here and felt very unhappy... I felt I had no one here... The brother-in-law called me an illegal*

immigrant. I was very much afraid of him.... I kept having insomnia and crying non-stop and my emotions fluctuated...I think the seed of Depression was planted then.

In addition, she wanted to have a baby but during her second miscarriage, she went into a coma and nearly died due to delay of treatment as they could not afford the doctor's fee. She felt guilty and ashamed about her lack of physical health. She shared her responses about the undesirable realities. She said, “I was worried for my health and that I might not be able to have another baby...I became very timid and introverted”.

After she finally had her child, she suspected that she was affected by postpartum depression as her emotions fluctuated for two years. She felt that she was different and closed up. Her daughter was diagnosed with autism at the age of two when she noticed that her daughter was constantly crying and uncooperative. She did not have the knowledge on how to address this condition. Later on, her husband was diagnosed with Asperger syndrome. Anna wanted to have better communication with her husband but he was only focused on computer games and only went with his opinion but did not respect hers. She evaluated that her hopes for the relationships with her husband and daughter were different from reality. Her responses were undesirable to herself as well:

We fought and interrupted each other...I felt that the pressure was so great that I could not breathe...I felt ashamed of my husband and could not accept the two of them around me...I hit my daughter non-stop and felt very annoyed..

6.2.1.2 Process of negotiation - making sense of strategies, events and actions.

Anna evaluated her strategies and intentions towards the problematic

situations in her life. She questioned her sordid lifestyle back in her hometown and found that she did not like it, nor did she want to continue living that way. So she left her hometown and chose to be with her husband. However, she was later estranged from her matrilineal family and felt very helpless. She also thought of asking for a divorce to run away from her current marriage which has many problems. She said:

> *I chose to be with my husband who accepted me and did not mind my past...but in the past year with the problem of Depression, I started to think of divorce...I did not know if it was due to my emotions.*

Anna found that her evaluation of her condition differed from that of her friends. Anna did not agree with the suggestions of her church friends who advised her to see a doctor to diagnose her fluctuating emotions. She did not see that there was anything wrong:

> *I did not know about this illness nor did I think I was not sick…why would I need to see a doctor?*

She chose to listen to the advice of a particular social worker on the issue of abuse and emotions. This was due to how the social worker presented her view and was mindful of her feelings. She thought that she preferred the way the social worker supported her. Thus Anna started to make contact with community resources and other means for support:

> *She followed up my case for around three to four years...she said my emotions fluctuated greatly. She spoke to me very carefully and was mindful of my feelings...So, I trusted her and listened to her suggestion. She told me how to find a psychiatrist.*

However, after seeing the doctor, she obtained a diagnosis of depression. This made the symptoms increase in severity. She felt bad about herself. It made her reflect more about her problems and experience. She said:

> *I acted as if I was tolerating and agreeing with my husband but in my heart I did not sincerely accept his opinion. Since I was diagnosed with depression, I continued to irritate my husband by fighting with him... and scolding my daughter...I felt so bad and felt that I have offended God and my family... I had let loose my emotions as I saw myself as a patient and I thought that my husband should put up with me.*

When Anna could not communicate well with her husband, she found a means of escape and turned to her previous boyfriend for care and reassurance. However, she evaluated this strategy and the consequences. She felt bad and uncomfortable about it. She said:

> *About this issue, I felt very uneasy...I felt that I have done something that did not fit God's will... at first I just wanted care from him...but it was not that simple...I didn't want to face my husband. I wanted a friend but I knew it was risky...my heart was mixed with happiness and fear.*

She knew that the affair was wrong, and listened to the advice of her church friends to immediately stop the relationship by stopping contact with him. Then later, she reflected again and thought that her friends might not have given her the best advice. She said:

> *After I stopped contact with him...I found that my emotions...totally lost control. I hit my daughter badly... he kept coming back....so*

afterwards I calmed down and then I regretted it so much after about what I had done...I think I was too impulsive and did everything too fast.

She tried to gain direction from her Bible, church and some books about depression. She found much relevant support there. She said:

The church and God gave me much support spiritually... I realized I wanted to go after learning... I felt that my mentality, thinking and values changed... I became less materialistic... It is most important to go back to the origin of all things which is God. He gave me difficulties to test my will power and accept reality.

Her hopes of recovery and for happiness helped her to listen to the practitioners and find more knowledge and enjoy more activities in the community. Anna found changes in herself in terms of her moods and lifestyle. She became better acquainted with herself. She said:

They referred my child to see a doctor and do assessments. I started to come into contact with the community. Then I found that there are so many supports in society...It gave me some room to breathe...And I could find something I was interested in doing. I like yoga and exercise...I sat for many talks and after what I heard I knew being a mother is supposed to be like that...there are many positive ways of thinking and I am not alone...Now I proactively join more activities of different organizations in the community.

She noticed that she slowly opened up more and became more approachable after more social interactions took place. She also had a better understanding about depression for herself and others. She said:

My situation allowed me to understand people who have

depression and I feel for them... Their emotions could fluctuate greatly... and some even lost their lives and paid a big price...I suggest that a person should open up to communicate more to make him/her better...Depression is not so scary as I went through it.

Due to her newfound knowledge, she also realized changes in her views that her child was not being naughty. She found more strategies to become closer to her child. She said:

I slowly become more patience and willing to play with children... I found fun and happiness with them…I have changed. I found that my child is not so bad...she is very innocent and lively…unlike before…I found that my daughter has a happy side…I did not realize that…

Anna remembered that her group teacher shared a similar experience and gave her relevant support. Anna accepted her advice on the evaluation of the two men, and started to change her perspective toward her husband. She said:

Her words cleared my mind...and I realized my husband is helpless without me...I see his needs and I cannot fail as he relies on me…It made me realize my husband is very good to me. He tried to satisfy me with material goods, even though he has financial pressure...maybe because he loves me... He also helped me pay my debts...I feel sorry and I owe him...I cannot lose him and cannot bear the consequences of the affair... I made the decision to tell the other man the truth that I have him in my heart...but we should not go on...then I stopped contact with him and found peace...and he did not call me anymore..

Anna recalled her determination to leave China to be with her husband and the good times when they were dating. These memories of preferred interactions provoked her to value their relationship more. She said:

> *My husband did not mind my past and accepted me...when we first met he was very good to me. He came to China to visit me a few times every month and we travelled around and had fun... We had no problems then.*

Also, her social worker helped her to analyze her situation. She received strategies on communicating with her husband and he responded and changed due to her strategies too. She said:

> *For example, I suggested we could eat breakfast together, go hiking, take walks or go to a movie. And our relationship got better in these two months...I just did not want our relationship to be as tense any more.*

6.2.1.3 Continuing to find hope.

There are things that she hoped for and planned to do to become a better person. Anna said that she did not want to live under "*dark shadows*" anymore wasting her time. She said:

> *I hope to continue to walk on and let go the unhappy past behind....there are many parts I need to improve and learn for life....I hope to be truthful about myself to be able to accept my own experiences....I hope to be a person who would be welcomed by others...I also hope to have more motivation to take care of myself and do more exercises...many things I want to do...but do not know*

how ...but one step at a time.

She found that her utmost desire is to show more care to people and be open to contact with them. She knew the kind of person that she wanted to be and her motivations. She also hoped to help people with depression and children with special needs as she realized that she understands their needs and feels empathy for them. She said:

> *I hope I can go back to Jesus as my motivation. I hoped to be a real Christian...I hope to do everything God wants me to do to share the goodness of the religion with people around, for example, my family...I will serve him more and do more things in the church...he will give me strength...*

She also hoped to be a good wife, mother and daughter again with good relationships. Her relationship with her family has improved since then. She knows what to do and where her position stands. She said:

> *Sometimes my emotions still fluctuate when I face my daughter's learning or behavioral problems. I know that I am still not processing my emotions well yet but I hope and I know I need to have more patience and love...I will use a few years to build our relationship...I hope to spend more time with my parents...to happily spend with them their latter part of their lives.*

6.2.2 Story of Bill.

6.2.2.1 Making sense of life challenges and conflict of realities with self.

Bill went to work in Japan in 1996 and wanted to continue to study and work in Japan. However, his visa was rejected, which filled him with great disappointment and sadness in 1999. He defined that to be a big problem. He was told by his doctor and he himself also believed that his failed dream to work/study

in Japan triggered his depression and caused suicidal thoughts and attempts. He shared his negative response and said:

> *I felt very agitated... very strange and lifeless...I have saved up money for a long time...I was shocked that I could not go...I have admired the Japanese culture since I was young...I thought about this problem all the time, stayed in bed for weeks and turned away from all activities and friends after I came back...in year 2000, I nearly walked onto the rail tracks of the train...my mind was empty...I could not control it...it might be due to Depression...and I worried that it could be dangerous and did not know how to stop the thoughts.*

He also shared that he suffered from enochlophobia and did not dare to venture into crowded places. He found it difficult to live in Hong Kong as he had adapted to the Japanese culture already. The environment conflicted with what he desired in reality. It made him feel negative toward himself and others. He said:

> *Whenever I go to crowded places, I feel very annoyed in less than two minutes...I have to leave the place to go somewhere with less people and noise...I easily get into fights with people on the streets, for example someone who cut the queue, I cannot accept it and get very angry. Maybe my personality easily offends people... and when I see the queue in the bank is long, I would question why the person is standing at the counter for such a long time! I think that everyone should have their own space. Why do some people have to exploit others' time and space... I think it is very unfair and a selfish act!...I am affected by the culture in Japan...people there are so polite... so after coming back to Hong Kong...facing people not*

obeying civil obligations, I feel very unhappy...and feel that I do not belong here.

Further contributing to the issues, he often had conflicts with his colleagues. His doctor then determined that based on his medical conditions, he was failing at work due to problems with his personality and emotions. He took the advice which affected his views about himself. He said:

They were all small matters and could have been peacefully solved. But I could not control myself at that time...before I saw the doctor, many of my colleagues thought that I had personality problems due to my stubbornness and my position as the manager...they did not understand my reaction...after the diagnosis...I knew it was due to my illness...Depression affected my work performance...I was worried that the conflicts would affect the illness... and I agreed with the doctor who said that failure at work affected me and I did not know how to release my emotions.

His relationship with his family members was also not good. Based on the dominant medical ideology, his doctor also determined that this was due to their mental health conditions. This also made Bill think that his personality and that of his family are problematic. He said:

The doctor also determined that it was because I have an inherited illness...my mother is autistic and depressed...my second brother has the same mental illness which he found out in 1999 and after one year, it was found that my sister needed medication too..... in the whole family among seven of us only two members do not have a mental illness...I thought because my personality is different, my

relationships with my siblings are difficult...we all have our own personality problems...I got used to it and did not expect the relationships to mend.

6.2.2.2 Process of negotiation- making sense of strategies, events and actions.

Bill insisted on applying for a visa to Japan through legitimate ways, but failed many times and was shocked with the situation. Many of his friends gave him many solutions, such as illegally staying in Japan as he would not be easily caught. However, he did not want to go that route because he would not be able to return to Hong Kong and visit his mother. However, it also meant that he had to give up on his dreams. He found it hard to balance the realities and his desire. He shared the roots of his beliefs:

My mother was still alive but she could not visit me in Japan as she was too old to travel...It was my main concern...I did not want to be 'unfilial' to my mother...We are from 'Tai-Shan'...many of us like to go abroad...like my uncle and grandfather also went to America and only returned in their 80s... My aunts and mother had many complaints about it...I do not want my mother to think of me as an 'unfilial' son even if our relationship is not so good...I cannot abandon her for my own life.

He recalled when he went back to Japan to visit the victims of an earthquake. He felt sad to see that many things were ruined but this incident provided him with a good vibe of the Japanese people and he recalled about his own values in terms of civil obligation and why he had problems in Hong Kong. He said:

It was so sad what happened to them...but they were so obedient and peacefully lined up for food etc...This made me recall that the

Japanese culture really is good and I was used to the attitude of the Japanese people...so that's why there were some small problems in communication between Hong Kong people and me.

Bill realized his problems when he felt that he had no more motivation. So he sought help by taking himself to hospital and was referred to the psychiatry department. He accepted and appreciated the diagnosis of his doctor. This alerted him about his character that he is a person who is willing to accept advice and can be very disciplined. He said:

I very much accepted the opinion of the doctor and we discussed in detail for two hours...I believed he prescribed the medicine for me very accurately...after half a year my emotions already stabilized ...I tried my best to cooperate and my disciplined nature helped me to follow the doctor's instructions. I took medicine and tried to overcome the problems...for many years...and my progress is better on average than others.

After Bill was on medication for five to six years, he wanted to stop taking them because he felt confident that his condition had stabilized, but his doctor did not feel the same way and told him not to take the risk. So, he felt he should to listen to his doctor because there were discourses about relapse. He said:

I wanted to ask the doctor to stop the medicine but he disagreed, he said I had to take it for life even though I felt progress. Because he was not sure if any problems will happen when something provoked me...and I heard about a friend who stopped taking medicine and...went up to the roof of her house to... doctors would not have confidence that strange behaviors would not result when medication is stopped...and ended up needing to increase the

amount of medicine...so, I had to listen to the doctor because I was afraid of a relapse.

The doctor also suggested that he leave his job, and he did as he thought he should listen to his doctor, even though he took his job very seriously and with pride. After that, he considered himself as a failure and also contemplated suicide. He said:

Doctor said even if I took medicine, I could have conflicts at work that would provoke me and my emotions would change...it might affect my illness...the doctor did not want me to work and then I tried to work part time only...I thought of suicide after failing in work and some relationship problems...but I did not do it... Eventually, I gave up the job and went for support from the government...to help my condition because of the illness...Doctor advised me to do voluntary work and I tried it.

However, when he reflected on his work life, he recalled his good intentions, values and attitudes. He was appreciated at work and had been successful. He understands that he is a perfectionist and works hard to selflessly complete his tasks for the company. Even when he felt that he had encountered failure in his work. He said:

It was smooth and successful for me at work. I mostly worked at big enterprises even though I only have high school... and my boss raised my salary within less than one year...my salary was always the highest among my graduating classmates...I have worked in society for more than 30 years and worked very hard...many times I work overtime without pay and without complaint...this made me think that I have no regrets...and decided to continue to live and

work as a volunteer to help others... using my attitude from work.

Bill recalled that he used to often help many of his friends and colleagues too. This made him realize his own value of helping those who are in need. This matches with his attitude of choosing to participate in volunteer work with people who have mental health issues. He said:

> *It was my attitude all along to give…I earn my own part-time money...since I was young…it's normal to be independent and to help others…now I hope to give more to society…if my ability can do it, I will try my best to help…It was because I also have mental health problems...I can use my free time to help.*

He also attended many presentations and workshops by various professionals to gain more knowledge. He learnt to analyze the problems that he was facing and found that these supports did help him to decide not to escape from his own life. He learnt some skills to overcome his phobia, which allowed him to reconnect to life again and changed him into the calm person that he found acceptable. He said:

> *If I have to, I'll avoid the situations that I do not like (noisy crowded places). But it's impossible and then I cannot live a normal life! I had to make one step forward...I stay where the people are and eventually added up the time...after half a year I could adapt and insisted on staying at different places...and this is success of overcoming my 'knot of heart'... to start my life again even if I can't fulfill my hope to go to Japan... I also learnt to analyze and saw which were the unimportant things to let go and think about other things, for example to forget about people cutting the queue...and I became calm and made myself wait.*

Bill also shared how to overcome his phobia with his friends and how he benefited from doing so. Doing volunteer work also helped him to learn to understand more about his situation and how he could help himself to overcome depression through mind over matter (undoing the *"knot of the heart"*). He acknowledged and appreciated his own knowledge about hope to share with others. He said:

> *We can share our knowledge on how to overcome this illness with our volunteer friends... People who are affected by Depression have to overcome this 'knot of heart'...it is to bravely walk step by step forward……I encouraged my friend who is scared to go onto a train to try...after a few times he was not afraid anymore...I saw that many others' situation is worse than mine...I know how to compare the situations I also take in the feedback of others which has helped to reflect my own shortcomings...It helped me to overcome the illness... if others know how to solve and analyze...they can face too...The phobia was expressed by a behavior, but my 'knot of heart' was not a behavior...I had to use another way (voluntary work) as a substitute.*

Bill recalled that he and his siblings were taught by his mother at a young age to accept different opinions. This helped him to realize his personal quality of being independent and having his own judgment for solving problems. He said:

> *My mother taught us to put back our own clothes...wash our own shoes and reheat our own dinner since I was young, solving our problems without help...I have obeyed since then...my only good point is that I tried my best to accept people's suggestions...so I tried to coordinate with the doctor's demand and overcome the*

difficulties...otherwise I would not have recovered so smoothly.

He also indicated that he tried to think of strategies to control his suicidal thoughts. Two incidents helped him the most. One is that he enjoyed a great relationship with his oldest sister and their relationship further improved due to his illnesses. This preferred interaction led him to feel more positive about his life circumstances. He said:

> *I was hospitalized for pneumonia and it was quite serious. After a few injections, I was feeling faint. I was not sure if it was a dream that I saw my own funeral etc....I suddenly sat up...I wrote on the calendar for seven days in a row that I was 'not dead'...Since then, when the suicidal thoughts come again I asked myself to rely on myself to control it... My big sister took care of me until I recovered...it was the only time that I received the biggest favor from others...I remember she would bring me to go out with her friends and would not leave me alone when I was young...we have the best relationship among the whole family..... I also invited her to join a horticulture class with me and our relationship progressed a lot too... and my view on life changed... when I saw a plant growing under my care...I believe that life is precious and it has helped me to reduce the suicidal thoughts...I do not want to leave this world yet...there are many good things, like helping others, I can do...this motivation made the will for myself to live become greater.*

Second, he also remembered that his childhood had been a happy and blessed one, even though they were poor. His parents raised them well and their family life was happy. He remembered most how his late father used to pamper

him. This preferred past allowed him to feel loved and cared for, which motivated him to overcome depression. He said:

> *For example, I dreamt of him and the places he brought me to play etc...When I was young, I was often sick with stomachache…he paid attention to me and put ointment on my belly…he fed me by cutting and peeling fruit for me…I felt his care for me…dreaming of him gave me support mentally…it was one of the factors that helped my illness.*

After 11 years of following the medical treatment prescribed by his doctor, Bill insisted on giving up his medication. He succeeded because he took the chance to go without the depression medication when he was sick with pneumonia. Therefore, he experienced what he wanted and regained control and confidence back into his life. He rediscovered his own beliefs and strategies about his condition. He said:

> *I was not willing to take medicine for life...I took the chance to drop this burden...the people I knew with mental illness who could quit medicine were very rare...I was willing to take the chance of relapse, I would not blame the doctor for allowing me to try...This illness could not be recovered in a short while... I have confidence I can untie my 'knot of heart' and medication is only a supplement...theoretically it depends on my thoughts in my brain...and in action, I believe the knot is already untied....I am happier now.*

Bill takes part in many advocating activities with the organizations that help people with mental health issues. He insists that he values and prioritizes social causes for people with mobility problems. He said:

I believe I could be more positive, and less selfish. I think it is meaningless to waste my time only to care about my own comfort or enjoyment. I do not have much personal hope anymore. But I want to work more for the public's welfare...It is not fair people with wheelchair have to be out in the front in a cinema…we asked them to have a special space for them…we have worked on more shopping centers too…and it was fruitful.

6.2.2.3 Continuing to find hope.

Bill hoped that different sectors in society would collaborate together to fulfill his dreams and the work he was doing to improve life for people with special needs. This provided him with direction for his voluntary work. He said:

I hope the government, commercial world and families should cooperate for policies. I hope they can promote more positively for the rights and treatment with people with impairments and mental health issues to improve their life... It will not work if the government and commercial world do not help.

The desire to do more volunteer work and promote such advocacy activities have motivated him to hope that he would live longer to address some of the problems. He said:

It would be meaningless to live if I am only concerned with my own health and not society…I would give 30 years more of my life...leaving my small worries behind…this made me optimistic to try my best to help.

Bill recalled that both his mother and he were given help through volunteers. This was another reason that motivated him to do more volunteer work to help others in return. He said:

I would be old in the future too and will need other people's help...I hope to give now...when I have the ability...and when I need people to help me in the future, I will not feel embarrassed...and it could be mutual help and mutual corporation.

For this research work, Bill hoped to be able to provide more information and opinions for the reference of other people who are recovering from depression. This paints him in a selfless light again as he does not mind sharing his private information in detail. He said:

I hope that if I can give more clear and detail information I can let others use it for reference…People with problems can benefit…so I must not be selfish to protect my own face and hide away the situation about the illness.

6.2.3 Story of Cindy.

6.2.3.1 Making sense of life challenges and conflict of realities with self.

Cindy recalled that she started to be affected by depression two to three years ago when she became wheelchair-bound and had to stay indoors. She knew it since she was also aging, and her leg had deteriorated. She wished that it could be like the old days when she was able to work hard but reality conflicted with her wish and she responded negatively. She said:

My husband could walk, but not me...I sat in the house all day...feeling very bored, depressed and annoyed all day...I did not know what to do and lost the interest in life....but sleeping is bad... I can't sleep well at night...can't sleep during the day...I have a helper and nothing I need to mind...so it is the sickness of boredom... I am getting old and there are often more sickness and pain in the body and I feel tired...and lazy...old people are like

that...I don't want to do work in the house.

At times, the negativity was let out onto her domestic helper, children and husband. Moreover, she thought that she understood and defined her own illness, but was negative about it. She said:

> *It was because I had nothing to do...totally because I was too bored...I often have a temper...It's not possible to not take medicine...I feel very annoyed when I feel my temper coming...when it comes I am scared it is depression because people say it would lead to suicide.*

Moreover, she knew that one of the reasons is that her children had grown up, left the house and was often busy. She felt sad, lonely and bored. In particular, her son was working abroad. It conflicted with her wish to be close to them. She said:

> *I am unhappy because I am bored...because my son and daughter not here...I feel annoyed everyday...But it is impossible for my son to be here. He now works in Shanghai.*

6.2.3.2 Process of negotiation- making sense of strategies, events and actions.

She questioned and evaluated whether she was really sick with depression. She reflected on her emotions and felt negative about them. She said:

> *When I am annoyed and have a temper, I scold people...my helper, sometimes my children even my husband...all because I am bored...it might not be depression...just being annoyed and having a temper, nothing else...but it could be the illness...it's a problem with mood or might not be the illness... about boredom.*

Cindy sometimes thought about suicide as a strategy to escape from her suffering. However, she reflected that she could not accept that:

I sometimes think about it... even if I live to 100 years old I have to die...so it does not matter... but if I die...this way my children and husband would be very unhappy... they would feel very guilty and in pain... I cannot accept this.

She experienced there were ways to be better. She felt that she understood her own condition. She shared her feelings with her family and accepted their suggestion to see a doctor. She believed it was a sensible act that one should co-operate with doctors and take medication diligently. She found that medication was a strategy to control her emotions. She reflected that she is a logical person to accept the supports. She accepted that the doctor and her family were good to her. She said:

After I release my temper there was nothing anymore... and it is not serious but mild for me...actually my situation is not really depression...just a little only it was just boredom... I accept seeing a doctor...medicine lets me feel less annoyed...It is common sense...relying on my feelings...When a person feels that way...really should see doctor....and you can feel that I am a person who understands logic...and when I feel unwell I tell my family and the doctor...and the doctor is not bad...very sensitive...There are not many ways...except taking medicine to help my emotions... it's under control...has not reached the stage of suicide.

She also re-evaluated her relationships with her children to determine if she had been very strict to them with their education. She regretted that she was unable to support them for further studies. Therefore, she was not sure if they appreciated her. She said:

I used to hit them and scolded them at that time. I was very strict...I

restricted them when to watch TV, when to sleep and when to do homework...If not they could be lazy...I asked my children, 'would you be angry with me? I wanted them to be able to further pursue their study but our living standards were not good. They had to work after they graduate...of course I wanted them to study more.

She reflected on the roots of her beliefs about education. She recalled that she aimed high for her children. Cindy worked hard for their schooling and their future. She reflected and was comforted that they appreciated her. So, what she believed and had done was worthy. She said:

In our time, it was not easy for people living in public housing to be able to go to university in Hong Kong! My daughter now has a Master's in Music...I taught them to learn by themselves...I checked their homework...I hoped that they would be able to study and have achievement...as I also am educated...I am satisfied already as they are university graduates...better than average already...and they said they thank me for their success.

Cindy remembered that she visited her son in China about three years ago. She knew that the trip made her happy. In comparison, she understood that she was not happy afterwards because she could not walk and her son was very busy with work. She said:

I was not sick at that time...I could walk and I could go around for fun...We used to go on holiday every year except this year and last year...as he got busy...We went to the States, San Francisco, Switzerland...Australia, Japan and South East Asia.

Cindy thus found strategies to help make herself happier, for example, chatting with other people.. She felt good during the interview too, and she

understood her condition. She said:

> *When I have someone to talk to me, I have no problem at all...but at home I have no one...When I am in park we talk about any topic...like now...my mood is very good.*

She also found that she likes to knit. She remembered a preferred experience that in the old days she was so happy to work hard and knit for her children which they appreciated. She said:

> *When I have something to do, I don't feel as bored. I knitted a lot of my children's clothes all along...my hats and scarves etc. They love them...and I am happy to see them wear them...Many people praised my knitting, they said they are better than bought ones.*

Therefore, Cindy started to teach people how to knit after receiving support and an invitation to do so by a social worker. She was happy to teach and wants to pass on her special skills and help others which match her values and character. She said:

> *The social worker Ms. L came to visit me, she saw me knitting and praised my knitting... and I said to her I was willing to teach if someone at the center wants to learn...now not so many people know this skill...and we can sit and chat...then they gave the scarves to the elderly in need...it's very touching...I just hope to try my best to help others....wanting good for others...and it's good that everyone is happy...I teach people at the park too...and they praise how lovely my sweaters are... I am unlike other people who are not willing to teach others...It is selfish.*

She also recalled that her children and husband supported her in teaching

people how to knit. She wants to serve as an example of a good person and pass on her goodness to the community and her children. She also understood and appreciated her children's difficulties and her own difficult position as someone with is suffering from recovering a mental illness of depression. She said:

> *They really support me when I go out...Sometimes, when I am late for lunch, my husband would help to cook... my husband lets me have my way...because they love me...anything for me to be happy... My children are good too...they are willing to help others...not selfish....I have passed my sense of filial piety to them...it's very important...now they support themselves and parents...it's not easy...my daughter moved near to me if in case I need her...how many people can do that nowadays? My son and daughter-in-law took me on trips...my children are good and obedient...and they take me very seriously... even though I lost my ability to work...I often tell people that I am very satisfied already.*

Cindy is happy and satisfied when she is able to help other people. She recalled many occasions in which she helped others. She also hoped to help me through her interview. These actions allow her to find herself and meaning. She said:

> *My moral character had not been bad all along...I think it is happy...and satisfying...to help and I also asked my helper to help others and she shares the same feeling...and I gave water to workmen who came to fix the internet in my house...he wished me good health...I could not explain the happiness...when they said a simple blessing to me that was already the reward...and we mutually benefited...You can help me to kill my boredom...I can*

help your work...it's also mutual right?

Cindy remembered that she has always been good and kind to others and she knows that this trait originates from her family. This reflection allows her to understand her own character more. She also does not keep count of the faults of others because she knows that she is a educated person. She said:

> *During famine...My mother gave rice sent from her father from abroad to neighbors without charging interest...When my grandma saw beggars, she would rather not eat her own share and she gave to them...I really agree it's good to help others...but not hoping for reward...and my personality is not minding and not calculating... My relatives who raised me…I supported them… the whole village knew about it...I am very devoted and filial...I built houses and hired helpers for my parents and grandparents. Uncles and granduncles...they praised me until they passed away...I was very frugal and worked at nights at home...My children saw me being very good to my father...then my daughter said she will buy me anything...because she saw me doing it...I was not angry (when a relative accused her) and I took it not seriously and found it interesting because she was not educated...and selfish...we are not that kind of person...we are kind-hearted...and I would not be calculating because she was one of us.*

6.2.3.3 Continuing to find hope.

Cindy hopes to travel more with her son to see more places and find out about the different values and views with her children. This encouraged her to look forward to the future. She said:

I want to go to Burma...I have to wait until my children are free...I

hope to go to India too...and I told my son...I want to see different places, for example, poorer countries, different from capital cities...And I have never been to England too...We were going to go.

She also hopes to continue to help others which she puts into action daily. She said:

I hope my friends can continue to learn knitting from me and they can teach others...As I do not want this skill to be lost...there are many different and special patterns...I hope they can continue to learn... and I feel good and happy about it...there are some people who do not know how to knit and these friends can teach them so that they can...one generation after another.

6.2.4 Story of David.

6.2.4.1 Making sense of life challenges and conflict of realities with self.

David has been affected by a visual impairment since he was a baby. He is 25 years old and studied in school until Secondary Three. He shared the challenges and described the worries and problems during his studies. Therefore, he felt that it is useless for a person like him to study at school. However, it was a must that he had to go to school and study; he had no choice. He felt negative about his future from the dominant discourse about people like him. His intention for going to school was that it is only something to do. He said:

Sometimes I just sat around and thought about my bad results in school...I worried about my homework...when I was in secondary school...my mother asked me to work harder but I found it such a problem...how to study well...I felt nervous because my result was not good...My main subjects were all not good...My nervousness lasted for long time…a few years…I went to bed very early but I

could not sleep until one or two a.m. and I had to get up so early...so I felt very tired...It was hard for me to find a job, no one would hire me...people who cannot see, even finish university...studying might just be for killing boredom instead of staying at home...I kept thinking that I did not want to study...it is too difficult anyway.

When he was in secondary school, he suddenly found himself affected by another illness in which his legs started to shake. He found out that it is an inherited condition and eventually means that he cannot walk. This increased the anxiety he faced because it seems that the mainstream school did not acknowledge special concerns and needs. He said:

After Secondary Three at the special school, I had to change to mainstream school as there was no more special school after that…I felt unwell and tired at assembly…we had to line up there…during some school events, singing competitions etc. Everyone had to join with no choice…my voice was shaking too and it sound horrible…I was so scared and my legs were shaking badly for one hour and I worried if I would fall down from the stage…when I thought about it, it was very awful to look at…nobody told me but I am sure everyone saw me…I did not like the feeling…so uncomfortable and I was stiff.

David felt especially tired, overwhelmed and unsure with the stimulations, tensions and reactions from the people around him. He said:

I thought I did not look good. I was scared more when many people were there especially in front of girls...I felt nervous and my face was hot. I was scared that they would laugh at me being red etc. It

happens during break time everyday... because it was noisy...I had to pay attention to them...I felt very tired too...I was nervous around the schoolmates who knew me as we were together since kindergarten…but I was also scared to make new friends.

He then left school and stayed at home, but made attempts to leave the house once in a while by taking piano lessons, but he really found that it was difficult to venture outside of home. The environment seemed to be demanding and unfriendly to him. He said:

I walked on the streets…I could go by myself at that time but felt so bad as many people looked at me…I could not walk stably…I held onto the doors and walls etc. then I had to wash my hands…I felt very nervous.

After remaining housebound for a few years at home without schooling, he started to lose his ability to walk. He eventually became wheelchair-bound. He felt even more restricted, marginalized and underprivileged:

I mainly felt very bored...I did not feel that in school because at least there were some activities but now it is difficult...If I want to go somewhere, my mother has to bring me. She can't do that as she works every day...I feel that there are many things the normal schoolmates can do but I cannot...those people who are the same age as me...they can go out by themselves with friends or on a date...but I can't.

David found that his ability to study and work in the future would be low compared to others. He did not like studying and the school activities before and could not do them now, but reflected that he did not have much choice. He only

intended to go to the school as he had no other options. He felt that he has lost opportunities in many aspects compared to others. He also felt torn apart from the demands of society and his condition.

6.2.4.2 Process of negotiation- making sense of strategies, events and actions.

David has a strategy which is to escape to some quiet place for solidarity. He does not really understand why he would do that, but at least he could relax when alone. He said:

> *I would go somewhere alone to rest...I did not understand why I am scared of people looking at me...I do not know...I keep my head down...when we ate in school for lunch, they would chat…I usually ate fast and I liked to go somewhere with less people…then I can relax…I just felt very tired…I could not explain it…I just walked around in the toilet doing nothing…just did not want to see people…or let them see my expression.*

He questioned and reflected on his study. He knew he did not want to do so and did not believe that it would be useful, so he chose to quit school. He said:

> *How to study better? Why do we need to study? so I did not want to study and I kept thinking...other people think it's good to work hard but I found it very troublesome...After Secondary Three...because my health was not good...I studied half a term then I quitted.*

David recalled about his abilities and preferences in that he excelled in history and subjects that require memorization. He also liked history and stories about the rise and fall of kingdoms. He said:

> *I think my history was very good...It involves memorizing...I was more interested...and I got good marks.*

He shared his experience of enjoying time at home after he left school. He

remembered that he found his interest and things that he enjoyed and how they helped with the symptoms of depression. He said:

> *I remember I used to listen to this radio program at home when my mother was at work with a few friends from school...the program was about students phoning-in...I can hear about their happy things...some primary school student dating etc... when I am alone, I listen to novels and songs…I sleep for while in the afternoon…in the first two years I found it very comfortable…I felt relaxed…nervousness and depression were gone as I was alone in the house…I could take care of myself at that time as I could walk then…I also used my exercise bike that my mother bought me…after I sweated it out…I took a bath and slept…I was tired but I was happy without negative emotions and I could eat good food.*

David had wanted to continue to learn to play piano after he left school as he liked it at the beginning. However, after a while, he lost interest in playing, but his wish conflicted with his mother's that she wanted him to continue, and so he relented and continued with his piano examinations. He said:

> *I was ok at the start…but after a while I found it boring…I still play now but my interest is not much...but if I do not play piano there is nothing else to commit...and my teacher's temper was not good…so I quitted but my mother said I should have stopped after passing the examinations…and I passed piano grade three and music theory grade five.*

David felt safe with the help of his mother and he accepted her support because she helped him with his desires. However, at times, she could not comply, and responded negatively and he felt guilty afterward. He said:

When mother holds my hand to go out…I do not feel people are watching me...my mother is good...She encourages me to go out wherever I want...on the weekends...she takes me to ride on the bus or go to the islands to eat...I especially like fish ball, pudding...actually she does things for my own good...sometimes find my mother talks too much and...I cannot accept it...I let out my temper onto her...sometimes when I want something and she can't give it me immediately...I get impatient and I know I am not right.

He also attempted once to venture out by himself for leisure and did not tell his mother, because the mother did not allow him to go out alone. He wanted the chance to enjoy going out by himself and others helped him. He did enjoy the adventure, but later, he reflected on this again and felt negative and guilty about it. He said:

At the start it was good but after the third year, it started to be boring…I was alone…I could push myself downstairs…page taxi to my home and I ride to Central…The taxi driver helped me get down and I wheeled around a bit…someone asked me where I wanted to go…I said Lamma Island…I was too bored at home for too long everyday…I wanted to do better…I did not tell my mother and I was not worried for myself…someone at the boat helped me get on…I was there to relieve boredom*…it was so windy there…It was very cool and ...I did not think of the boredom anymore…I wasn't scared of people looking at me any longer...I wanted to do something I wanted…my mother worried about it after...It is not normal...I should not have let others to worry for me.*

Once he was so bored and wanted to do something different, to find

something that would allow him to feel, which would address his boredom. He chose a strategy that was not acceptable by the police and made his mother worried. He was subsequently sent to psychiatry for follow up afterwards. He said:

> *Because I was too bored...I wanted to get some feeling...I took a taxi and on the streets I took out a knife...I just wanted to do something...then I bumped into the police...he took away my knife and it dropped onto the ground...I felt so unhappy, being a person...and studying etc...and a doctor and a nurse took care of me and arranged my follow-up with psychiatry and my mother was unhappy seeing me in the hospital after work.*

When David was unhappy, he searched for information on death and suicide on the internet. Instead, he found information and knowledge that helped alleviate his fears while broadening his views and knowledge. He said:

> *At that time, I did not know the meaning of living…I thought of suicide… so I searched some information on how it would be like after death… I found that after death, people can see a light from a tunnel, good places and family that passed away. Some people see darkness…I would not be scared of people looking at me anymore because…I found that people on earth have a body and spirit, but people can see the body only after death. So, I am no longer scared and mind people looking at me…and there are other places apart from this world.*

David started to attend church twelve years ago after accepting help from a teacher and his mother. Two years ago, after he became wheelchair bound, he started to feel negative about God and the people at church. He said:

Now my mother brings me there…I feel alone there. There is not much socializing there...there are some people ...I do not want to talk about it...I think that God in this religion is not good.

He noticed that he had changed his views toward friendship after a few years at home. He understood himself more and made attempts to make new friends. However, he indicated that his previous friends were not what he wanted. He said:

I like to get to know more people...I am different from before now...because I have experience being alone and being bored...now when someone ask me questions, I would answer...I was not proactive in making friends...There are people who talk to me at work... I felt that those friends I have...have not much topic to talk about ...There are a few schoolmate from the special school also go the church with us…we go out and eat also but we do not talk seriously...and they could not see so they cannot push me to eat... there was a person...proactively looked for me to chat...I wanted to try to get along but found him a bit strange... so I do not chat with him anymore.

David also discussed his values in terms of how he spends time. He had tried working at a shelter workshop but found the work a bad fit with his expectations. He said:

I thought as a person I should not only sleep…I went back to work at shelter workshop but it was a bit boring…the work was too simple…Only closing the bottles…sealing the envelope etc…it did not let me use my brain…I could listen to radio etc. as I worked.

In this section, David has described some strategies to help himself in the

midst of difficulties. He had been unsure about his needs and desires. Later, he understood himself better but encountered some obstacles. However, he had the ability to manage some of the things that he wanted to achieve. He also noticed changes in himself. Also, there are people who are willing to help and support him. However, he remained unsure of himself. Therefore, he tried to find ways and friends who could alleviate his boredom and he wanted to do something with his life even though he has not yet found the desirable results and strategies.

6.2.4.3 Continuing to find hope.

David hopes to make more new friends, has a good idea of his situation and knows what he would like to have in his life. He said:

> *I hope I can play some games...get to know more people...to chat...I am not so proactive...I hope to find other people who are more proactive...It does not matter...male or female, starting as normal friends to talk normally...I don't have any now (good friends)...I only had ordinary friends who cannot talk with me about serious things. I want someone who can help me to go out...to eat together...and chat with me...those kind of friends....compared to before...I would go out to get to know some friends...I want to meet...not that I hope to very much but more than before.*

6.2.5 Story of Eddie.

6.2.5.1 Making sense of life challenges and conflict of realities with self.

Eddie had been injured at work. He then lost much of his physical abilities which he viewed as the start of his problems. He had to undergo physical therapy which was a burden. He was then referred to a psychologist and diagnosed with depression after undergoing all of the stress. He said:

> *"I was paralyzed and could not move...The pressure was great and*

I kept hearing my phone ringing all the time...I did not know how to process my problems and my body could not feel anything...I did not have strength during recovery and I was stuck again and felt very disheartened...I was worried...It was a long process...then I could move slowly...but still cannot feel the movement...I felt so tired and it made me unhappy...I was depressed with many other physical problems seeing many doctors...I did not want to listen, care or ask anything.

During that time, he saw his situation as a great loss in many ways as he dealt with all the stress and many problems. He felt that he had no choice and was confused as he could not control the problems. He said:

I used to be flexible and fit...three generations of my family played judo...I was a coach and nearly black belt...I can't do this anymore...felt very disappointed and this was another source of unhappiness...there was a big different before and after...this made me not know what I wanted anymore...I worry how I would take care for my family...it was another problem...I felt that I have lost my direction and confused...what to do next... I kept thinking and my emotions fluctuated for a long time...my girlfriend was with me for a long time...I worried about...work and my partner's future...her family wanted us to break up...we were going to get married and all her friends also talked nonsense and bad things about me... I had great pressure financially too.

His friends also betrayed and abandoned him, which really hurt him. He felt that he had lost his position and identity. He hid his feelings and withdrew from activities and people, and felt negative towards people. He said:

"I could not find someone I could trust to talk about my problems...and I spent long time talking to my psychologist about the friends who were like best brothers to me...but when I had problems one of them said...'if we are not compatible as friends then should just leave it...' Another one stole all of my friends and asked them not to talk to me anymore... I was the leader of the crowd... I have lost my faith and don't dare to invest my feelings in people anymore... I am scared I will get hurt...I can't control it at all... so that I just took it as I came...I was forced to take it.

Eddie also had to face a lawsuit that concerned his injury. Again, it was a great problem to him. He thought that it was unfair that he was accused. He said:

The greatest pressure came from the company I worked with...the lawsuit...my boss lied and ex-colleagues accused and persecuted me...they were very illogical and unreasonable...I was very responsible at work before...whenever some unfavorable news came again...I would be unhappy for a long time...It was so unfair... and they followed me to get evidence... from me to support their side...it was so much pressure...the lawsuit costed big money...and took many years.

He was offered a job at a shop that operated under a social enterprise initiative for individuals with special needs. However, he had great difficulties adapting to the demands of the job and his new boss. He said:

At the start, I really did not know how to communicate with them...some of them just look at you...some are too friendly...I tried to tell a person over 100 times but they still could not get it...and

the boss gave me a lot of pressure and I could not bear his scolding.

I disliked my boss.

Eddie faced many problems since his injury at work. He assessed his situation and felt that he had suffered a great deal of losses and was pressured by many people so that he felt confused and had no direction about his future. He said:

There were many problems I could not untie the lumps in the ropes of my problems...they were all tangled up...I could not go left or right...my future seemed very dark...could someone give me a way to go on?

6.2.5.2 Process of negotiation- making sense of strategies, events and actions.

Eddie had the opportunity to become acquainted with many good practitioners who supported him with his physical needs. He learnt much from them and liked their advice which he tried to put into practice. He said:

I went to see a psychologist and was referred to see a psychiatrist...and my physiotherapist was so friendly to me...he gave me much knowledge and made me feel comfortable... talked to me about many things, even my career etc. I had to see a doctor and I wanted to recover...My doctor asked me...to do therapy and will slowly recover and I did!... and I have to try to forget and let go...to accept new future...the future is walk by myself and I have to think about how to do it.

Eddie kept evaluating and reflecting why he had such problems. He spent long hours sitting down to think about how he would solve his problems. He said:

I sat and thought about things for a long time for hours for nothing

I could think through...I thought about the future...if I can get back the same salary, my qualifications were not enough...would some place support people with disabilities for studies?

After he took the advice of a social worker and started a job at a social enterprise as he wanted to help people with special needs, he saw many with special needs and mental health issues at his workplace. He also resonated with their situation and saw his new path. He thought about aiming higher to work in the healthcare industry. He said:

My social worker recommended the job to me after she found out I wanted to help people with special needs...so I worked at a shop which is a social enterprise... for rehabilitation...I was not good enough but after training I got better... I was an intern and promoted to staff and I kept thinking if should I go into this industry...some other patients also shared their information and experience here...some of them don't have much choice...they also have to be trained...it depends if you can go through the obstacles... they went out and tried to find what they believed in and overcome the problems... I started to see the start of the unraveling of the 'rope of knots'...If you can face the hardships...to move forward... I could not untie my knots but I am looking for ways... I also encourage other patients...I tell them I also went through it.

However, Eddie still faced much pressure when he worked in the shop. Yet it encouraged him to devise different strategies to address the issues. He said:

My boss gave me a lot of pressure but I also learnt so much from him... I didn't have experience...I did not like it...but he helped me a lot in my life... then I thought about it and I was inspired... I found

that I could face him with some strategies that I did not know before... and it was like war everyday...but these let me know my direction for my career in healthcare etc....my boss taught me to communicate with the members there....I found that I know how to be flexible.

He then reflected on his beliefs, views on friendship, and himself as a person. In doing so, this made him rediscovered his values about friendship and learn how to handle different issues. He said:

I was the one who went to take care everything among my friends...I only knew loyalty...since we were young...but I found it might not be good thing...later all of them have fallen out... I found that I used to be like a strong man just rushing forward...I found that the way I was did not work...it made me think more... there are different boundaries for different kinds of friends... I could try other ways and make everyone more comfortable...I have improved and this reduced my pressure...also I do not invest too much of my emotions onto relationships."

He realized that the view that would contribute to his *"hope"* is that not everyone is bad or selfish. Some of his new friends gave him physical support during his recovery. To his surprise, not everyone is as bad as his old friends. He said:

On the other hand some of other friends whom I did not really contact...when I had no money...one of them took initiative to talk to me and introduced me to getting on welfare and supported me without any intentions....in contrast, my new friends are closer to me now...they cared so much for me after my operations...I really

thank them...this 'hope' made me really happy... I let the past go and started a new page...then my whole being feels relieved... I feel very happy to have this hope after I lost faith.

Eddie found peace of mind by accepting support from his girlfriend and mother even when it was hard for them too. He appreciated them, was grateful towards them and knew his aim was to prevent them from suffering hardships. He said:

My girlfriend did not take the advice of her family to leave me...she helped me bear much of the burden...My mother also helped me a lot... she said she would walk with me...then I felt more secure... she was very unwell but still tried to comfort me... but I felt better after talking to my mother. She did not give me pressure at all and supported us even she was sick.

He learnt much from his lawyer during the lawsuit. He also learnt about options for his own future from him. He then started his journey on gaining more information and acknowledged his own skills. He said:

My lawyer was very good...pointed out their lies...I learnt so much from my lawyer...I told him I did not know about my future and he told me to study etc....I studied business...some courses for memory...I did not know about computers so I went to learn about them and now I can fix my own computer... I studied first aid...and then I went for course for health care worker and now I am studying a course for working in hostel for people with impairments... I could not go for work that relies on my physical strength anymore...so I need knowledge...I studied at the library for eight hours every day even when I was on medication...and I tried

hard.

He believed that the most important factors are his own willpower and motivation. He felt that motivation defines a person's future. He said:

> *It was my will power and motivation... ones you solved how to face it and you can continue to walk on... and I have trained up my will power and direction for future... being challenged and accept bad news etc. ...just take one step at a time...if there is no pressure, there is no improvement...depends how you view pressure... when you equip yourself, this would give you pressure... but I should not be afraid of hardship.*

Many people, including his family, practitioners, friends and colleagues accompanied Eddie on his path to recovery and helped him to gain back feelings of security and faith, and shared their wisdom so that he could continue his process of recovery and carry out his future endeavors. He also became acquainted with some who are in need and have also struggled but managed to persevere. Thus, he aligned his life philosophy for his future and also found motivation to address his problems.

6.2.5.3 Continuing to find hope.

Eddie is confident that he is recovering and hopes to finish his treatment soon. He said:

> *I hope to recover...soon I am finished with the psychiatry sessions and only two times more to see psychologist...some doctors I do not have to see anymore...only orthopedics specialists and dermatologists left to see.*

He intended to become acquainted with those who had suffered from disabilities or mental health issues after his injury. He then started to work with

people with mental health problems and special needs. He worked hard and has found the wisdom and knowledge to face his future. He said:

> *I am working here to increase my chances of working at a hospital…I have applied and been interviewed for jobs six times…Knowledge is power...it is not that I am not clever, I just do not have the certificate yet...the future is the biggest concern...I thought a lot and I have to work for my future... your motivation is your future... then you would try to equip yourself to accept the challenge... if it's a kind of hope.*

He hopes to become an occupational therapist after his recovery. He wants to move forward to do so He said:

> *The whole team of physiotherapists was very good...they let me practice and I walked again...they made me want to become a physiotherapist...they helped me to be able to walk again.*

In this section, the hopes of Eddie for his health and career had been reported. He has also found knowledge and wisdom on how to move forward towards his desired future and accept the challenges. Thus, his story is very reassuring.

6.2.6 Story of Finn.

6.2.6.1 Making sense of life challenges and conflict of realities with self.

Finn felt that his onset of depression was caused by his bankruptcy due to the global financial crisis in which he lost everything including hope. He said:

> *I struggled in Hong Kong for a long time after the bankruptcy...I felt that the pain started since 1997 with the financial crisis... I had my career...a few companies of different industries...houses and other things...they are all gone... about depression, no need to talk*

about it because it is very painful to talk about ...it is impossible to solve the problems... sometimes I want to cry but the tears cannot come out...there is great pressure.

Finn believed that all of his dreams about his career and charity work had been destroyed. He said:

I said to Mr. L (the social worker), I have many thoughts and beliefs... my hopes and dreams are gone...First it was to build a charity hospital in China...Second was to write the novel that I did not finish... it was called 'Perfect World'...My third dream was to develop the north east of China...letting desert to be oasis... There is no way I can actualize them...it is useless to talk about them now...something you cannot manage to do is painful.

He felt very negative about himself and ended his relationship with his girlfriend as he felt that he could not give her happiness. He said:

This relationship made me really unhappy...we were not married and her family was well-off...I was active in the community but I was bankrupted...so I became negative...I said to her if you were with me...there is nothing I can give you...She left...after that she tried to come back...I rejected her.

He also tried to find himself another girlfriend in China because he wanted to have a partner for the rest of his life. However, she disappeared and could not be found. He said:

I wanted to find another half again...I was happy but... she disappeared...even her family could not find her...It was painful in my heart...my mother asked me...not to care about it and come back to Hong Kong...but I could not do that to just leave it.

Later, he moved in with his mother and found it greatly challenging to cohabit with her. Her attitude and behavior were problematic to Finn. He said:

> *There is another big problem is my mother...many social workers also talked to her and said that she is an extreme case...she is very self-centered and hurt me a lot... she complained that her friends and relatives have helpers but she does not have...and I cannot stay in a job for long...she does not know she hurt me so much...she argues irrationally about small things.*

In addition, he suffered from many physically related problems that were painful but could not be addressed by the doctor. These removed his ability to write, which he enjoyed most to express his dreams and vision. He said:

> *When I lift up a pen...I think of pain...because my heart is not well it runs in the family...sometimes I faint on the streets...and the blood vessels in the heart are blocked...I have seen many doctors in many hospitals but cannot find the reasons...and my shoulder muscles are torn... I went to see doctor in China too...I wanted operation but the doctors in Hong Kong do not want to take the responsibility to do it...my kidney functions also not good...my body is in bad shape.*

He concluded that there were many problems in his life after the bankruptcy and losing everything. Everything was very painful for him. He said:

> *I am in pain because...first, many things I cannot do, second is the pain in the past and thirdly is my mother who hurts me emotionally.*

6.2.6.2 Process of negotiation- making sense of strategies, events and actions.

After his bankruptcy, Finn took action for many things that reflected his values, beliefs and determination. He insisted on repaying his debts and tried hard to do so. Finn continued to seek opportunities to rebuild his business even though

he felt that it was hopeless. He also isolated himself from many friends and colleagues to avoid further pain. Although rebuilding his business might not work, he had a good understanding of his own problems. He said:

> *I tried to pay back until 2006... For nearly 10 years and still owed HKD 2,000,000... I could not pay back... I tried to walk one step at a time.... I found it is not easy to have eat a meal for HKD30...it was so painful for me to pay back the debt...I did not even owe any of my staff their salary. I tried seeing what I could do to get back up again...even though I knew actually there was no way... I am getting old and my strength to fight is getting weak. My financial situation is not good...I have tried to start many businesses...I know it is not my problem but the economic situation is not good...I tried catering, construction...renovation, trading...insurance...even farming...all difficult to get clients...I have worked in many industries...every time I gave up the industry and left after each failure.*

Finn tried to find employment in China and then he worked hard. However, he recalled that his colleagues boycotted him and he left some of the jobs because he insisted on integrity. He said:

> *I went to China to try again...and I have lost faith in Hong Kong...I have gone to more than eight provinces... but I had another problem that I was on and off being unemployed.. I was in management...I was boycotted in China...because I exposed what they were doing...I tried my best to work... because there is corruption or defrauding among the staffs...or the boss did not treat some staff members humanely...I always get angry about injustice*

since I was young.

Finn also wished happiness for his ex-girlfriend. He reflected and shared that he ended their relationship because he believed that it would be good for her. He also wanted to repay her by helping her. He said:

> *I hope that she would be well and happy...so I rejected her...I hoped she would forget about me and find someone else to get married...and she did...it is hard for me to explain this pain... We still have contact...still friends, sometimes I could help her to do some voluntary work in the community...because I accepted and agreed with her as a friend...and it was like to atone my sin to help her as I made her suffer...I have to forget about it...for a person most painful is to remember...the hatred and pain... being responsible also is to let the person live well... real love is...I do not have to possess the person.*

Although his mother is a difficult person, Finn accepts her shortcomings and tolerates her because he values filial piety. He takes all the blame for the rocky relationship knowing that it made him very sad. He said:

> *I accepted my mother silently...without any anger or hate...because I cannot give to her...she is a difficult case but because she is my only mother... I kept asking how to face it...she argued irrationally but every time I said I would not talk to her and I asked her not to talk to me like that...I used this method... she always said I was bad to offend an old person... She gave birth to me. I just have to accept it...simply my guilt is to be born.*

Finn understands that his dreams may not be realized, but finds his worth and happiness by helping people even at the smallest scale. He said:

I have lost so many things in life...but can I do something to be beneficial others or make others happy? I wish I could open a charity hospital to help to cure the people who cannot afford medication...it is too far-fetched for me... I admire the people who do charity... the person said, 'Helping other, happiness is yours' I really agree...I also experienced helping a woman with her baby in the airport in China... she lost contact with her family...so I helped her...taking her luggage and shared a hotel room with her... I was happy to help her without any other intentions...I also give a dollar to the needy people begging on the streets with impairments and hope to somehow reduce their pain and suffering...I feel that there is no hope for me...I just accept it quietly...but when I can help one person...I feel happy.

Finn shared his ideas about a partially written book that focuses on the concept of a *"Perfect World"*. He insists on the validity of his ideas and thinks about them a lot, and believes in the ideas and would share with others if he did not finish writing the book. He said:

About my writing...I hope the ideas can be actualized in the world... it was about 'A Perfect World', with no crime... children will be raised and educated with place to live...with no worries...people would be helped if unemployed and punished if being lazy... I just hope there would be fairness in the world...no more big differences between rich and poor... this must be facilitated by the policies by the government that everyone to accept...I have shared my ideas with many people and students...but I can't see how I can finish my book.

His girlfriend in China is still missing, and he was advised to return to Hong Kong. However, he insists on treasuring his love and waits for her. He said:

> *She was with me for a long time and suddenly she disappeared...she depended on me before...how can she live by herself? I cannot just leave it...I have to keep my promise no matter what my situation is like.*

He even thought of suicide as a way to help his mother so that she would receive his life insurance and have a better life financially. His concerns were mainly selflessly about the happiness of his mother and girlfriend to terminate his problems and he expressed his view about life. However, these conflicted with his mother's reaction as she did not want him to die. He said:

> *I thought of death...I had bought a lot of insurance...the compensation would be enough for my mother and my girl-friend...and it would cover me even if I committed suicide...but my mother found out about it...she said if I died she would jump out the window too...because I cannot pay back my debts and I cause them a lot of pain too...my objective was to let them to be happy, to live well...but they would be in pain...I thought that if they had money they would be happy...I saved my life only because of my mother...but she kept me here this does makes it more hard for me..... if I left an old person like this...letting her be heartbroken....I can't torture her like this...but I still tell my social worker that my only hope is there is no tomorrow...I also thought of a way...after my mother pass I can find a cave...I will go there and wait... I can have peace to face death...when you reach your time...you have to face it... I don't want to wait until I age.*

The social worker's support helped Finn to reflect that when he talks about politics and social issues, and when he writes, his spirit returns. Even if he cannot do the things that he wants for society, he feels joy when he is able to share his knowledge and he knows that he analyzes social issues well. He said:

> *My social worker said he saw my spirit when he saw me started to write my blogs and comments again about political things in society...for example, I commented on how to solve the problems in the property industry in China... local leaders and central leaders also collect comments... Premier Wen Jiabao also answer my comments on TV and web sites... but I would not be self-pleased because of that...these are only small things... you have to tell the truth... I want to alert people.. I have commented very appropriately...how much people should spend on mortgage...it was very scary that the property in Beijing increased 10 times in one year.*

Finn hopes for people to care about him and listen to him. He enjoys talking to his social worker. It makes him feel very happy and relieved to express himself. He said:

> *I needed to let someone into my inner world...because I have no chance to come into contact with anyone else...although I can't do the things I want to do...I feel relieved to let people to hear my views. That was why I went to China to share with the students... sometimes I talk to my social worker and I can't stop.*

Although Finn cannot recover his losses, and his life has not been easy as he insists on certain values and doing things in a certain way, such as accommodating his mother and insisting on helping others selflessly even though

he is in a difficult situation himself, nevertheless, he has many dreams, personal values and beliefs that he is committed to fulfilling, for example, fairness, justice, and righteousness. This is exemplified in the devotion and love for his two girlfriends before and after the relationship. Finn found that he feels better after voicing his opinion. He also wants to have contact with different people and his aim is for righteousness in this world.

6.2.6.3 Continuing to find hope.

Finn was educated in Taiwan along with his friends. They hoped for the good and peace of China. He was willing to let go of his personal agenda and wishes for prosperity in China. This showed his knowledge on the history of his country, intentions and hope for a better world. He said:

> *We have a group of classmates that were educated by Kuomintang...we still keep in contact online...We hope that Chinese people would give up the fighting between Communist and Kuomintang...We hope that China will be good... we have abandoned the thoughts of conflicts...we were against the communists since we were young...but we have to understand the history... Chinese history all along...very chaotic and corrupted... that is why China became poor...so we have one hope in our heart is China will not end...without hatred...we can improve if we can see the problems in history...I hope to use my beliefs to make this place better.*

6.2.7 Story of Grace.

6.2.7.1 Making sense of life challenges and conflict of realities with self.

Grace felt sad about the loss of her adoptive mother. She said:

My mother was in a coma from heart problems and it was very

sudden...when she died, I cried until I could not control myself and I had to have an injection of tranquilizer.

Her adoptive mother used to take care of her son. After she passed away, Grace had to give up her job, the lifestyle that she liked and the identity of a working woman to take care of her son. She felt lost and negative about it:

I had this one job all my life for 19 years since I graduated from Secondary Four... but my mother passed away and she had taken care of my son... I suddenly became a housewife...how to go market? How to cook? I did not know at all...I had to learn from scratch...then I became a little depressed...and nervous.

Subsequently, Grace became depressed, very nervous and annoyed when she had to care for her adoptive father who was extremely difficult, demanding and not good to her. This made her very sad. Her adoptive father demanded and annoyed Grace and her husband very much which affected their relationship. She said:

Because I did not want my father to live on his own. And he moved in with us...we had conflict sometimes and could not live in harmony...He disturbed my husband's sleep. We were unhappy...then he moved back to his house... he lost his wife and his dementia got serious, so he had a really bad temper... He used to be rich...so he was very picky about food etc. I arranged everything for him... but he still called me many times days and nights... I let it out onto my husband and I always scolded him...and then we fought...my husband was very agitated too…our relationship went bad too... I was...actually very scared for him! I found him very annoying... I was going crazy and very

bad-tempered…Then my father's situation got worse…we sent him to elderly home…we found out that he had colon cancer and needed operation…after it, it was very bad as he needed a bag for his feces…he called me to clean up for him very often…it made me so nervous!... he did not like the elderly home and kept complaining... he told the helpers at the elderly home that he treated me like a maid.....that I should be serving him because he had adopted me...I was so unhappy and I went home crying.

Grace reviewed that the burden of caring for her father and family became too great for her and she thought she reacted strongly and negatively. She said:

I broke down after a few months…I had to take care of my son too during the day…I dumped things to break them…I was so tired…I found that I was not having depression but mania…I could not stand this kind of life…I sat on the sofa and non-stop crying… I also lost 30 pounds.

The anxiety escalated to the extent that it affected her normal body functions and her life too. She said:

I had to go to hospital because I had problems with my thyroid... doctor said because I was seriously nervous and also affected my windpipe to contract...I could not talk and had to operate immediately as I could not eat... I could not take care of my son.

In addition, she had to take on the burden of work and pressure alone with the social expectation of being the only daughter. She wished that she could have someone in her family to share her burden but in reality there was nobody to help out and she felt very negative about it. She said:

"I was the only daughter…It had to be me… no one else cared

about him…this brother of mine is my adopted parents' son…we never played together and not much to talk about all along…and hardly see each other…he never took care of the family…He did not care when my adopted mother passed…nor when father when he went to hospital with cancer…I tried hard to do it myself…my husband was busy and my son was young... I felt so helpless and alone.....I was alone in the hospital...I thought I could control my emotions...I called my brother but no sign of him... Father passed away...with the long 'beep' sound…I did all the documentations at four o'clock in the morning...after going home alone...I burst into tears and cried non-stop..."

Grace wanted a warm and loving family with her real parents and brothers and sisters. But reality disappointed her. Therefore, she felt very sad. She said:

My real parents gave me to my adopted mother after I was born at the clinic…maybe they had no ability to raise me …I did not feel much love from this family... I really envy people who have brothers and sisters... one big family sitting together... I used to feel very bored only me and the helper at that time... I wished I had brothers and sisters that I could turn to...not able to be with the people closest to you...I think it is a tragedy of life...I would be happy if I can see... When I watched TV about children being sold. I would be absorbed into it...it was so sad.

She could still envision and hear her adoptive father blaming her for sending him to the elderly home. She felt very guilty and thought of committing suicide. She said:

My mother had gone and my father too…I should be ok and

recover slowly…but it had been three years already…I still needed to take medicine…And I always feel that my father is still by my side...I still blame myself for sending him to elderly home….when I put my head down on my pillow, I can see his face every night...I cannot sleep...I thought of jumping into the sea.

She also suffered from a fear of television dramas about old people and hospitals, as they reminded her of the terribly painful memories of her adoptive parents. She said:

When I watched TV dramas about hospitals, I thought about my parents... it affected my mood and I switched it off immediately when they show it... I was so scared about the operations etc. It made me think of unhappy things.

Grace was also greatly anxious that she would lose her own son. She was afraid to read news about suicides of young people. She said:

I was afraid that my son would be like some children, when the parents give too much pressure and they...committed suicide... when I saw this kind of news I was very scared...when I read newspapers about this kind of news, I would hide the papers... I have only one son...I only have two family members in my life...my husband and my son...I do not want anything to go wrong with them.

Grace encountered many problems. She lost her adoptive mother, and her long-term role and identity as an employed individual. She felt pressure as she did not know how to do the house chores. The ambiguous and volatile relationship with her adoptive father also negatively affected her and her family. She was seriously affected both physically and mentally. In addition, she faced all of these

trials alone and longed for connection with her real family. She was haunted by the visions of her deceased adoptive father and bothered by television dramas that reminded her of her losses.

6.2.7.2 Process of negotiation- making sense of strategies, events and actions.

Grace felt gratitude towards her adoptive parents as they raised her. Although she did not feel they were very loving, she believes that she should repay them back. She said:

> *I was their adopted daughter and they gave me a very good life with helper and car to send me to school etc….but they hardly spent time with me as they worked in illegal gambling places…it was a blessing that I was well-off...even they were not so loving to me but they paid for my education...I felt that I had to pay them back...so that was why I came out to work when I was 17... I had to give back.*

Grace recalled that she had always wanted to be in the workforce. She remembered her attitude of working hard at her job and was appreciated by her boss. She said:

> *I remember I wanted to earn money when I was young...my mother wanted me to study but I found the job by myself. I fought hard at this job selflessly...I was the youngest to be promoted to manager very smoothly...I was very good and my boss was so good to me... I did not want to go home...I wanted to continue to work on.*

She struggled with feelings of guilt that she had sent her adoptive father to an elderly home. She wished that she had forced herself to take care of her father but in reality she could not. Grace thought of using suicide to end her guilt. She said:

I still feel guilty that we sent him to the elderly home…but...he really messed up my home...actually I thought of...moving in to live with him…but my husband rejected the idea...now he has passed for three years…he would not have died so early... since the day he died...I could not let go... I thought he was so unhappy at the elderly home...that was why he fell sick... I thought of jumping off into the sea.... but when I thought of my son...I cannot die...my son is still studying and if I died what would my husband and son do?...It would affect my son's development.

After Grace found out that her adoptive father told others he considered her as a maid, she became very angry and hurt that her attitude changed but she still struggled with her beliefs as a daughter and continued to care for him. She said:

After I heard that my father treated me like a maid...I changed my attitude...I just treated him as a old man living next door... he called and scolded me...then I did not go...I tried going every other day...but he still kept scolding...I wanted to hit him and I scolded him back...but I went because I was scared he would be hungry...and I promised my mother before she died... I would take care of my father otherwise I would be punished from above... I had to do it.

Grace did not want to tell people about the mental health problem she was experiencing due to the discourses about it and she hid the issue. She said:

I used to not want to talk about it...I was scared people would know that I went to see a psychiatrist... I thought people would think I was crazy...I minded it very much when people knew and asked my

husband not to tell anyone when I went to follow-up treatment.

Grace placed importance on finding her birth parents. She insisted on trying her best to look for them. She wished and dreamed to be good to them even though she has never known them but she could not find them. She said:

> *I really wanted to know the truth...I dared not ask my parents... I did not want them to be unhappy... I asked my adoptive brother and my uncle but they also did not know...maybe I was very determined...I had to ask...so I asked my adopted father when he was still alive...but he had not seen my parents...so I just let it go...I asked my husband to search for my parents on the internet...but there was no information...I was quite unhappy...I would be satisfied even if I can have a peek at them... and I should be filial to them.*

Grace appreciated the support from her son very much. She felt that her son helped with her illness very much and gave her strength. He gave her the confidence that she is a good parent and a good daughter. She said:

> *My son is a very good son... and he knew I had an emotional illness...he helped me a lot. When I was sick, he gave me my medicine...He is very sensitive and a good listener...and he accepts me...I tell him everything... we laugh together...he comforts me...I am so good to him...we are like friends... I believe that the gods above know that I was good to my parents....they gave me back a good son...and my son sees that I am good to them too...it is like a cycle... we will not give pressure to him...I rely on my son...but I give room for my husband and my son to chat too... when I cry...I look at his guitar and I would stop... There is great love between*

us.

Grace also accepted the support and advice of her husband. She felt that he understood her and they assessed her situation. She said:

> *My husband at first did not dare to say anything...then he asked me if I needed to see doctor...he told me I had the problem since I started to stay at home taking care of my son and father... I accepted what he said and saw doctor...and he asked me not to work...and he supported me for sending my father to an elderly home…financially and emotionally... After my father passed, I felt very guilty and my husband knew how to console me... to relax and he explained to me things...and gave me advice....he said I have done what a child can do already."*

Grace has two good friends whom she trusts. One has even become her god-sister which she had longed for to happen. She accepted her support, understanding, and advice and she could tell both of her friends about her problems accordingly. She said:

> *I only have two very good friends I can trust...one helped me and taught me to cook and do housework... she came to my house and showed me... she helped to take care of my son...I asked her to be my god-sister and she said yes...I can tell her anything...it has been 10 years already... she said I have already done so much ...for my father…I should not feel guilty…I have another friend to chat... after I talk...I feel better...I used to not talk about it and accumulated things in my heart... on WhatsApp...and I could type her a few lines and she answers me...encourages me...I think it is quite good...I feel comfortable...when I am unhappy...It helps me.*

Grace also accepted the advice of her doctor and the treatment. Her doctor had explained her illness to her in a way that she could understand and accept. She said:

> *I told my situation to the doctor, and he said my situation was being nervous mentally...and because I changed from a working woman to a housewife and my brain...could not balance it...he told me he would give me some 'balancing medicine'... after I take it, it would help my temper…so I started to take it.*

Grace knew that she could release tension by crying and she was fine after that. She knew that she has to let it out. She said:

> *My social worker said I was good...after I cried I was okay again...I released my tears and then my worries...I have to cry and should not accumulate things inside...otherwise it hurts my body.*

Grace felt that self-help is the main solution. She reflected that she has a good understanding about her problem and how to help herself. She said:

> *I think mainly I rely on myself for my illness...family support is more important than friends... but I think it takes a person herself to jump out from the perceptions... it's 50% and 50%... family and themselves...not to get into dead-end...like me, I always said I should not have sent my father to elderly home...this is a kind of dead-end thinking ... and should try to relax...I feel that I am ok now...I am so blessed and so much better already...my medicine dosage has been reduced.*

Grace heard and understood that depression was becoming very common which she experienced firsthand as she saw different people who needed treatment at the hospital. This knowledge allowed her to accept her condition even more.

She said:

> *I saw on TV saying that it's now very common for people to have mental health problems and depression...they are younger...it is true...when I went for follow-up treatment. I saw students from primary school, secondary school...office ladies...people of any age.*

Grace has her own beliefs and persisted with her love to her adoptive parents and real parents even if they are not as good to her or have never met her. At work, she was also a good worker. She knew that she is the key person who would determine her recovery. There were also her doctor, two friends, husband and son who gave her support. In return, she is very loyal to her family and friends.

6.2.7.3 Continuing to find hope.

Grace hopes for health, wellness and happiness for herself with her husband. She said:

> *I also hope my husband will be healthy and I can be healthy...and I would not be unhappy anymore... maybe I could live up to 60 something 70...I do not need to have a long life.*

She also sees her son as her reason for living. She hopes that her son would have a good and complete life. Her desire to take care of her son is a motivating force for her. These hopes give her the means to persevere. She said:

> *My greatest hope is for my son to be good...not to go astray...if he can go to university... it does not matter ... I just want my son to be happy... when I think of the future...It is my biggest motivation... I wonder when would he date a girl? Sometimes when I think of it...I would smile...I hope my son can get married and have a complete*

family...having a good wife and children as all parents hope for their children.

6.2.8 Story of Holly.

6.2.8.1 Making sense of life challenges and conflict of realities with self.

Holly had lived a sordid life with excessive drinking, and ended up in a coma with brain damage. She had a hard time waking up and recovering. She said:

I was already sick working in Shanghai...I lived an disordered life... after I came back then I knew the problem was serious... Because I drank too much...I had gastric ulcer, my brain was injured and I was in coma for half a year... no one thought I could wake up...the doctor said maybe I had to lay in bed for life... I heard my family crying...and it woke me.. I had to sit in a wheelchair...I went through many physiotherapy sessions...I felt much pain in my whole body... it was very hard.

According to Holly, she led an unhappy life while she was working in China because a romantic relationship did not work out and the guy was not good to her. She said:

I was unhappy in a relationship...I don't want to talk about it…It has already passed... I used to have a lot of money…Money was spent on that person...my mother told me that that person came when I was in coma... because he wanted to take my insurance money... I was so unhappy because of this guy...I had given so much… but it did not work out.

Holly was very unhappy to find that she was affected by depression and all of the uncertainty. She was also negative about psychiatric medicine and the

illness. She believed the medicine increased her appetite. She said:

> *When I knew I had depression, I was a little unhappy...but I could not tell how bad it was...I could not control how much I ate and I ate very fast with no patience... I felt very agitated...I kept walking around...I do not know if it's because of the psychiatric medicine I took... I used to be 130 pounds and I am now 170 pounds and more...when I see food, I really eat like a dog... this is not good. I feel useless...and I am scared it's a sin to be so greedy..."*

After she recovered from her coma, Holly felt very tired and heard voices. The voices told her to kill herself, so her family made sure she took her medication which conflicted with her own desire. She said:

> *My mother worried that I would the medicine incorrectly, she watched me take them...because I heard voices before...they gave me sleeping pills and tranquilizer and increased my medicine dosage...I heard someone ask me to rush out into the road... as if some bad person was speaking to me in my ear all day...It was like torture...I know it is not true but I could hear it... then I feel as if I had not enough sleep all day.*

Holly wanted to find employment instead of working at a shelter workshop. This was met with opposition from her family because they did not think that she was in any shape to work at a real job. She found a job but was fired after a short while when she could not meet the requirements. It made her feel like a failure. She said:

> *I am now working at the shelter workshop... I only earn seven dollars (HKD) an hour ...really wanted to go out to find a job with better salary in catering. I thought I had recovered but my family*

did not allow me...they said I was not ready....soon I was fired after one week... my mother scolded me... I felt like such a failure as I could not remember the table number...do I need to work at the shelter workshop all my life? sealing envelopes, putting on stickers...I am not scared of hard work as I am happy…but I cannot keep my job for long…then I am unhappy.

Holly felt very sad that her brother-in-law passed away. This allowed her to not only feel sad but rethink about life. She said:

My brother-in-law just passed away very suddenly, he was sick with liver cancer from drinking... he was only forty something...life is hard to control... and I worried about my sister...she could not accept it and cried a lot non-stop...I saw my nephew...He and I also not happy.

Holly faced problems with her lifestyle and relationship in China. She realized she drank excessively which resulted in brain damage and an ordeal with coma, depression and hallucination. She also lost her ability to work and take care of herself. She has to be cared for by her family. However, throughout this process, her desire for a relationship, belief in her ability to control herself and her drinking, life, work etc. are all evident.

6.2.8.2 Process of negotiation- making sense of strategies, events and actions.

Holly recalled that she wanted to wake up from her coma and be good to her family. She believes that God helps her and she relies on him and her friends from church. Therefore, religion has changed her views. She has learnt to overcome her problems through religion. She said:

It was the Holy Spirit who woke me up when I was in a coma and I prayed... I also hoped I could wake up and I hoped to be good to

my family... I saw God and he looked so lovable... When I was sick, my colleagues encouraged me to go to church. They came to my home to sing hymns for me...I felt more peace in my heart and more comfortable without a doubt. I go to church and feel very content and happy...I have now woken up and living happily everyday in my heart... God changed my feelings and views on things...I laugh at anything... I feel that I am closer to God and regret that I drank so much... and preparing to be baptized and attending classes for it... I do not have to be cautious of people...tell lies anymore... Before I was very timid now I totally trust Him... when I was in trouble, if I prayed more, God would understand.

Holly also accepted her family's support in many ways. She appreciated and relied on them and felt they love her. She said:

My mother kept massaging me and took care of me when I was in the coma…My family encouraged me a lot...they cried and talked to me...I heard it and my mother said she was very confident I would wake up.. and it was a miracle ... the treatment was very painful but I accepted it... my will power was strong... I felt very happy... my little brother was the best... he often brought me so much food from his trips because he knew I like them... he rushed back from Italy when I was ill... he cared about my financial situation...he gives me cash when I need...helped me to pay back my debt totally and he comforted me...I thank him and feel the warmth so much in my heart...and I also promised him that I would not use my credit card anymore... and I have not...I know whatever I have done wrong, my family would still be close to me.

Holly has strategies to tell the voices to stop by using religion. However, she still has doubts at times because she believes that she is not doing good enough and is being sinful. She said:

> *I would tell the voices to stop... after a while they will go away...I also tell myself not to believe in these voices... mainly because of my religion...some friends from church and pastor taught me to stop the voices... but sometimes I still doubt... because I committed many sins... I feel ashamed...don't know if God will forgive me ...only God has the ability to help...but He has not helped me yet...maybe I have not yet reached the worst yet.*

She wants to stop taking her medication but her family and doctor do not agree with her decision, as she is still in the role of a patient. Even though she has tried and struggled and can stop the voices, she is not confident that she can do that all the time. She said:

> *Now the voices are not here but...The doctor and my family said so many times I cannot stop the medicine... but I don't want to be controlled by it...but I must take it... if I do not, I cannot face my family...as they do not want hallucinations for me...my mother said I am a psychiatric patient, but I am not...I wanted to try the feeling without medicine but I cannot try...I tried a month ago to stop for a day...then I heard them again...the voices asking me to go and die and jump... I pretended to sleep and could not hear them ...I succeeded... but I did not dare to stop the medicine anymore... I wanted to but I do have not enough confidence and ability to be responsible for my actions... there was a time, I nearly rush out into the road... medicine will stop the voices...and I don't want to hear*

them anymore...It is my only option.

Holly recalled when she was working in China, and reflected that everything and everyone including herself were superficial, and that she had to be careful of her colleagues. She said:

> *I felt that I was very fake when I worked there...when I faced many different people, I feel very uncomfortable...I have to beware of people. I have to be very well acquainted with the person to tell the truth.*

Holly is very eager to work and has beliefs about working and life. She recalled her abilities before her coma and prefers to work but still not sure if she can manage to do so. She said:

> *People should work for a living. I would be happy to work to earn money and have something to do... As long as the money is enough for living. I used to be a waitress and was promoted to manager... and liked it in the catering business because I like to eat…I also like to work as a courier…I would like to try…my other brother also works as a courier and he drives too…I admire him as he can recognize the routes…and earn a high salary…my other brother also encouraged me…maybe I could drive motor bike too…but I always feel very agitated and I might hit someone with the bike…I cannot do that.*

With regards to the breakdown of the relationship with her previous boyfriend, Holly has found strategies to let go of the turmoil.

> *I don't think I want to be with him anymore...time...if it was longer, I could let go...doing more things could help forget someone...can barely...if try...I have to suppress myself...not to think of him*

because it is not worth it... controlling myself...it does not matter, it is over... I don't want to talk about him anymore...It is over...I used to be affected but not anymore...I can put it aside... I can forget about him…try to force myself.

Holly understands herself more now and realizes that she is different from the man that she dated, and has a better understanding of her situation. She said:

But I have invested my money on someone wrong... I gave him what he needed, clothes, shoes, bags... and he was really happy...but we were different...he is a 'realistic' ...for the sake of money. He is a taker.... I am a giver... I did not mind but I did what I wanted to do, followed my heart recklessly....I liked to have the freedom... I was a 'liberalist'....but I cannot do whatever I want now.

She rethought about over spending by using credit to buy things that she liked and felt real. However she also reflected that she liked the freedom of spending money so casually yet avoided the issue of repayment. She said:

My dad gave me a credit card and I felt vain... I liked to buy whatever I wanted...I liked stuff...I had seven expensive watches, I felt...contented and real when I wore one... I just used the credit card casually and that was why I was in so much debt... maybe I was lying to myself... and I could it pay back later, so debt accumulated... I liked to show off...showed I could spend and did not have to care how much money I had and this was freedom.

Holly knew that she has put on weight and she does not like it as people have told her that she did not look good. She recalled that she cannot control her appetite and feels guilty and worried. It was ironic to her that she called herself greedy and yet all she wanted to do was to eat. She said:

Now I got fatter but I still exercise... but I have gained 30 pounds... my instructor often asks me to lose weight... I do not look good…I try hard to control it...sometimes I am lazy and do not...I tell God and He gave me strength...God knows how much food I eat...Now I know food is related to health... my favorite is chocolate, cakes from the hotel, Japanese food, and Korean BBQ…my brother always brings me there and I feel very happy…but I worry when I leave this world I cannot go to heaven because I am always eating and greedy. This is not good and it is a kind of sin.

After her brother-in-law passed away, she concluded that life is unpredictable. She felt that she should treasure the people around her more. She also learnt that drinking is not good as it is detrimental to health. She said:

Also it was not good to drink too much...I used to drink and my brother-in-law also drunk too much and he died... maybe it was a way to escape from reality but you can't…the reality is right in front of you I also asked him not to drink…he was baptized after one week...he left peacefully and quick... he is back to the home of God now... it also made me believe and not to doubt...I think that we should treasure the people around us.

Holly negotiated with her recovering body, debts, old relationship, voices in her head, and finding a job. In the process, although her strategies might not be as she had anticipated, she is able to gain a better understanding of her condition, situation and abilities. She also has much faith in her religion and the people around her so she accepts their help. At the same time, her preferences and interests, likes and dislikes, for example, food and medication, can also be seen. Through the negotiation process, changes are evident. Her own intentions, values,

and beliefs towards life as well as commitment to life are evident.

6.2.8.3 Continuing to find hope.

Holly hopes to earn an income and support her family. She said:

> *I wish I can earn money and use it to be good to my mother...If I can earn money I would be very happy and I will give them all to my mother although she said she does not need...but a person has to work...and I can do something... I hope to earn HKD 8000 - HKD9000, as long as I can live...and I can buy my food when I am hungry...breakfast...coffee, lunch…and then tea.*

Holly hopes that she can also write her story and her experience and share them to encourage others. She also believes and longs to go to heaven. She said:

> *I hope I can go to heaven after I die...that I am baptized...I am planning....I want to write an outline and then write I what I have gone through and what made me believe in God and provide witness...I hope I can do it.*

Holly hopes and plans to travel to new places. She also hopes to support her sister with her loss, and that her brother would enjoy and support traveling with her. She said:

> *I want to go away for a trip, maybe invite my brother also because he could pay for the expenses...I think he would...we might go to Japan because I have never been there...I have not been to many places, China, Bali, Tibet...I wanted to leave Hong Kong for a while... I wanted to see the different things from outside...to broaden my horizons... it is a dream but could be a vain hope... I hope to go with my sister (whose husband passed away) to help with the unhappiness...I think it could... she has no work...hope her*

expenses will be covered...maybe we can go Taiwan...my money in the drawer would be enough or I might go with my friends from church...I will discuss about it see if my family can join me.

Holly also hopes that her family can accept and share her religion. She believes in her religion as her hope is strong. She said:

"I hope my family will believe in God soon...I have a strong feeling since I have this hope... it is the hope that God gave me... and I hope to try hard to spread the gospel...I do not know much but I will try my best...my father does not believe and my mother believes a little.

Holly has different hopes for her life. She would like to work, support her own family in return for their support, especially her sister during her difficult time. She also has hopes in terms of her religion which has motivated her to plan ahead.

6.2.9 Story of Isabella.

6.2.9.1 Making sense of life challenges and conflict of realities with self.

Isabella called her depression 'compulsive thoughts'. She had disturbing beliefs about people with disabilities. She required the help of doctors and had stayed in the hospital for prolonged treatment. Thus, she thought that these had side effects on her. She said:

Depression to me is 'compulsive thoughts', it often made me want to jump off a building all day long...starting from around 12 years ago... from my brain non-stop...suddenly come out...When I see the people with impairment, I had an impulse and wanted to kill them...I felt that they should not be living so harshly and so sadly... I first saw a private doctor, and then the illness got more serious,

the doctor asked me to go to hospital to adjust my medicine. But my mother was crying non-stop after she heard that... meant that the condition was serious...I stayed there for three months...got worse...I stayed seven times a year... after taking the medicine, there are side effects...I feel agitated....I shiver, am stiff and uncomfortable in my whole body.

Isabella experienced the death of a good friend and a relative due to cancer. She felt sad at times and eventually suppressed her feelings and felt numb towards the death of people. She said:

A very good friend was stabbed with a plastic knife after a bar fight and he died...I cry when I think of him sometimes... I had another friend who suffered from nasopharyngeal carcinoma...after she recovered for 10 years...then she passed away...People die anyway...when I see these too often, I have become numb about it.

The depression and 'compulsive thoughts' started the problems with treatment and its side effects. Thus, they allowed Isabella to better understand the uniqueness of her depression. The hallucinations were problematic and led her to contemplate suicide. These also revealed her intentions to take the life of people with disabilities (she had murderous thoughts).

6.2.9.2 Process of negotiation- making sense of strategies, events and actions.

Isabella negotiated with suicidal thoughts and the desire to kill which were instilled into her thoughts. However, she had strategies to prevent herself from putting those thoughts into action. She also tried to reassure herself about the reasons to continue living. She said:

I do not know the reason for this illness, when it attacks, I want to jump... I was so scared I would...I would hide in my room with the

door closed and even wanted to hide in the drawers...my mother also locked my door when she went to work...I saw people from beside the window and I wanted to push them down...I thought it was hard to live...so they do not need to suffer no more...My brain kept asking me to jump then I kept asking in reply...why do I have to die?... controlling myself...my heart talking back... comforting myself non-stop...fighting with my brain...I cannot die...my mother and father still alive...after a while, the thoughts would be gone...in a few minutes... I did not jump...it succeeded...I felt that I was happy, having a job I liked... I have money to spend and many friends...many things to support me to go on...I think that if I die of suicide it is worse than living... I could become a suffering ghost... I am also scared that people say that I have mental illness and die of suicide... and would be hard for my mother to accept... mother has been so good to me. So, I would do anything she asks me to do...I cannot die of suicide.

The struggle to treat her 'compulsive thoughts' was a long term process for Isabella. She realized that the doctors are supportive of her and she believed that she could trust them for her treatment. She said:

The doctor asked me to stay in hospital...my mother cried very badly, the doctor comforted my mother... he cared for us... I stayed for three months, they kept giving me medicine to try and observed my condition and changed the medicine for me... it helped me not to think too much, not to want to jump off a building, it was effective...surely when a person is sick, s/he has to rely on doctor...but the doctor said it will not be totally gone and need

medicine to be stable...and the doctors would kept giving us the 'antidote'... it is effective for the side effects...the 'compulsive thoughts' still come at times, they would not be totally gone.

The hospitalization process was not easy for her and she was totally under the care of her doctors and lost her freedom. However, Isabella chose to face the problem with treatment. She said:

After all it is quite boring to be hospitalized, as I am not allowed to go out... the doctors will permit going out for a while only with family... Sometimes I do not go out for a month...I looked out the window all day... when I went out, I was so scared when I saw the people on the streets....I just think I have to face the problem.

Isabella recalled that when she first saw the doctors, she already took their advice to accept the illness. She did so and felt glad that she had not gone back to the hospital for three years. She said:

When I first saw the doctor... I was thirty something...the doctor asked me not to mind that I have mental illness...even if I died, I have already lived half of my life... and I agreed...I have not gone into hospital for three years already...I think taking medicine and keeping my mood happy are the two important things.

Isabella felt empathy for other patients as they shared the same experience and she was willing to help them if she could. She said:

I think it is very miserable for some young patients... it did not matter so much for me as I am older...but they... not yet experienced anything... how could they survive until they get old?...The most important thing is they have food to eat... I would try my best to help when I think I should... there was a girl from the dorm, she

went to hospital, nobody helped her. So, I brought her things two times a day...she really thanked me and treats me very well now... It is because I also have this kind of illness...my intention was to help....I help is not for reward...some of them have no money to eat...I would lend money to them... they might not repay... I would explain to other patients who thought they were very miserable...at that time, a doctor asked me to comfort them...he said I know how to comfort myself.

Isabella enjoyed her time in the hospital with the other patients. The stay allowed her to understand herself better, and her interests and preferences. She said:

My mother was sad and she thought it was serious staying in hospital but I did not think so...many of my neighbors at the hospital have this kind of illness...I think we were happier in the hospital because we could have fun there...playing games...etc...We laughed and when we felt unwell, we could just rest...and my relations with others are quite good... we analyzed each other's condition and causes...we would leave our phone numbers to each other for contact... even the staff knows me...I am happy to see them...because I like to chat... I would compare my situation with other people... mine is not the worst situation.

Isabella would help people to find out more about psychiatric problems and in the process, she observed her own abilities and empathy. She said:

The social worker thought of me when you called for this interview...she said I can answer and my brain works fast...I have done many similar kinds of interviews... I aim to help people...I was

once featured in a magazine... they thought I answered very well... to understand the cure for depression...I was interested in the topic and I told them my experience...the doctor thought it was worthwhile for them to listen and learn...because I know what is Depression.

Isabella believes that she understands her condition and can decide on the type of treatment and those that she does not need. She relies on her own views and experiences to give advice to other patients. She said:

10 years ago, a doctor asked me to go for electroconvulsive therapy... After doing it, people would not remember things... when I don't have the 'impulsive thoughts' I can think very clearly...I did not want it...I relied on myself to analyze...I did not look like I was sick... I was analyzing the conditions for a person with other patients after a doctor asked the person to go for the treatment...for some of them, I would ask them to try it... if nothing else is effective for them...because I have seen their conditions after the therapy so I told these people about the experience.

Through the process of helping others with their condition, Isabella has gained a better understanding of her own life, character and condition, and those of others. She said:

I have been a very truthful and expressive person since I was young...I think it does not matter to face difficulties...my attitude can be bad sometimes...I am often sarcastic to some friends at the hospital telling them their faults pointing out the truth.....I explained to them ...not to go into dead ends... and everyone said I was right... they are all very strange in their personality... we are

all sick...but I do not think I am pitiful and have to face the problems...I feel happy... I believe in gods, I think everything was meant to be.

Isabella interpreted that it was fate that some of her friends and family members had died. She was sad but found a way to accept it. She said:

Seeing friends leaving me one by one...I know that I will be gone one day too...so I wish to be more open minded... it is fate... I used to cry but everyone has to go...just in different ways... I am not sad anymore...maybe I have seen everything...when I see it often...I became numb...now I think I would not be bothered about the things that are not related to me...just let it be.

Isabella recalled that she had gone through an experience with cancer and found that throughout the treatment, she knew she could remain very positive and rely on herself with the aim to recover. She said:

I was operated on four times... I had cancer in my womb and on my chest....I was very positive about it...I accepted it...the doctor said I was lucky...I was more confident than he was and I comforted him in return... I gave the confidence to myself... I relied on myself and I trusted myself...I do not need others to comfort me... I would go for treatment...relying on my own rationality is important...when the 'compulsive thoughts' come again I would first think of myself and not care about other things... because I am optimistic... you just have to face it… to try to analyze it, I try to comfort myself...I thought...there are so many friends in the hospital with mental health issues...I am just one of them...will recover from this kind of illness and improve.

Isabella reflected that she has good values because her parents rely on her. She appreciated their help and they responded because they have the same experience and beliefs. She said:

> *My parents are getting old and my mother needs me... my mother is very good to me and she helped me a lot... she also suffered from mental problems... she took medicine for 30 to 40 years...so she understands me... she sent me to hospital...for helping me... sending me big bag of food and stuff every other day... we think the same way... I think everyone is like that...seeing someone having same experience, would try to help...I am like this too.*

Her love for her nieces really makes Isabella very happy. She also tries to help their family and she appreciates that she is needed and appreciated in return. Their trust and reliance on her are valued. She said:

> *I am happy was that I have two lovely nieces... They like to hang around with me since they were young, and I love them too...they give me so much happiness...my sister has to work on Saturdays, so I try my best to help them when I can and have the energy...and she thanks me and very...nice to me... I think I should help people if I can....family or others.*

Isabella and her siblings also share the same quality of being independent to solve their problems. However, Isabella also accepts the advice of her brother to let go of problems. She said:

> *My brothers and sisters also understand me, eight of them... we solve our own problems... and I think I can solve my own... when my niece was born, my brother said to me that here is another new member in our family...and I should not to think of any more*

useless things anymore...and I agreed.

After she left the hospital, her strategies to face her mental health problems included enjoying friendships and various activities.

I play games and mahjong with friends... I have many friends...I feel good about myself when I think of them being good to me...when the 'thoughts' come, I would call them to chat...about something pointless...and of course not about the illness...let the past be gone...my friends also do not believe I have such illness...they think I am a happy optimistic person... when I am free I would knit...I play some TV games etc.

Isabella likes to work so that she can have money to spend. She has also gained a better idea of her own strengths when she works.

I work at a shelter workshop...I get more pay for more work...I do any jobs there and my instructor also thinks highly of me... because I am capable... work is important to me because I can earn more money... I would accept the work from the workshop... I am surely hard-working...I go on government support...and the money on top is very good...having work to do is meaningful.

Isabella was willing to accept the intentions of the doctor when he advised her to apply to stay in a dormitory for people with mental health problems and then public housing. However, she had to obey the rules of the dormitory. Isabella knew that she liked the living environment so she intended to comply. She said:

Doctor wanted to see if the new environment could help my condition...he thought being hospitalized seven times a year was too much...public housing is more comfortable than dorm...as I can live alone and stably instead of sharing... I lived in dorm for mental

health patients... and the doctor advised me...if I stay in dorm for two years without any trouble, he would recommend me for public housing... at home it is more noisy...I cannot sleep....in dorm, it was good I was surrounded by people...it was good fun there...am saving money...for applying already.

Isabella struggled for many years with her life conditions and life itself. In the process, she developed many strategies to resist suicidal thoughts, and insisted on and accepted treatment for her condition. Her own knowledge, personal qualities, beliefs and values about herself and the wellness of others are well acknowledged.

6.2.9.3 Continuing to find hope.

Isabella feels that it would be a dream to have a comfortable home. Thus, she is devoted to saving and earning money so that she would be *"be good"* for it by following the rules of the dormitory. She said:

My doctor said I can control... take care of myself... he will submit approval letter to housing department...so I must not go into hospital again... have to be good...and take medicine... and not to stir up trouble...I think it is hard for the nurses sometimes, they are always scolded by the patients...I can soon go into public housing... I am looking forward to it...I want a comfortable home... I will need to buy a TV...and need money for many things in the house...I must have more than HKD20,000 saving to be able to apply...I have met the target already...many people would have the same hope...I have got to get better and hope not to go into the hospital again.

6.2.10 Story of Jenny

6.2.10.1 Making sense of life challenges and conflict of realities with self.

Aside from depression, Jenny also suffers from diabetes and an eating disorder. She wanted to determine the reasons and address the problems, but felt helpless and sad. She said:

> *I have had diabetes since I was in Secondary Four...I had binge eating disorder, I felt very sad...I went to see doctor and was referred to see psychologist...I ate a lot and could not stop...since Secondary five to six summer time...when the term started, the pressure was great... after I had a big bag of bread, I still did not feel satisfied... my blood sugar was affected, then my mood and my body got weaker...I felt very down and did not know what I had done to have affected my mood...I could not do anything and just stood there and cried.*

Jenny wanted to do well in her studies but could not, and the demands of the public examinations became a source of great pressure for her. She said:

> *I worked harder in Secondary five, but when I was in Secondary six and seven, I started to be lazy...I did not study and always slept...I felt sleepy when I was in class and I felt guilty, sad and disheartened...the teachers taught many new things starting in Secondary six....I did not pay attention and I could not catch up...and ...accumulated... also because my memory was not good in these few years...and became worse...like a vicious cycle... the pressure at the A-level was so great and crushed me...I felt I had to study everyday... but I found it useless to review...so I felt more down.*

Jenny dreamt of obtaining a degree or at least a higher diploma because of the demands and expectations of society, but failed her public examinations. She reflected that the inability to fulfill her dreams made her feel that life is very meaningless and useless. She said:

> *I failed badly for my A-level...that's why I am studying foundation courses now and then higher diploma...so I have to spend one more year...I felt that I have wasted my time and being meaningless...I am useless... I hope at least I can do high dip directly...I feel as if I am so far behind from others which I do not want...I feel very hard in my heart...I cannot manage what I want.*

Then she felt uncomfortable with her classmates around her as she felt inferior around them . She said:

> *I was withdrawn from other people. I did not feel happy nor unhappy…and I only cared about the things about myself…I just stayed at home…if people contacted me with short notice...I could not handle it…I did not like to see or to be seen or to be near people. I wanted to...be invisible... and I felt strange…I sweated easily...they could go study for their diploma or degree...but I could not.*

Jenny found that her temper clashed with that of her mother who had demanded Jenny to do things in accordance with her own preferences. She also did not know how to communicate with her father. She felt guilty facing her family:

> *My mother also did not dare to talk to me and she felt that my temper was strange…I found it very difficult to talk to my mum…because she is a very stubborn and she is old fashioned*

person…we are both hot-tempered. We conflict easily... and I seldom communicate with my father about my deeper thoughts as I do not know how…I feel that I am not good…actually they see me as being in a not so good condition…I feel sorry to my family…they raised me but I do not know how to be good to myself…and I let them worry about me.

Jenny faced problems with her studies, was ambiguous about her future, had physical ailments and unfulfilling relationships. There was great pressure on her to study and aim for a higher education. She was unable to reach her goals which made her respond in negative ways - physically, socially and emotionally.

6.2.10.2 Process of negotiation- making sense of strategies, events and actions.

Since Secondary Six, Jenny often felt unmotivated which meant that she could not follow the demand of the school time table regularly which was not the case in the past. She had to force herself every day. She said:

When I was in Secondary four...I used to first finish my work in advance and set my time table… I felt so good…Since I was in Secondary six.. I can only study over exam period...I am very lazy normally...I wanted to study regularly but I did not take action... because I felt tired all day...and want to sleep.... I sleep so much…and then I sleep very late at night... I did not want it to be so hard over examination time...I sometimes can do that... whatever I do I think I should study…I do not want to be like this being so tense…the pressure made me work hard…I kept adding to the pressure…as a motivation…I had been like this since the public examinations…to push myself.

Jenny tried to determine the reasons for her problems and saw doctors in

the hope of finding relief and experienced some hard times. She also reflected on the reason for her issues. She said:

> *I saw doctor all along for diabetes and I told doctor I felt very sleepy... the doctor...could not find any problems.... my blood sugar was normal and it was not because of the diabetes...he said it could be because there was so much pressure... I thought about it, there were many reasons for my problems...My mother also brought me to see Chinese doctor and I took Chinese medicine...I thought it was better but then it also could not control the blood sugar...and there were many side effects...I felt that I have done so much but still there was no change...it was another type of pressure...then my doctor suggested that I change back to Western medicine... for the binge eating disorder...I asked if I could see a psychiatrist or if there was any medicine could help me...the doctor told me...to see a psychologist.*

Jenny also made adjustments to her coffee habit, which she had been using as an aid to help her avoid drowsiness during studying.

> *I drink coffee...everyone knows it helps to wake up...I used to drink non-stop until I wanted to throw up...actually I hate coffee but it was for the sake of waking up...when I was rushed for projects and writing...I needed the strong coffee…it worked but too much coffee is not good for the body…I drank too much before and it became ineffective …after a few hours I felt blank in the brain…now I would choose the not so strong coffees to avoid throwing up.*

Jenny used eating to distract herself from thinking about her other problems for short while. However, in doing so as a diabetic person, she assessed

that binge eating would affect her body and mood. She said:

> *I could only think of food...as if I could use it to decrease my stress...the pressure of studying was so great...and my diabetes too...I noticed that I could not divert my attention to do two things at a time...I feel very dispirited...I tried to fight it but...sometimes good, sometimes bad... and I do not know why...problems are all related...when I eat so much...it affected my blood sugar and made me tired and down, when I am down, I eat a lot...to not think about the things...so it was a strong vicious cycle... that's why I am still like this now...eating became a habit in these two years…when I ate I was happy but after that I became very sad…because I felt that it was not right…normal people after a certain amount of eating, they would think it is enough and leave the table but I could not do it.*

Jenny recalled that she used to leave school to escape from people and avoid people in general. She tried to stay at home to think of the reasons for her problems. She said:

> *I used to avoid school and...ask for a day off…and I used to always cry…I did not take a bath, I hid and did not want to do anything…I did not know why I was so tired and I was always thinking but did not know what to think…my mind was a mess…and I was cold and withdrew from everything.*

Although she did not like being fatigued, she found that after she has rested for a while, she is able to study. She said:

> *After I woke up from sleeping, I felt livelier…then I can study…it was like refreshment.*

Her way of handing her diabetes conflicted with that of her mother.

However, she did not like to be controlled and wanted to go with her own preferences and choices. She said:

> *Since I had diabetes, I was hospitalized... I needed injection for the rest of my life...my mother was very nervous and down...she was crying...I was upset too for a while but did not think...it was that serious.... My mother cared about how much I ate, what I ate and keep saying things were not good for health etc. I could not accept because I did not like to be controlled by others…It felt very hard…because I am an individual and I should be able to decide things about me.*

Jenny appreciated and resonated with her brother as he listened to her and understood her. She also felt the value of family.

> *When I was unhappy after fighting with my mother, I would talk to my brother because we are both young people and our thinking are more similar, he understands me more…I would complain to him…when someone listens to me, I feel better…I guess it is normal for a mother to be nervous when her family is sick...it means caring... when I am unhappy...they would also ask me and comfort me...family is special...after you have gotten along for so many years, there is a kind of support...even there is nothing to say... if you have been wronged outside, after you come home, you would feel comfortable as they would not abandon you.*

Jenny compared and evaluated her secondary and tertiary school life and found that she indeed wants to continue to study after the release of the stress of public examinations in secondary school. She found that she can manage her life better and has experienced some successes. She said:

After secondary school, and when I am doing high dip. now…the pressure for public examination is gone...it is a new start...I thought maybe I should try to change...I should work hard... my result was bad but I wanted to continue to study... everything from scratch... the basic knowledge I have missed would not affect the study I do now…so my condition is so much better than before…at least emotionally…then I thought that I....actually I could do it...When I worked hard, it did not go to waste and I can get something out of it eventually...I can get better results and some confidence again.

Jenny understands her need for a quiet place for studying:

When I am focused I can study...but if it is noisy... I cannot study with other people around...I need quietness...if my family is noisy... I would ask them to shut up with a bad temper...or I would hide in my room.

Jenny realizes that she likes and is good at certain subjects and is motivated to learn more, and feels that subjects that interest her could motivate her to learn. She said:

My interests are also my motivations…some subjects are related to life…then they are not so boring and I would learn proactively…For example, I like economics...I wanted to look into it ...it was relatively more interesting…and easy to remember.

Jenny used the strategy of cramming in many placements and worked in the last semester, but then reassessed and realized that she did not receive the result that she wanted which caused her to re-evaluate how she applies herself.

I have to do placement for these two years...in the last semester, I have applied to so many of them... I became very tired and only

studied before the examinations... I was unhappy...I could have done better but I did not and I regret it...I wanted to do more placements earlier preparing for university...I hoped that it would be easier for me later...but it was more a loss than gain...like when I was in Secondary six and seven....I was too greedy, I wanted a lot but then I could not do even one thing well.

Jenny takes part in some activities that she particularly enjoys, and understands her desires and the strategies that allow her to relax and remain positive. She said:

I did not want to sleep and played on the computer...I enjoy the quietness at night...I watch videos and listen to music...like some detective cartoons...I find them very exciting...I can use my mind for logical thinking... and I like music which makes me relax...and it can release my emotions when I was unhappy...I used to like to listen to sad songs...but I later found it meaningless to be more down....and now I like to listen to some positive songs to make me less unhappy.

Her attitudes and values at times conflicted with those of her schoolmates for studying. However, the teachers and others did not handle the problem the way that she would have liked. One incident demonstrated her values of treasuring a good attitude and responsibility. She said:

The group mates were not good and the project was not well done... the group mates did not do their work and affected others with bad attitude... wanted to scold them at the meetings...they were always late and unprepared... then I was very unhappy..... How could they get the same marks as us? I was forced to do everything and I was

very angry... there were only three of us who worked among the nine... We tried hard to finish the project with only three of us...the problem was big because I...insisted...complained to the teacher by letter but I was made to confront them face to face... I did not think it was the right way to handle and it made two classmates withdraw from school.... I felt a bit sorry...because of that... but I thought it was what I should have done... some people asked me not to be too angry about it but I did not listen...their values were totally wrong...people should have sense of responsibility... they should not be able to do whatever they want...they are still student and if no one disciplined them and point out the right way... they would be worse.

Jenny also recalled that at a young age, she already held good values in finishing her work.

My family and teachers also taught me to be punctual and finish all my work since I was young...There is a bottom line in my heart... I would do the things I need to...I will be there punctually and I would follow the rules...I would give myself some pressure and… after it is finished it would not be something I need to worry about anymore.

She also recalled two classmates who worked well with her. She saw that they were good matches with her preferences and how she liked to work. She has a good idea of her own personal position, and is proud of the quality of her abilities and position.

I have two classmates who were friendly to me and willing to do homework together. We worked hard together to get some better

results...they were like leaders and they taught me how to do the homework...I only have to do my part and did not need to bother about other things... I hope there are leaders to lead me to do things...I do not like to manage other people because I do not have the ability to.

Her belief that she needs a degree and her desire for one compelled Jenny to work hard in her studies. She used many methods to do so. Yet she struggled with these methods as some worked and some were not as helpful. They added more issues, and increased her stress level, and did not provide her with the outcome that she desired. However, Jenny understood her own preferences and expectations and her hopes, position, values and attitude are all revealed accordingly. Her experiences have only made her understand herself better.

6.2.10.3 Continuing to find hope.

Jenny believes that a degree is very important in life. However, she knows her limitations and just hopes to obtain one for a better future. She said:

For finding a better job...and to be promoted...more often a degree is needed... essential thing in life... I started to understand about this society...it's very competitive... not everyone can get it...it is like a 'license'...for a group of people...need much time and painstaking effort to get it... I am now studying high dip., If my result is good, I have the chance to go for degree...and then a better job...I hope I can and I will try to apply...if I do not succeed, I will come out to find a job.

She hopes to continue to work hard and has also reviewed and adjusted her action plan for studying. She said:

I will do fewer placements and spend more time on concentrating

on studying and...I will start to study earlier and read my notes...so that I won't cram for the examination...I will drink coffee and will fight my long term battle.

Jenny knows that in all practical sense, she would not be entirely free of her problems, but she hopes to reduce them. She said:

I hope to be happier and free of troubles... more relaxed. I know maybe it's impossible to have no troubles at all but at least I hope they could be lessened.

In this section, Jenny has shared her hopes and made realistic plans of her intentions for the future with confidence.

6.2.11 Story of Katie

6.2.11.1 Making sense of life challenges and conflict of realities with self.

The story of Katie is one of exclusion. She was bullied by some of her new schoolmates since enrolling in school. Eventually, the whole class boycotted her, even her long-term schoolmates who had known her since kindergarten. She became very unhappy. She said:

The exclusion happened...my friends had abandoned me... I was unhappy... when we took graduation photos...they were not willing to take with me...some bad people separated us... two years in a row...they were bad in attitude... I did not contact them anymore purposely...we've known each other since kindergarten... and some people suddenly came in between to mess things up... When I did my project, they also...left me behind with a very bad impression...I even dreamt of the situation... I felt scared...I was alone...very miserable... we had to dance for examination...but nobody wanted to be with me influenced by the bad people... The whole class, forty

more people, excluded me for two years.

Katie had known for 10 years that she suffers from depression. She understands the reasons for her condition, her intentions and her past self. This is because Katie could not accept the fact that she was not able to find a job and became depressed. She said:

> *Depression was since more than 10 years ago...maybe because I had no work, school and always at home...I did not go to school after Secondary five and I have done two years of part time job...then I could not find a job...so I became depressed...always thinking...wanting to look for a job...as a clerk...but I cannot find... I cannot accept it... I do not like staying at home... but when I was younger, I was not so active...I was always sleeping day and night....and playing on computer, I felt it was abnormal... I am afraid I am not used to having nothing much to do.*

Her sister was also affected by depression which made Katie unhappy when they stayed at home together:

> *When I was younger...I often stayed at home...my sister was also sick that time...she was hospitalized and I often visited her and I was not happy too as I had the same illness (depression) at that time...I felt confused... made me more unhappy...I was also hospitalized for a night that time...I was so unhappy.*

Katie then found a job as a clerk as she had wanted to, but was often berated. She then understood but felt negative that she did not have the abilities and was not right for the job. She said:

> *I felt so scared...being scolded and told that I did the work wrongly...I did not have the ability and I was not suitable for the*

job... I thought it was too complicated.

When her classmates excluded her, they left her with really negative and strong sad and anxious feelings. In addition to withdrawing from studying, she was unsuccessful at work, which meant that she was at home with nothing to do for a long time. These added to the negative emotions and contributed to her depression.

6.2.11.2 Process of negotiation- making sense of strategies, events and actions.

In her days of being excluded in secondary school, Katie made new friends and reestablished old friendships. Some of these individuals remain her long term friends. She also accepted help from her teacher in helping with the boycotting. These actions show her preferences and what she values in relationships. She said

> *This group of people was so bad... The teacher also knew about the exclusion and helped to mediate this issue...he saw us one by one... So, I went to lunch with old primary school friends... also asked me to go back to church... and there was a person who saw it and helped me...to compensate the bad situation...I also got to know some secondary school friends...and we keep in contact until...I treasure friendship more now, they felt it was unfair for me... I see that they are better people, with better conduct and study harder... they supported me until now...invited me to their wedding...and remember me even after so many years...when I was unhappy, I also looked for them.*

Katie insisted on studying to finish her secondary schooling despite the challenges. Consequently, she experienced success and gained a better idea of her abilities. She said:

I kept studying...I did not want to give up...at least to finish Secondary five...later I found someone to dance with me for examination... I solved it in private by begging her...and group projects too... some were abandoned as well...and we went together...one of them have little mental health problem with autism, they...liked to be with me and did not go to the bad people... and helped me to find more people and we succeeded...I was being pushy for them to help me..."

Afterwards, Katie wanted to go back and tried to contact her classmates to find out the reason for the boycotting, but found that they are not very receptive. Yet she still chose to contact some of them. She said:

I wrote...asking why they ignored me...and they wrote back and told me...They wrote in the letter saying that I smelled...they did not like me and excluded me...I did not contact them anymore because it was really bad...I have lost the phone book anyway...but it does not matter...nowadays, I only contact a few of them.

Katie believed that white collar jobs are better because of the opinions of other people. She was worried whether she would be suitable for such jobs, but later had a better idea of her preferences for work. She said:

For two years I did commercial subjects... of course I wanted to do some white collar job...it would have better future...and it looks better for family and friends from school...they mostly have white collar jobs...and I want to be like them...I used to work...for building management...Maybe I did not do well...so I stopped...I was always looking for a job as a clerk...but I cannot find...I do not know what is suitable for me... I was told I was not suitable... I

came to this centre to work, doctor referred me to social worker from the hospital...but I was not satisfied with the salary...there was only a few thousands HKD... being a clerk was a bit boring and complicated than the other job... and I had to sit down for a long time...I did not really know how to handle the work...I did not like it... for two years...I was often wronged and being scolded all the time... I was very nervous... then I was terminated.

Her parents felt that her job of cutting vegetables was not good for her. She struggled with their views and wondered if they were right but insisted on continuing. Through her work, she was able to start having contact with the outside world again. She said:

My parents did not like me cutting vegetables...after studying for many years... a person ...really should aim higher...but I do not think that way...my parents often forced me to do white collar jobs...they said, after doing Secondary four and five, I had no reason to be cutting vegetables and working with people with weak intelligence...seems like they were reasonable...but cutting vegetables...was a dirty job and they think it's for lower class...so they objected seriously...but I have done it for eight to nine years.... I found that cutting vegetables is interesting... many people are there and they are nice... they often talk to me and I like it... I needed a bit of labor work... and I can walk around... unlike clerical work... I felt satisfied...I like things that are more direct and simple... although the working time was short...I have started to go out again after work.

Later, she accepted help again from social workers and found another job

that she liked which was also acceptable to her family. She said:

> *They helped me to find another job at a bakery...like now I work in retail...I like it...I like my new job more...my parents do not object...I am the cashier...have done that for a few months... I like more outside work, happier than office work...I face different people...facing the bread is more fun than in office...people are smiley.*

In one incident where Katie avoided the dentist treatment that her mother had arranged for her, and did not return home, they eventually caught her and took her to the hospital where she was diagnosed with depression. Katie wanted to get well and insisted on treatment for depression. She said:

> *It was for my tooth decay...,my mother made me to dentist to clean my teeth...I was most scared about the pain and I ran away... I wandered around and did not go home...I had my phone and they found me...so they took me to the hospital and I stayed there one night...they said I was sick... then I had to go for regular follow up in hospital for depression...I did not want to stay in hospital...I took medicine until now for five to six years...I hope that the illness will be gone soon...I have gotten better...and the follow ups have become less often.*

Katie understood that her family supports her and would share her sadness with them. She said:

> *When I was unhappy, usually told my family...I have daddy, mummy and two step sisters...one of them still living with us...and we see each other often...encouraged me to go back to piano...I often go out with my sister.*

Not being on the same wavelength as her mother and most other people, she acknowledged that she has her own quirks. She said:

> *My mother said I am strange, not valuing money...I earn a few thousand dollars when I was clerk, I should have been satisfied and stayed there...money is also important...I also always spend money and I spend it all after I get my salary...I like cute stuff, comics are important to me...most people like to save up money...I find myself very strange and different... my mother always asked me to save...but I disagree.*

Katie then gained a better understanding of herself as exemplified when she stopped piano lessons. She said:

> *I gave up piano because it was too complicated... I found it boring...after I learnt for a while since primary school for nearly 10 years to grade seven... I tried for examination for grade eight for three times and I still failed...I quitted... I did not want to touch the piano anymore...I did not like it.*

Katie also confided that she has many interests and activities, and many abilities all of which contributed to good times, memories and self-understanding.

> *I like computers...either play games or go on internet... I can click to different places to see, even I cannot travel around... or read the comic books online...I like to watch sport programs and competitions on TV to... I do it less often now but I remember I used to do track and field...I got to know some friends and left a good and memorable impression... but I have become lazy now... I arranged many activities... and I play guitar now...it is simple and easier...I can jam with others, I feel excited and happy.*

Katie has found a love of animals, and her mother came home with a pet for the family which has greatly helped her with her mood. She said:

> *There are more members in our family now...more cats and dogs...I am interested in pets...my mother said it was good for my illness, it was boring at home...we kept them for 10 years already, I think they are very cute, we rescued them from the streets... but pets are active...I am happy to see them after work...I have liked cats since I was young...I sometimes go to other people's house to visit their cats.*

Katie had also noticed that she liked and preferred outdoor activities. She has since gained more confidence about her condition and understands what makes her happy. She said:

> *I have a different personality from my sister...I like to go out...but she does not...I find it boring to stay at home... cannot sleep all day!...I feel that I understand myself more...my personality...before I did whatever my mother asked me to, I did not know what I wanted...I know now that my personality is more extroverted... so I think being a clerk is not suitable for me...I forced myself which made me unhappy...Depression is not affecting me so much now less than before...because I have engagements now, I have a job now and I can do whatever I like.*

Even though it may appear that Katie has faced many challenges and difficulties at work, and with friends and depression, in the process, she has gained a better idea of her condition and preferences. She has also received many resources from the different people who support her. At the same time, she knows how to differentiate herself from others, as a unique individual. In the process, her

depression has improved.

6.2.11.3 Continuing to find hope.

Katie works at a bakery shop as a sales person and has found contentment. She hopes to be there for the long term which encourages her to work hard. She said:

> *I hope I can stay here and I will be happy with the people here...and I like the job.*

She also hopes to take up drumming again even though she had given up on it before. She knows that she has the ability to do things if she likes to do them:

> *I like playing drums, I gave it up but I still like to learn how to play...I learnt for two to three years...I was quite good...I felt that I had the ability and I was happy and satisfied...Although I gave them up, but actually I think I am good to learn again...I hope I can learn again.*

6.2.12 Story of Lucy

6.2.12.1 Making sense of life challenges and conflict of realities with self.

Lucy was sexually assaulted by her cousin when he was 12 and she was 6. She did not understand about the incident until she was 8. Since then, she reacts emotionally whenever she thinks about it. She said:

> *Since I was six years old...I did not think about it until I was eight...but whenever the class...mentioned something related...something about relationships between two sexes...would remind me those unhappy things...I was sexually assaulted by a relative, my cousin...he was 12...when we were alone playing...I did not know what it was... when I was from eight to Secondary three, I always cried...after I found out about it, I was unhappy... My*

emotions started to be bad since...when I was in English class, I suddenly thought of the unhappy things...I finally could not control myself, in front of the whole class, I had a great temper and hit the table.... the emotions got more when I got older...it was worst when I was in Secondary four to five, after I have known that I have this illness since secondary three...it comes everyday...and many other reasons too.

Lucy was not sure if the mother had dealt with her cousin to address the incident. She believes that her memory loss is due to the treatment for depression. She said:

Then I started to be sick in Secondary three, I was told by my mother, the doctor suggested electroconvulsive therapy...and I needed to be anesthetized...I did not know was it was because of this I have lost some of my memory... I always thought she did not deal with the issue...I did not have the impression that it happened...but my mother said she did...but I have lost my memory.

At the same time, studying stressed her out. She understands the reason for this, and had been hospitalized so many times and assessed that was why she could barely finish Secondary Five. She said:

Actually in secondary school, the pressure for studying was great...the school only aimed for academic only offered traditional subjects...but I was not interested...so my result was bad and the pressure came... ...after I finished Secondary three...the school promoted me to secondary four...but it did not work the first year...I was hospitalized again in October, then I waited for a second year and the school let me try again...but went to hospital again.

In the nine years since her high school graduation, she recalled that she had only worked on short-term jobs or studied for a while and had much side effects from the medicine she took. She was unable to follow through. She said:

> *In the nine years after I graduated from secondary five...studied for some course...for one and a half term...it was a pre-associate degree course...then I did not do much after... my hands shakes because of the medicine...I feel sleepy in the morning maybe due to medicine...I found the course but decided not to do it...because I could not follow the study... Then it was boring at work...it was my third job in these nine years after I graduated...the first job was in my father's company...it was okay but felt bored...only worked for a few months as a summer job...then I...worked at the library...it was only short-term job...one and half month.*

Thus, it is evident that Lucy has experienced many problems since being sexually assaulted. The incident affected her emotions, relationship with her family, studies and in the long term, even work. The treatments also affected her memory and her studying.

6.2.12.2 Process of negotiation- making sense of strategies, events and actions.

Lucy has struggled with the sexual assault incident and her emotions. She hid her feelings but reflected that the incident was the reason that her emotions took over and escalated to the level where she would release them in the most explosive manner. She said:

> *Until I was eight, my mother talked to me about sexual education...I told her the thing...she was a bit queried...when I was young, my personality was relatively more introverted, I always hid unhappy things in my heart, not telling others, maybe because of*

that, until Secondary three, the unhappy emotions suddenly exploded...they had accumulated.

Lucy was often puzzled whether her parents had dealt with the incident at all. She also struggled as to whether the incident was that important which was one of the causes for her depression. She said:

She then asked me if I needed to see psychologist when I was eight, but I refused as I did not know what it was...Sometimes I thought it is important whether my parents had dealt with the issue, sometimes I thought it is not important... why did they not deal with it well?...but I did not ask them anymore... maybe depression is partially because of this... because I was not happy but I don't know why...I used to think it was important...but I don't know now.

Lucy started to have the suicidal thoughts starting in Secondary Three and made attempts, using these attempts and other forms of self harm as solutions to release her emotions. She said:

I started to have thoughts of suicide because one day, I saw a classmate climb onto the handrail... since my emotions exploded in Secondary three, I told one of the teacher about the issue and she referred me to a social worker...and they sent me to hospital and they gave me medicine...the doctor asked me to stay in the hospital but I refused...after a week, I stood on the handrail and tried to jump off the school building and the social worker brought me to hospital again and I had to stay... when I saw the doctor, the doctor wanted my mother to go in...but I did not let her because I did not want her to know about my suicidal thoughts...because I was unhappy and I had no way to release it....later...I cut my wrists

too...then I do all these whenever I feel unhappy with no reason...nearly every day.

In time, Lucy accepted help from her friends and family, which stopped her from attempting suicide. She said:

I did not jump because there was someone to talk to....friends, teachers and social workers... "

From Secondary Three to Five, she had been hospitalized year after year which affected her studies very much. She transferred to a school with more relaxed standards, and insisted on studying even though she could barely finish Secondary Five. She said:

Then the third year, I went to another school for secondary four... the result was better, because it was a school with lower standards...I studied relaxingly and finished... it was okay at the start but not again in the middle of the second term...I was in hospital again...after I came out, the school let me try Secondary five, after I finished I quitted.

She also realized that she had not wanted her doctor to reduce her medication dosage and felt that the reason could be that she liked to be sick and receive care. She assessed her condition and realized that it has improved.

Since I knew I had the illness, I used to like to be sick, I don't know, maybe because there was people who cared about me...I did not want myself to recover...when the doctor reduced the medicine dosage I was unhappy ...and happy when the doctor increased the medicine...I don't know why...but I am not like this anymore...I do not want to die anymore and I would not be happy or unhappy when they decrease the medicine...and now the medicine is

decreasing...I would not be unhappy so easily now... only for a short while...before, even when there was nothing special happening, the 'unhappiness' would come to look for me...but not anymore.

Lucy had struggled but tried to find a long term job, and had not been able to study either. However, she has a good idea of her preferences for her studies and employment although they cannot be actualized yet. She said:

I wanted to go for health care, nursing or something... I work now, my father got the job for me...it's nearly three months already...my depression is less at work...I wanted to work...when I was free I wanted to work but after I started to work...I wanted to be free...I found it myself and then the social worker helped me to find my last job...it was short-term too.

She continues to have contact with the perpetrator. However, she did not want to attend his wedding, but relented after her parents requested her to attend. She said:

I still see the cousin...it is nothing special when I see him...at the beginning I did not want to go to his wedding...I did not think it was good for me to go...but finally I went...it did not feel special...it was okay...sometimes we chat...sometimes not.

Lucy still struggles with her emotions, the lost memories and trying to rethink how her parents had handled the sexual assault incident. In her interview, she had many *"I don't knows"*. This might be due to loss of memory or reluctance to share. However, she realized that she could not control her emotions and had tried to find ways to tell her parents, teachers and social worker to find a way to address the issues. Although her condition affected her studies and employment,

she still has an understanding of her desires, preferences and interests in terms of hobbies and work.

6.2.12.3 Continuing to find hope.

Lucy had mentioned her hopes although it was difficult for her to express exactly what they were. She knew that there were many things that she was unsure about but hopes that things would progress naturally. She said:

> *I just hope everything goes naturally... ...I don't know how to explain it...just go naturally...there would many 'I don't knows' in my script.*

6.2.13 Comments on background information and first interviews of 12 persons.

In the above, the problems of the 12 persons have been thoroughly discussed. It is similar to providing the reader with the view from the modern perspective for their illness. The persons were referred to the researcher as a person labeled as someone suffering from depression. They face many problems and issues that are physical, emotional or cognitive. Their participation in life activities are also reported to be affected by depression. The information was collected from semi-structured interviews with them and singled out. These are the information that practitioners in the modern medical world usually focus on, which was explained in Chapter 3. However, when I looked into the stories from the first set of interviews, the desires, hopes and intentions are evident in the midst of the problems. The persons have their own reflections about themselves when they addressed life events that could be problematic for them. They have certain responses to such events, although again, these could be negative responses, and could be also seen as symptoms of depression. Nevertheless, they are unique responses by those who are reflecting on their preferences. Moreover, they

continue to negotiate and devise strategies to address the problems. They continue to evaluate and amend the strategies with time, and in the midst of doing so, again, their meaning making process and preferences again become very apparent. Last but not least, in the midst of all these issues, their life direction and hopes have been revealed. The process of negotiation of the 12 persons is summarized in Table 9.

Table 9 *Overall Summary of Findings for first Interviews*.

Persons	Why problems problematic? Making sense of life hassles			Process of Negotiation, Making sense of Strategies, other events over a period of time						Discovery of Hopes in the Process	
	Description of Problems	Person's reviews about Self and the life events	Responses to Problems	Strategies	Evaluations of Strategies and other events	Strategies	Evaluations of Strategies and other events	Strategies	Evaluations of Strategies and other events	Hopes for the future	Reviews about the hopes
Anna	Undisciplined lifestyles Cheated and abused by previous boyfriend/ husband physical problems Miscarriage Sexual diseases Relationship problem with maiden family and other people in hometown Financial problems family relationships problems with in-laws with conflicts and being discriminated Depression Financial problem Mental health condition with family Daughter and husband also have tendency of autism and Asperger syndrome Communication problem with husband Burden with house work Post-Partum depression	Life messy and dirty, not preferred Intention to reform herself Thought that miscarriage was due to disordered lifestyle Delayed treatment of miscarriage was due to financial problems Near death experience and coma Worry for not able to have baby again Financial problems due to lifestyle Felt half-educated in HK No sense of belonging Feeling helpless Do not dare to tell maiden family Cannot adapt Financial problem after moving away from in-laws Husband needs to work overtime made her unhappy Intention for husband company her more No knowledge in handling daughter Did not want to take care of daughter Burden as husband not helping Inability of communication with husband and thinking of divorce Cannot accept and bear Ashamed of the husband's mental conditions	Guilt and shame Physical Problems Sexual diseases ' Miscarriage Coma Sadness Anxiety Self-blame Withdrawn from people with fear Unhappy Anxiety Insomnia Sadness Great emotional fluctuation Anger Annoyance Tension Ashamed Physical aggression abusive to daughter Losing control	Escape from hometown to marry her existing husband in HK Escape from in-laws by not going home also by moving out and avoid connecting him Resisting church friends suggesting for seeing doctor Accepting the advice of social worker and help from a friend for seeing doctor Accepting resources from community for help Accepting knowledge from books Pretending she is submissive to husband Accepting advice from nurses and social worker for treatment for daughter and herself	Wanted a change Felt helpless in HK And cut off from Maiden family with problems with in-laws Thinking she is not sick Certain way of talking to her she could accept Changes to be a calmer and more positive Preferences in the activities Self-understanding as a person with ideas and energy Self-understand of limits After diagnosis with depression she changed her attitude thinking the husband should tolerant her The diagnosis made her let go of her temper Feeling bad about herself contrasting with religion	Accepting the values and supports from the bible and church Accepting the activities arranged by social workers Attempted to go for an affair with her ex-boyfriend for communications and understanding	Recalled and appreciated the husband who accepted her Changing to be a better person Understanding of religion and self Preferences and enjoyment in the activities and knowledge gained Changed to be more open after more social interactions Understanding of depression Intention to have a friend Dangerous of the affair and not right	Avoiding the man by deleting the contact Accepting advice from friend and social worker Analysis the characters of her husband and the man	Struggle to contact him again Self-understanding of being an impulsive person Understanding and knowledge of her child and husband	Hope to let go the past and not to be unhappy Hope to accept her own reality and experience Hope for more motivation Hope to do more exercise Hoped to be liked Hope to care about more people Help people with depression and special needs Hope to serve in church and community Hope in religion Hope to be a good wife, mother and daughter Hope for better relationships	Motivation to do it but might not know yet One step at a time Religion give her strength Her emotions were due to daughter's learning problems Still cannot process her emotions Intention to Spending more time with family

Table 9 *Overall Summary of Findings for first Interviews (Cont'd)*

Persons	Why problems problematic? Making sense of life hassles			Process of Negotiation, Making sense of Strategies, other events over a period of time						Discovery of Hopes in the Process	
	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Bill	Fail to go to Japan to work and study Phobia in crowded places Conflict with colleagues and people in the street Depression Relationship problems with family due to mental health issues	Favor of Japanese culture since youth Intolerant of HK culture Cannot adapt Keeping thinking the problem Conflict due to small matter Self-understanding and preferences in own character and depression	Sadness Agitation Loss of interest in life Losing control Uncontrollable Suicidal gesture Anxiety Phobia Big disappointment Shock	Insisting in applying to Japan in legal way Accepting, trusting and appreciating doctors, advice and treatment Gaining much knowledge about depression etc. changing job to part-time Resisting the problem of phobia with the techniques learnt from doctors Letting the family members the way they are Visiting Japan again in time of disaster	Could not accept the rejection of visa for Japan Self-understanding as an obedient and discipline person so he recover faster Recalling family values and mother's teaching Self-understanding in character Understanding of depression from doctor due to family medical history Do not know how to release emotions and successes in managing them appreciating and confirmation of Japanese culture	Insisting for taking medication for 5-6 years Took the advice of doctor to insist on medicine And quitted his job and going for government support with doctor's help Letting go of the problem by not thinking about it Believed that he could go without medicine and attempted by asking the doctor Doctor rejected his proposal and he accepted	Considered himself failed at work and thought of suicide Evaluation of other's examples of failure of quitting the medicine	Insisting on giving up medicine when he had the chance with pneumonia Join horticulture classes with sister And joining many other activities Going for voluntary work Sharing the knowledge with other	Felt released after quitting the medicine Having confident to solve his problems relying on self, Medicine only is supplementary Remembering his good relationship with sister, his father and good childhood, he felt that helped his illness as a motivation Dreaming about his own funeral made him treasuring life and helped to stop the suicidal thoughts Using his effort and beliefs in work for voluntary work Recalling his old time at work that he was treasured by his boss and he did well He used to help his friends too recalling his attitudes and beliefs Also gaining knowledge from others to help his own problems	Hope for giving more to the society for people with mental health issues or special needs Hope for selfless matters instead of personal hopes Hope for others to help him in the future and he would be without embarrassment Hope to help this research	He would do more if he has the ability Values for benefits for society Motivations to live longer for doing voluntary work Mutual benefits Willing to sharing very personal information without saving his own face

Table 9 Overall *Summary of Findings for first Interviews (Cont'd)*

Persons	Why problems problematic? Making sense of life hassles	Process of Negotiation, Making sense of Strategies, other events over a period of time	Discovery of Hopes in the Process

	Description of Problems	Person's reviews about Self and the life events	Responses to Problems	Strategies	Evaluations of Strategies and other events	Strategies	Evaluations of Strategies and other events	Strategies	Evaluations of Strategies and other events	Hopes for the future	Reviews about the hopes
Cindy	Mobility problem for two years Losing the ability to work Having body pain due to aging Conflict with helper and family Depression Children left the house after grown up	Intention for still working and missed the old days Nothing to do in the house Puzzling her depression is only mild Did not like herself to be like that Missing her children Knowing that son impossible to stay in HK	Unhappiness Tiredness and laziness Lost interest Boredom Sleeping problems Irritability Unhappiness Boredom Annoyance	Releasing her temper Accepting advice from family Accepting opinion and treatment from doctor Insistence for children's study, education and discipline	Thinking of suicide as a solution but did not agree with it It will make her family sad OK for her to release temper Common sense to see doctor Self-understanding of her condition The medicine helped her Improved condition Wonder if she was too strict to her children that the children angry with her Intention for children to study more and have good life Remembering her hometown value and beliefs for education Remembered she worked hard for her children and achievement with their education and career	Chatting with others Knitting Accepted invitation from social worker to teach others knitting at the center Helping others Travelling to visit places with son	As a way to release her problems Feeling good and happy Find interest Remembering her skills and good old times with children Exchanging knowledge with others Recalling Family Values with helping others and selflessness Recalling and knowing her abilities Family's support and their love for her Recalling her experiences and values in helping others having satisfaction Remember good old times with son But son too busy these two years Remembering that seeing his son and traveling helped her to release unhappiness			Hope to travel with her son more to many more places Hope to help others Hope to pass on her goodness to other generations Hope to continue to pass on her skills for knitting	Intention to see different places to broaden her views Feeling good and happy to help others and teach others

Table 9 *Overall Summary of Findings for first Interviews (Cont'd)*

Persons	Why problems problematic? Making sense of life hassles			Process of Negotiation, Making sense of Strategies, other events over a period of time						Discovery of Hopes in the Process	
	Description of	Person's reviews	Responses to	Strategies	Evaluations of	Strategies	Evaluations of	Strategies	Evaluations of	Hopes for the	Reviews about

	Problems	**about Self and the life events**	**Problems**		**Strategies and other events**		**Strategies and other events**		**Strategies and other events**	**future**	**the hopes**
David	Going to school with visual impairment Mobility problems since Secondary school Negative about future Relationship with peers	Demand of mother, Demands and conditions in school and society for studying and future Discourses for people with impairments No choices Purposes for killing time Not intended to study Existence of other students No Choice Physical Limitations	Failure, Nervousness, sleeping problems, Tiredness, Pessimistic thoughts of self and future, Anxiety Nervousness, Pessimistic thoughts of self, tiredness, Anxiety	Quitted studying Learning Piano Exercising Enjoying Music and surfing on internet Escape by staying at home Try in making friends Going to church with mother and friends Getting information from media	Belief of non-importance of studying and no preference in studying generally Enjoyment of quiet time at home and finding interests Later Intention, interest & Preferences in Piano changed mother's preferences conflict Uncertainties Limitations in self-understanding Changes in Preferences values and beliefs After a few years getting bored Evaluation of existing friendships and Remembering of times with school friends Thinking about death and evaluation Knowledge in body and soul not scared of people looking at him anymore	Working in shelter workshop Try to accept new friends from dorm	Evaluating the work being too simple Values about work, preferences in work Personal ability Can and should do something Evaluation of friends character Finding preferences in friends Self-evaluation himself being not so proactive	Try to go out by himself Accepting others help Conflict with mother's intention Submission to mother Acceptance of support from mother Self-help with harming action Accepting treatments Accepting Help from mother going to church	Understanding Physical Limitations for mobility, resources, Mother's support but with limitation The standard of living of normal people Interests activities Needs for going out, Preferences No other choices abilities, interests, needs intentions Needs and intention for activities and feeling Felt unhappy in church Changed in interest and belief about religion	Hope to do something? Hope for deeper relationship Hope the friends would be more active and capable Hope for activities	Preferences in friend Knowledge in Existing condition Increased in hope Interests

Table 9 Overall *Summary of Findings for first Interviews (Cont'd)*

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	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Eddie	Injury from work lost much physical abilities Depression Lost ability to work and sport Lost identity as a couch inherited from family Problem at new job Lack of knowledge Conflict with new boss Problem in work performance Law suit of the injury Betrayal and loss of friends Loss of identity	Demands for recovering and treatment Take time and cannot be fully recovered like before Demand to perform As a fiancé for her girlfriend Tension from her family and friends Beliefs about the role as a partner Pressure and demand from new boss Accusation and persecution from old company and colleagues Hurt and disappointment from friends Was forced to accept it with no choice	Sadness Inner tensions Anxiety Tiredness Somatic problems Audio hallucination Inability to feel Inability to think Financial problems Pessimistic thoughts of future Uncertainty Disappointment and shock Inability to think and feel Pessimistic thoughts of self and people	Accepting advice from practitioners and Lawyer Letting go and forget old problems Accepting the bad news Learning Past: Being helpful and loyal to friends without thinking Withdrawn from some people	Confidence Knowledge about future and career Intention to recover Intention to help people with special needs Understanding and improvement in knowledge and ability Change in views about pressure Increased in knowledge Change of direction in career Change in beliefs for hardship Broaden in views Not a good thing to be loyal Did not work Too rushing as a person More perspective needed Change of values in friendship Evaluated the problems of his friends	Going for educations and trying for different subjects and working hard Self-reliance Accepting support from new friends Accepting supports from girlfriend and family	Needing knowledge for future work It is pressure to learn new developments Acknowledge his own effort Studying with care and holding back thinking that girlfriend and family are most important Feeling more secure, positive thinking Feeling better after talking to mother Feeling hopeful Positive emotions New friendships found	Attempt to work by accepting help of job referral from social workers Submission to the boss Learning to Communicate to be flexible Sharing of experiences with other patients	Did not like the boss but learnt a lot from him Ability found New directions for career Changes in Views about pressure More knowledge again from other patients Knowledge about depression	Hope for recovery Hope for being a physiotherapist Hope for qualifications Hope and plan for chance to work in hospital	Understanding of his own situation His existing situation for work Need to accept challenges Values about work, knowledge and motivations

Table 9 Overall *Summary of Findings for first Interviews (Cont'd)*

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	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Finn	Bankruptcy Loss of career, identities and properties Financial problems Broken dreams Loss of hope Relationship problems with mother Other physical problems	demands for paying for debts Own beliefs and dreams Demands of role of a male partner that he could not meet Values and beliefs of being a partner Conflicts of values Demands for being a son Demands in performing and wish to write Medical service in Hong Kong	Pain Inability to think Sadness Inner tension Inability to cry and feel Inability to manage feelings Pessimistic thoughts of self Guilt Pain Helplessness Pain Lost interest Somatic problems Inability to work and perform Pessimistic attitude towards doctors	Insistence On paying the debt Paying for salary for staff Avoidance Giving up the partner Withdrawn from people Submission to mother Avoidance Answering back Suicide as a way to get money Facing death Trying to find treatment in Hong Kong and accepting treatments	Hardship Pain Self-understanding on abilities, knowledge and conditions Self-understanding of own resources and conditions Intention for goodness of the girl Pain Values of true love and responsibility Questioning and thinking Beliefs and values as a son Guilt Hardship Understanding mother's conditions and past Intentions for family to live well and to be happy Knowledge in his conditions	Finding jobs in China Resistance of conflict values Insistence of own values and working hard Accepting the girlfriend as a friend Letting go, forgetting Finding another girlfriend in China Trying to find treatment in China	Conflicts of values Being excluded Recalling of own values Felt angry at work in China Termination of work Girlfriend missing Thinking that the doctors in Hong Kong was not dare to take up the responsibility for his treatment Money was needed for treatment in China	Actions for the values for charity even small efforts Insisting own ideas about "perfect world" Knowing that he cannot finish the book Expressing his ideas Accepting help from social worker Insisting on truth Releasing own ideas Insistence on waiting for the girl	Values in charity and selflessness Own actions in helping others Happiness Recalling his own beliefs, hopes and dreams Beliefs on goodness for society Self-understanding on own intentions and abilities intention to voice out happiness and relieved Value on promises and relationships	Hope for the country's Goodness and peace	Giving up conflicts Beliefs in Strategies on how to be good to country Self-examining Knowledge on history Values on selflessness

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	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Grace	Losing of own family Losing of adoptive mother Losing of job and identity as a working lady Change to be house wife Problem with performance of housework Sickness of adoptive family Conflicts Depression/ mania Relationship problem with husband Losing of adoptive father	No love from existing family Own Desire of love from family Ill-treatment of being sold Demand of being a house wife As a mother Understanding of ability Demands of work Demand from adoptive father Burden and demand of taking care the father as a daughter on her own Ill-treatment of the adoptive father Conflicts of Beliefs on needing to pay back Realization of situation of own family	Sadness Tension Inner tension Irritability Somatic problems Affection of bodily function Helplessness Breaking down tiredness Inability to control feelings Losing weight Anger Problem with concentration Boredom Sadness Regret Phobia of TV drama about old people, children hospital Anxiety of losing own son Suicidal ideas Sadness Hallucination Guilt Anxiety Regret	Working to pay back to adoptive parents Appreciating the support of adoptive family Accepting support and advice from husband on Seeking help to doctor Withdrawn from people Resistance Rejection to father's requests Insistence to take care him Withdrawn from people and hiding of her own situation Insistence to find real parents Avoidance of TV drama Avoidance of news Appreciation of the son Diverting from problem Insistence to take care of own son	Intention to pay back Intention not wanting to stay at home Personal abilities Realization of ill-treatment of the father treating her as a maid Realization of understanding of husband Change of attitude Remembering promise to adoptive mother Beliefs in people with mental health problems Values of family Thankfulness Understanding of own situation cannot manage Remembering of son, good times and relationships Beliefs on parenting and relationships Beliefs in Gods	Remembering of friendships Releasing of emotions to friends and social worker Accepting advices and encouragement Accepting advice and treatment from doctor and social worker Acceptance of own condition Expression of own condition to doctor Self-help Letting go of finding real parents	Desire for family and communications Trusting of people Happiness Knowledge on own condition, depression and of other people Understanding of Personal Abilities and limitations Intention to know Intention to protect adoptive parents Felt sad that she could not find real parents Values of filial and family			Hope for health and wellness of self and husband Hope for future for son	Values of a good future Happiness Motivation

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Holly	Relationship problem Debts Disordered life Drinking Passing of brother-in-law	Demand on recovering Sadness from family Wish for relationship to work out Demand of the guy for money Values of body weight Beliefs in sin Brain damage from coma Demands from hallucination Intentions and control from mother Intention to find a regular job Situation of sister and nephew Beliefs about drinking Beliefs about life	Hardship Physical pain Coma Brain damage Anxiety Problem and failure for staying at jobs Tension from giving so much money Unhappiness Depression Physical Inabilities Sadness Inner tension Pessimistic thoughts of self Financial problems Eating problem Side effect from medication Agitation Inability to control Feeling useless Hallucination Hardship insomnia Sadness Worry for sister and nephew	Escape from reality by drinking Lying/ Escape Self-protection with people Withdrawn from people Faking Suppression Controlling about relationship Forcing herself to forget Letting go in time Accepting help from church friends and God Relying on God and family Accepting help and advice from family Relying on family Escaping in reality with drinking	Wanting to wake up Belief about own body People talk about her body weight Knowledge in health Preferences and interest in food Feeling guilty from eating too much Beliefs in religion and reality Beliefs about freedom and material Intention Values in family Beliefs in God Happy and contented Regret for drinking Realized her change in beliefs in attitude towards people after becoming a Christian Understanding the problem and her situation ability now Differences from others Belief in drinking and Religion Value about treasuring people	Understanding of others and environment in china Exercising Controlling appetite Resistance to hallucination Resistance from treatment Trying to find job Resistance and submission from family Try to work at sheltered workshop Learning from brother	Preferences in getting along with people Remembering of old abilities Power from family and doctors Preferences, intention and choice to stop treatment Beliefs about work at sheltered workshop Tension and protection form family Uncertainty of her own ablities Values for work understanding on character preferences Beliefs in family Beliefs and value and work and living Preferences in work Understanding and uncertainty in own abilities			Hope to earn money for herself Hope to earn money for her family Hope to share her religion with her family Hope to go to heaven Hope to witness her religion Hope to go travelling and support of her sister	Values in work and living Beliefs in God Beliefs in religion Seeking support from brother and willing to contribute Beliefs in broaden her views

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	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Isabella	Problem with depression and 'compulsive thoughts' Thoughts on suicide and murder Side effects of medicine Hospitalizations Deaths of friends and family	Intention and beliefs about life and people she felt her love and help from her mother when she needed to go hospital that Beliefs in life	Understanding of depression Sadness Agitations Numbness sadness	Accepting her condition from cancer Questioning on the voices Self-controlling Resistance the voices and suicidal thoughts Self-Comforting Resistance Accepting help from mother Accepting, appreciating and reliance on treatment and care from doctor Insistence for treatment Accepting on her own condition Accepting the hardship Letting doctor to control Facing the problems Accepting the condition Understanding and Explanation of the reality Letting go	Beliefs about life Understanding on her condition Beliefs and values about medication Anxiety Sadness and feeling for other patient Understanding herself being positive Understanding on her condition Love for her family Understanding and beliefs in life Understanding the situation	Rejection of certain treatment Giving advice to others Analyzing Sharing her knowledge Trying to help others Resisting from suicidal thoughts Protection of her mother Self-reliance also on mental health problems Comparing her condition with others Analyzing on Problems Remembering about old times with treatment focusing on her own problem Diverting attention with interests Working	Understanding of her own condition and the treatment Experience and knowledge in the treatment Belief about life and after-death Understanding of discourses of people Knowledge on mental health problems Evaluation on own resources Happiness Remembering of relationship Values for family and helping others Self-understanding in abilities, attitudes Intention to help Preferences Happiness			Hope for public housing Hope For controlling herself not to stay into hospital again	Feel for the practitioners Knowing her capabilities Values and beliefs in living environments

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Jenny	Physical problem of diabetic Eating disorder Starting Secondary 4-5 Depress mood Continuous Pressure in study and public examination In Secondary 6-7 Failure in public examination and expectations In Secondary 7 Problems of studying in Foundation course Relationship with classmates Relationship with parents and family	Pressure and demand in studying, public examination Demand in society she could not meet Intention to study but cannot Pressure and workload accumulated Intention to go for degree Clash in temperament Personal preferences and values and beliefs	Sadness Down mood Losing control in appetite Weak physically Inability to solve problems guilt Tiredness Sleepiness Losing interest Laziness inability to study Feel useless Meaningless Hardship Pessimistic thoughts about self and future Inability to feel Pessimistic thoughts about self and people Conflicts Inability to communicate Realization of Personal condition values and beliefs guilt	Insistence on working hard and in advance Seeking help with doctor and psychologist Adding pressure as motivation Drinking coffee Withdrawal from people Escape from school Withdrawn from people Conflict with group mates Insistence in own values Conflict with mother Resistance Appreciating brother Remembering Releasing of emotions	Felt good that when she could accomplish some work Realization own condition Inability to control Side effects More pressure from treatment Intention to study but cannot Realization of own condition Tiredness Sleeping very late Preference do not liked to be tense, not liking coffee Side effect of coffee Uncertainties Do not understand Understanding the problematic Condition of the brain and feelings Numbness Own values and attitude towards work Conflict of beliefs Personal preferences and needs Understanding of others Values and beliefs for family	Diverting attention with eating Cramming too much work onto schedule Appreciating supports Insistences to complaint and work hard	Self-understanding down mood fail to fight understanding of problems and own abilities and conditions felt unhappy and regret when she cram too much work Understanding of ability Own values, attitudes and principles Self-understanding of abilities and preferences Regret Remembering old times Remembering of good relationships	Managing study Comparing past and present Letting go the past Managing the environment Self-understanding in interests	Change in attitude Intention and wish to study Personal abilities and results Acknowledgment of effort Confidence Personal interests and preferences Motivations Relax Releasing emotions	Hope to go for degree and better future Hope to continue to work hard Hope to be happy and free from trouble Hope to be more relaxed	Values and beliefs in society for education and career Understanding of society Plan for working Knowing in reality cannot but hope to be lessen in unhappiness

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Katie	Exclusion by old and new classmates Problems with results Depression No work and school Depression of sister and hospitalization Being terminated in work	Beliefs and discourses of the classmates Felt isolated and abandoned Intentions for work Inability for find a job Uncertainty in ability Preferences in work	Anxiety Sadness Sadness Understanding the reason for depression Confusion Anxiety Pessimistic thoughts of self	Seeking answer for the reason of exclusion Insistence working and finding job of white collar Termination of work Staying at home Sleeping all day	Intention to know the reason After the classmates explained the reason about her body odor she felt worse Beliefs in white collar jobs Inabilities Failure in finding the job Uncertainty in self Preference in work Inner Tension Anxiety Pressure from parents Beliefs in work Could not accepting it Not preference Preferences	Avoidance in contacting the classmates Giving up certain interest Accepting support from family Sharing her feelings Insistence in the job she like Getting out of the house Resistance from values from others Accepting help from social worker for finding a better job Finding her interests and activities and where she spend her money on	Preferences and choices in friendship Failing to pass Preferences Knowing her emotions Values and preferences on activities and interest Values and beliefs on money Self-understanding and differences with others Understanding of her condition Remembering of good times Preferences and Beliefs and values in work	Accepting help and support from teacher and friends Finding other friends and old friends Insistence in studying Finding resources for help Insistence in work in the job she finally liked	Beliefs and preferences in friendship Experience in success and self-understand Preferences and Beliefs and values in work	Hope to pick up drumming again Hope to stay in the existing job	Recalling her ability and happiness Preferences in the job

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Persons	Why problems problematic? Making sense of life hassles			Process of Negotiation, Making sense of Strategies, other events over a period of time						Discovery of Hopes in the Process	
	Description of Problems	**Person's reviews about Self and the life events**	**Responses to Problems**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Strategies**	**Evaluations of Strategies and other events**	**Hopes for the future**	**Reviews about the hopes**
Lucy	Sexual harassment by a relative Side effects from treatment Side effect from medication Pressure in studying Repeatedly hospitalizations Bad results Failure in tertiary studies Failing in finding a long term job	Not enough knowledge about sex Mother's beliefs and handling Demand and values in the school Needs for studying and work Values in studying	Unhappiness Uncertainty Inability to control emotions Losing memory Tiredness Handshaking Not interested in the subjects Inner tension Inability to follow up with studying Not interested in the jobs and studying Feeling bored	Told her mother Hiding of emotions Thinking what was important and reason for her depression Suicidal actions as a way to release her emotions Expression of her condition Accepting help from social worker and teacher Accepting treatment Changing school Quitting studying Finding ways for studying	Self- Understanding Inability to control Struggling with mother's reaction and handling Understanding of her condition Struggling with knowing and not knowing Intention to release emotions unhappiness Wanting to stay in the illness Understanding of her needs, condition and improvement Intention to be cared for	Resisting from suicidal action as accepting help from people Not wanting to go to wedding of the cousin but she submitted Finding preferences and values in studying Intentions and interest in studying and work Accepting help from social working to find job	Understanding of her needs Preferences and what was good for her Demand from parents Struggling in work			Hope things will go naturally	Knowing that it was hard her to express

6.3 Stories of Renegotiation and Hope Finding with Depression: Second Interviews

As mentioned in Chapter 5, the persons were given the transcripts and the themes from the first interviews that I had developed for their review and verification. Then they were invited to attend a second interview about the first interview as well as to share more stories, if there were any. Of the 12 persons, 8 of them: Anna, Cindy, Eddie, Finn, Holly, Isabella, Jenny and Katie, consented to a second interview. Four did not attend the second interview. Bill was hospitalized and did not answer the phone call from his social worker. David also did not answer the phone and his worker mentioned that he was going through some problems at the shelter workshop which had led to emotional issues. Grace tore the script of the first interview into pieces after she read it as she could not bear to read and talk about her experience anymore as in doing so, she would be greatly traumatized again. Her social worker continued to follow up with her. Lucy also mentioned she did not want to talk about the past anymore as she does not wish to be affected by the incident any longer.

Table 10 shows the length of time that had passed between the first and second interviews, which ranged from 6 to 9 months. All of the persons indicated that the transcripts and the themes are correct with few errors made in interpreting the meanings that they had wanted to express. Their stories will be presented below, each in three parts: (1) making sense of the first interview and position of the self in the second interview; (2) actions for a coherent self; and (3) successive events and hopes.

Table 10 *Dates between the first and second interviews*.

Name	**Date of first interview**	**Date of second interview**	**Time lapsed**
Anna	16/12/2013	15/7/2014	6 months 29 days
Cindy	10/01/2014	27/8/2014	7 months 12 days
Eddie	17/1/2014	6/10/2014	8 months 19 days
Finn	20/1/2014	25/9/2014	8 months 5 days
Holly	26/2/2014	22/10/2014	7 months 24 days
Isabella	17/2/2014	20/11/2014	9 months 3 days
Jenny	21/2/2014	30/12/2014	9 months 9 days
Katie	26/2/2014	12/12/2014	9 months 16 days

6.3.1 Stories of Anna.

6.3.1.1 Making sense of first interview and position of self in second interview.

Anna reviewed and evaluated the transcript from her first interview and about her experiences. She expressed appreciation for the interview experience and thanked me at the second interview after she read her script. She said:

> *The interview scripts were similar to my biography. Thank you very much for letting me review my experience.*

In terms of her stance at the second interview, she had some reflections especially about the affair. She said:

> *I am not stuck anymore...some of the things I've already forgotten...I think I was very silly...I was wrong...But I am only human and will make mistakes...I still cannot forget now...but my guilt is being addressed...I have decided to repent...I had allowed myself to be weak at times...I had been very tired at times...but I do*

not want to be like that anymore...my role is not to be his listener...like lovers before...I am rational and know how to analyze...don't think it was healthy... I cannot let the...desires...the ruthlessness to control me because I don't think God likes it.

She concluded and justified that her relationship with her previous boyfriend was not appropriate, and exposed her to potentially even more serious problems. On the other hand, she also believes that she has already let go.

6.3.1.2 Actions for a coherent self.

Anna felt that she has already changed and had been determined to end the affair. She reflected on the time when she did not take the advice. She has also started to understand more about herself. She realized that the key is to accept her own weaknesses:

I have to accept myself ...my weaknesses...and tell myself to let go... and give myself a second chance...give myself some space...I learned how to let go...I spend more time with my daughter and not be addicted to that (affair)...when people tell me the same problems...I have to be aware and rethink....what was wrong...and I slowly changed... I still can't promise but I drink three cups of tea...as I told you...I set target to fold the clothes, read Bible and take a bath...but I cannot do it all...cannot keep my promise.

6.3.1.3 Successive events and hopes.

Anna felt rare and unconditional love and acceptance from her church friends but was upset and shocked that her pastor was going to leave which had a great impact on her. She said:

I do not want a person who cared so much about me to be disappointed...she cared so much about me...always have patience

for me...she understands me...I think it was...unconditional friendship...in our religion...I have already wasted two years and now the preacher has to go...I have lost a good teacher…I feel very sorry...I cry so badly...now I have to treasure...and rebuild my relationship with God.

She hoped to fulfill her plans and promises so that she would not to be affected by her physical condition. Every day has challenges which she hopes and decides to overcome. She added:

I hope I can do better and not to make the same mistake again... at least to my satisfaction...Hope that he can live happily... I hope tomorrow I can go to the picnic with my daughter and the preacher...to treasure the time with other sisters...not to feel weak again...relying on God...truthfully.

Anna realized too that she has to treasure relationships. She hopes to be able to put what she learnt about relationships into practice. She hopes to love and care for her family and friends.

6.3.2 Stories of Cindy.

6.3.2.1 Making sense of first interview and position of self in second interview.

Cindy's son is very busy with work and not in Hong Kong. She realizes that she is only happy when she can see him. However, she also understands her position and accepts it. She said:

My children are really busy...we visited my son in Shanghai just last month...he is always at work...but weekends he drove us on a trip...I really like it when my son takes me out to eat...it changes me and makes me happy...the most important thing is I am happy...and

they will be happy... No other way...I want him to work in Hong Kong but I have no money to support him... it is not my right to say...I just hope they have a good future...it is very natural that I support them.

6.3.2.2 Actions for a coherent self.

Cindy acknowledged and gave her children the freedom to decide on their future. She said:

There is no point to talk about it when I can't do it...I let him...only see him a few times a year...working and earning money are very important...if no money cannot buy food to eat...after he graduates, I'll let him decide...It is not up to me to say whether I like it or not.

The same open attitude was applied to her daughter and grand-daughter. When she sees them, her desire is just to chat, play, have fun, and nothing more. She said:

When my daughter brings my granddaughter over…I like it of course...old people love children...just play and be casual...I cannot care too much and control them...only have a bit of fun.

Cindy understands what is good for her and also understands and accepts her condition. She continues to help others with no expectations. She said:

Now I just try my best to help others... to go around...and chat with people...and I am fine...there is a few only in the summer (who want to learn knitting)...when they like to come they come and if not they don't come...when they are not free...There are things I just cannot explain…have no answers…I just leave it…Whether I like it or not.

6.3.2.3 Successive events and hopes.

Cindy had found out more about depression. She understands and reflects

that it is very hard for other patients: *"It is also very hard for many people who have depression. I found out more from television".*

She evaluated her own situation and is willing to try different treatments to address her condition. She said:

> *My daughter asked me to see the Chinese doctor every week and take Chinese medicine...I hope it will work...so I will try it...after taking the medicine I feel better...even if I cannot be cured...I have to try...Try my best.*

She also mentioned that her helper is not how she hoped to be. However, she felt that she needs to put up with it for now, and hopes to find a new helper. She said:

> *She is the boss! She always scolds me...she says that I am not the one who hired her...there is nothing I can do because I need her...I would answer back too with my hot temper...but it is hard to get a helper nowadays...let her be! I try to shut up...put up with it…after completion of the contract, I will let her go and hire another one...but new one might not be good either.*

6.3.3 Stories of Eddie.

6.3.3.1 Making sense of first interview and position of self in second interview.

Eddie felt good after reading the transcript and after reflecting what he had said in the first interview. He focused on the *"knots of his problems"* and had a better understanding of his positions and experiences before and after the interview. He said:

> *I think the past is the past...should let it got...I think I was very foolish. I have to move forward and the past is an experience... I*

think I can do better. I just do not have the skills...I used to be too sentimental...now I am more practical...I was very stubborn...only work without thinking...did not know how to talk diplomatically...I cannot continue to see things negatively every day...this will not solve the problems...I had my operation already and removed some metal parts... I lost my old friends...I feel like I miss them...but I had too many bad friends...I really value friends...It was one of my 'knots'...and my career was another...after all this...my family is not bad.. but if these two knots cannot be untied...it will be difficult for me to move forward...I don't know how to untie them... but slowly I can solve the problems... I cannot be rushed...people should move forward and the past is only an experience.

6.3.3.2 Actions for a coherent self.

Eddie reflected on his ways at work and his friendships. He felt that he has made significant improvements with follow-up actions and strategies that help with his situation and he reflected on his relationships. He said:

So I learnt a bit about psychology from the internet and tried it a few times...I did not like it because it was a bit calculative...I have done some health care and physiotherapy courses...it's not hard to find new friends now...but I should not give them my heart... I should not put too much sentiment into my friends and it will reduce any pain to a minimum...when I hear other people's stories, I should not put myself into it too much otherwise I will be messed up... together with others... The closest people are only my girlfriend and family...others actually I should not think too much... I have many new friends...and the old ones are a waste of time...

He acknowledged and reflected on the knowledge that he had gained. He has renewed his position in life as well as his position with the condition or depression now. He continued:

> *I finally learnt how to communicate with people...in the shop...someone was very snobbish...but I tried to start a conversation with her...then she changed from a long face to more smiley... I was successful ...and my classmates also said I am more diplomatic... when I have knowledge I am not scared of being bullied and I can use the skills to make people happy... but it is ironic that I do not like to talk... Apart from knowledge, I think I have become more mature....I've met more people, learnt and tried many new things...I've given myself more skills...I've searched much information and talked to friends...find more people whom I trust to talk...read more books and gained knowledge...There are many perspectives of different things...when I can untie the 'knots' it will be different...I am trying non-stop...even if I fail...I try again...I want to move upward...I am motivated to find ways...I've heard many stories... and social workers have told me...and the rules are like so... I just found another part-time job...and have another situation which although has not yet reached a desirable state...but is partially resolved...life is better.*

6.3.3.3 Successive events and hopes.

Eddie has some new experiences that made him notice and rethink about his way of handling situations and he hopes to change his actions. He said:

> *I have to let go of my sentiments...I have a colleague who could not do his jobs... affected by schizophrenia...I helped him and then he*

had an attack... I thought what I did is justified...but it was bad for him...so I need to follow the rules and not to do it with difficulties...I thought I was foolish.

He hopes that he could find his dreams in a career so that he could put into action his desire to marry his girlfriend as planned before his injury. He has kept trying repeatedly and preparing himself for job interviews and appreciates the help from his friends and colleagues. He also knows which direction to take:

I have been looking for jobs...I have a friend who helped me by sending out more than 100 application letters....he is really nice... and I am grateful to him... he gave me a computer as he knows I have no computer to use... unlike the old friends... I maintained this relationship... I went for more than 40 interviews...I asked colleagues to help me with the interviews...I answered all right.. but not so smoothly...and they taught me to buy a shirt...although I was not hired...but I saw their evaluation of me... more positive comments...all I want is to be able to find a job at the hospital…I will keep trying even if I fail, and then I will finally succeed...It is in progress, slowly...Although my qualifications are not up to par yet…at least I have found my direction...After I find my dreams at work. I hope to get married...I am moving forward but slowly...I need to resolve the living expense problem.

Eddie hopes to help people who are also affected by depression and have other special needs, and share with them his experience with depression. Moreover, he wants to help out with this research work too. He said:

I see many depressed people...they cannot untie the 'knots' and not willing to move forward...there was a guy did not dare to try...I

tried to encourage him and I shared with him and then he changed and talked more to others... I hope that they will not wind up on a dead-end...too stubborn... they should find more people to talk to...not hide themselves.

6.3.4 Stories of Finn.

6.3.4.1 Making sense of first interview and position of self in second interview.

Finn stated that when he read the script of the first interview, the process evoked painful memories and made him think about them again. He said:

The data seem very completed...but some of the themes...are all painful memories... I feel very unhappy...and helpless...now I have nothing...I used to be active in the community...but I can't go out anymore... due to the bankruptcy.

He also talked about his position with his mother when he recapped the reasons for the problems. He evaluated his pain and the emotions which affected him physically,

The pain cannot be erased...actually it is not so important...my greatest anguish is facing my mother... Anger (causes) strokes or heart problems. My doctor told me that my health has worsened due to loss of control over my emotions …It is very hard to live with her. she continues to hurt me, adding salt to my wounds....I will never be cured...but I can never leave her alone...she is my mother...It is my filial duty...I feel very helpless.

He reflected again that he has a good understanding of himself especially his beliefs and values in terms of relationships and views on women. He said:

About relationships...I value love deeply...I am very sure about

this...I won't start a relationship unless the previous one has ended... I would not have the heart to do bad things to another person... Even if the person is not faithful, I will be friends with her after saying goodbye…to a woman, youth is most important...you have to think what can you give her when she spends her youth with you... Security is the basic element especially if she is willing to have children with you.

Finn also concluded that he is a kind hearted person as he would give help and feel the pain of others. He said:

I am a loyal and chivalrous person since I was young and would help those who are needy....To people with Depression, all these things in the past are 'knots' in the heart…You would understand the pain only if you have gone through it…the pain of losing someone is like cutting deeply into your heart. This can hardly be described.

6.3.4.2 Actions for a coherent self.

Finn wrote a few poems to express and echo his feelings of sadness and emptiness about his problems. He confirmed that the painful experiences have left scars in his life, and said:

There are many things that I have to accept...this is pain in life...I like to write...since I was in primary four to five...I like poems.

He wrote,

No matter how long the walk, footsteps are surely left. No matter what the experience, marks are left on the face.

There is nothing before and after life and death, there are roots in hatred, water in the autumn left no scars, flower and moon have

colors, laughing lightly at the wind of spring. No colors for me. Casually holding a pen, hoping to write about one's life but finding no words, scrawling words of ink together with tears. People before and now mock me for being insane!

He felt unhappy when he read the script, but reflected and concluded that he should accept the story. He said:

Maybe they are all painful memories…I feel helpless but I can only accept them…My relationships are the same...They end maybe because it is fate…it is hard to clearly know why…There is no point dwelling on it...although letting go can be painful. It is also a kind of elegance...I feel that the pain has been lighter since I let go... There is no magic medicine to cure depression and pain but just let go and be free.

Finn recalled the time when his girlfriend disappeared. He remembered that he was adamant about maintaining the relationship, but eventually accepted that she is gone which released his pain. He said:

Maybe it's fate...my relationships all ended... Sometimes when I think about the pain... I cry ...Basically, I do not go out…keep everything there the same…and wait there every day blindly…I kept her phone number for a long time...hoped that she would come back...it is not important anymore...I cannot keep doing this and already numb and accepted...actually I cannot let go...but very helpless... I will try to focus on something else.

Finn feels helpless about his mother but still chooses the position and role as a devoted son to live with her and tolerate her. He believes that devotion to parents is important. He also justified his own strategies to deal with her. He said:

Although it is hard to live with my mother, but I feel less worry now...I cannot give her up as she is my mother...Many people said I am very devoted...A son is in the mother's heart...sons should tolerate their mother....listen to her but at the same time there are boundaries and cannot let her go too far...if she crossed the boundaries, I would tell her ...not to (cross)...at least I will never hurt her…but she also worries about me.

6.3.4.3 Successive events and hopes.

Finn befriended a man who resonated and connected with his pain as they have gone through similar experiences. He hopes to help other people in need. He said:

I knew someone who is facing depression...because his mother was too hard on him...he had a girlfriend from China...he worked in China...he was fired...and she left him... he was also very hurt...and then he was too dependent on his mother...I chatted with him and I helped him with his computer...sometimes I also see the elderly...I will visit them or go on picnics too...I still help to do documentation work for organisations...hope I can help people…when other people are happy...I am happy too.

6.3.5 Stories of Holly.

6.3.5.1 Making sense of first interview and position of self in second interview.

Holly reviewed the script of the first interview and said "very brilliant...very clear...it was very touching as if I experienced the coma once again…very deep feeling..."

Holly reflected that she cannot handle her job. She also understands that

her salary and position are lower than those of others who do the same job. She said:

> *The new job...I had to start from scratch…I could not adapt to the job...I think that I failed to meet the standards.. they asked me to get off early...and not did not put me on the roster for the whole week...I felt very disappointed...there was no satisfaction in the job...paid so little...and I failed...I thought I could...but I could not...I wanted to earn money...but they want me to rest...another staff there was very fierce to me...throwing dishes at me...saying I was too slow...I cannot work with her...I wanted to help but she said I was in her way...I am not good enough for her.*

Holly confirmed her position as the least significant person in her family as her family members often scolded her that since the coma, she has contributed little in terms of money and expectations. Thus, she revisited the failure and inabilities in terms of work. She said:

> *My mother scolded me too...said I made her look bad...she was disappointed too because she wanted me to go on with the job...but I could not...I could have earned a few thousand dollars...actually she did not want me to find a job...and be fired again...and I failed again; I thought at least I should have stayed for a year...I have no will power...when my mother scolded at me I became numb...in my home...I contribute the least...I earn too little and I did not try my best...my brother earns so much...I cannot even measure up to half of him, everyone scolded me but not him... They would say I mess up the table...because my hands shake…my mother often says that I am useless unless I die...because my mother had expectations for*

me...now I only eat and sleep.

However, Holly is also not satisfied with her own character. She reflected and now wishes that she could keep a job. She said:

I was too impulsive and quit the job…I did not try to put up with it…there is no turning back now...my personality is no good.

6.3.5.2 Actions for a coherent self.

Holly left her job to avoid being fired. She also recalled the experience of having found the job by herself without any help. She remembered she wanted to work and earn enough money to support her family. She said:

I quit the job...faster than they would fire me... but I regret that I quit...I bravely answered the manager for the job...I felt so happy that I am useful... finding a job would give security...I put some money in my drawer...I kept some and gave some to my mother...Now I am helping at the shelter workshop again...I failed once but I guess I won't fail at the shelter workshop... at least it is a job...and a shelter really...I can work anytime but the salary is very low.

She reflected that she has a good sense of her capability and abilities. She said:

I can say hello to the customers and clean the tables…I can empty the rubbish bin…it takes a strong guy to carry it but I can do it, just barely…I find it very satisfying…my colleagues and manager also admire me…I remember the manager saw me and she nodded her head to me...and some colleagues also helped me...I also pray when I have problems.

She tries to resist her mother whenever she scolds her with her own

strategies and beliefs. She wants to be independent but found that it is really difficult. She said:

> *When she scolded at me...I got very angry and her words were hard to bear...but I pretended that I could not hear her...she would hit me and I tried to avoid her and I had no reason to fight back...I have no feelings anymore...she is also taking medicine...she cannot put up with me...I choose to walk my own path though and reject her way...I talk back...I am always in the wrong but I try to tidy up my room and she did not let me do it and threw my things away...she threatened me and I did not like it...I try to put very loud music...on the phone...to let people know and not to bother me.*

She took action to make her time more meaningful, knowledgeable and to improve herself. She said:

> *It is very boring to stay at home...a friend gave me many movie tickets before and I watched movies alone…three movies in a row...to kill time...I also go hiking...I can't slow down...after sweating my head is more clear...I can think what I can do to improve myself and what I cannot...I love books about philosophy, the Bible, Shakespeare etc.…It can satisfy what I have lost… knowledge can change my fate…I used to feel uncomfortable when people looked at me but no more after I read…The books showed me that I am not so good to my family…I did not want to communicate with them.*

6.3.5.3 Successive events and hopes.

Holly hopes that perhaps she can be given back her job or find a new one. She understands her condition but still hopes to and insists on contributing to her

family. She balances her threats, abilities and hopes through actions to achieve them. She said:

> *Maybe I can talk to the manager again to see if they would let me work there again...or ask them if they need a helping hand again... maybe I will go to another cafe to try...but I am afraid that I can't handle it...I hope to do something...rather than stay at home…I hope to have a stable job....I hope I can...I hope God helps me to find a job...I hope that I can persist...I need to slow down and not to make mistakes anymore...I even eat too fast...there are many things I need to improve... but actually catering work is suitable for me...maybe I can be a sales lady again...I used to doing that...selling memberships before I was sick...I can try…I earned a lot of money that time...maybe I can't anymore...I need to train myself again...with a good company...my old colleagues...I don't contact them anymore...maybe the social worker can recommend a job for me...or I can visit the Labour Department....when I can earn more...I can contribute more to the family... I hope to stop my medicine...but my audio hallucinations come back...I thought of suicide to solve all the problems...but it won't help...the voice hoping for a job is louder...*

She hopes that her relationship with her mother will improve. She reflected on what she should do. She said:

> *I hope she will talk sense and change....to have a better attitude...and I will try not to talk back.*

6.3.6 Stories of Isabella.

6.3.6.1 Making sense of first interview and position of self in second interview.

Isabella concluded that the script of her first interview is very detailed and true to her perspective. She also appreciated my efforts. She said:

> *I think they (the script and themes) are very well expressed...I can see that a lot of heart was put into the work...many pages and different angles.*

Isabella has been approved for a new public housing unit, and concludes that she is so much happier as a result. She said:

> *I am so happy…it was the first time ever that I have my own house…my own private space…I thank the social worker...I want to live there independently... to see if I have recovered.... And my feelings told me that I have... something to focus on...I don't want to die anymore...I don't have compulsive thoughts anymore...I think I can decide...living by myself...going out...my desires are not unreasonable.*

Isabella also reviewed and restated her own capability. She said:

> *My ability to adapt is very strong...I understand how others really think...when others help you...why don't you help others...my colleagues think I am very smart...At work I am also good...the teacher at work really admires me...they remind me to go to work and know that I have to take care my mother...and I am a positive person...I think I understand what people really mean and I can adapt…some people say things that are different from what they mean.*

She reflected on the cause of the mental health problems and compulsive thoughts. She said:

I did not understand why I had the illness...it was very hard...at that time I could not go to toilet after I took the medicine...and the doctor said… this affected my mental health...I think I have already recovered...just a few months ago...I am not scared anymore.

She remembered and evaluated again why she had a coma and she believes the conditions have changed. She said:

I could not sleep...I took 100 sleeping pills to make me sleep...I passed out...I could not rely on the medicine anymore…It made my body and memory bad…I was too naïve...I thought it was very hard and did not matter if I died.

Isabella understands that she used to be a very emotional person. She said:

I am a very emotional person...When I am not happy…I would stop talking...sometimes I sit very quietly and sometimes very lunatic…I feel I always offend others…I do not feel scared anymore when I look down from high places like I used to... Even after having mental illness, a person cannot be blamed and held responsible for the illness. I thought whether I would die depends on my own personality.

6.3.6.2 Actions for a coherent self.

Isabella is surer of her position and how to maintain herself well and to manage her life and maintain relationships with others. She said:

I told myself I cannot get sick and relapse again otherwise they would take away my house…I have to be happier...go to work...I will do anything to help release my emotions...buying

things...washing the floor...When I was at the hostel...the social workers helped me....to get the house...they were good to me...I also did my part...I cleaned the rooms...am flexible...unlike others...Since young...my mother taught me to respect others...and others will respect you...this is my character... I can adapt... I like to help others…If I have do not have the ability, I would say no…I would see if I could do it…Some people are very fake...I will try to avoid these kind of people.

Isabella appreciates and accepts help from her family, and treasures the relationship with her mother with wisdom. She said:

My brothers and sisters are very good...I asked them for help as I am on government support...they did not say no...they gave me a TV...air-con...the help they offer me is non-stop... she will shop and my mother asked me to cook...come and sleep over...she helped me a lot...always with me...and not mind about money...but I have no say...she decides everything...I told her I don't care…I would give her the money and let her do it…as I owe her too much…I won't say no to her.

After re-assessing the overdose experience, she has a better understanding on how to handle her treatment. She said:

I told myself I could not be like that anymore...If I died...I cannot see my relatives anymore...I do not rely on medicine anymore...It is because the medicine was not suitable for me but the medicine that the doctor prescribed now is good ...my mood is quieter...I also tried Chinese medicine..."

When she is unhappy, she reflects on ways for release. She is sure that she

can depend on herself to solve problems. She said:

> *I try not to think too much...I play some games...listen to music...I would find someone to talk to...I like to look into things, clothes or shoes or eat...and it would help bring happiness to me...After releasing myself in those ways, I would sing...I will not think about unhappy things...and I also believe in Buddha...relying on my faith...and I give myself faith...solving my own problems...cannot always blame the illness.*

6.3.6.3 Successive events and hopes.

Isabella's father passed away. She became an important caretaker of her mother. She said:

> *I have to take care of my mother...as my father just passed away...he went peacefully...my mother is so sad.*

She hopes that she can earn money so that she can be good to her mother, and repay the debt with gratitude. She said:

> *I hope I can earn more money...I hope I can be filial to my mother...because I owe her too much...money and she always took care of me when I was sick.*

She wants to find a real job, but she understands her inclinations and plans for action. She said:

> *I hope to do well at the job...I hope to really work outside...My mental illness could relapse anytime, so today I do not know about tomorrow…if I get stimulated…I feel scared and panicked…I read the local newspaper every Wednesday to see the places that are hiring people...I hope to be a sales person in a fashion shop.*

6.3.7 Stories of Jenny.

6.3.7.1 Making sense of first interview and position of self in second interview.

Jenny did not want to read the interview script from the first interview because she did not want to face the ordeal again. She said:

> *I don't want to read that script...maybe I am in denial...it is not good...after reading to about the middle...I could not read anymore...I don't want to face it.*

Jenny had experienced struggles with the unfairness of the work load with her school mates and she restated her own stance and her views towards them again. She said:

> *May be I am very stubborn...I cannot let go...I get angry with small things and this lasts for a long time...It is not good either way...I think I am very sensitive...like the project...I did not sleep for many nights...why did they get the same marks but I did everything... I have really reflected...if I should have reported them to the teacher... It was not fair...so I complained about them...but I still do not know if I am right ...I hesitate too much.. I do not want the trouble and it is useless to worry over these kinds of people. I don't think they will do well in the future anyway.*

She reinforced that she wanted to do well in her studies and reviewed her positions and actions. She said:

> *I wanted to do better...I am stubborn because I think if I give more I will do better...get above average result...but sometimes it became a kind of pressure...maybe I demanded too much of myself and actually I am not capable.*

Through this process of self reflection, Jenny justified knowledge about herself:

> *I really care about how others think of me...I do not know why but maybe because I am a mean person and hard to get along with…because I care too much...I am sacred of bad relationships... I am trying to evaluate whether I am mean and hard to get along with...sometimes I would stare at the person I am angry with...they do not know if they have done anything wrong...but I think people should know better...but I also do not want any trouble or to be so sensitive.*

She re-evaluated and realizes that a degree is not as important as what she had imagined anymore. She said:

> *I do not expect much from a degree anymore...I think it is enough... I studied so much...I have learnt so much with my higher diploma studies…I studied tourism and event management. Actually experience is more important than qualifications for a job.....actually I do not really like this industry...I am not a sociable person and I hate to socialize...I tried a placement...I thought it is not my cup of tea...actually hope someone will give me a job and I do it by myself...when I have questions I can ask.. But I do not want to come into contact with people too much.*

She stated that her accounts presented how she understood more about herself in terms of her emotions and characteristics and how these would affect other things. She said:

> *I care about things to a very serious extent and easily become angry and very emotional…I think it is not good the way I handle*

emotions because emotions are not the most important...I should not just follow them... When I go to work in the future, I cannot tell my boss that I am not in a good mood and cannot work...I think I have to change my stubbornness...and not care so much about the details...and work easily... I become very self-aware and I am not comfortable around people.

6.3.7.2 Actions for a coherent self.

Jenny recalled and was confident that she can always find ways to manage her work in different situations. She said:

I can get good results...I would think it is not bad and I can accept it...I would get some reward and satisfaction... when I did the computer homework...I kept reading the guidelines and finding information to finish that part...I felt so satisfied that I finished it as I did not know anything in the beginning...I learnt step by step and it got easier and I got what I wanted...I feel so happy and not like I wasted time...when I am happy...I can work efficiently... When I am very unhappy...but I had to hand in my work...I would cry at the same time but force myself to hand in the work...because I had to do it and there was no time.

She demonstrated wisdom on how to keep herself in a good mood and frame of mind to be around others. She said:

I keep reminding myself...to stay in a good state...what to do and to see friends and not to care too much...I remind myself to be more involved with others...and not to focus on myself only…everyone likes to be self-centered. I should care more about others... when I talk openly and understand others more to reduce the barriers...I

try to do my role better and not express my views too much...otherwise...If I say too much I get into trouble...people would think I am mean...I learnt that from TV dramas.

She has that she might not get a degree and knows what to do next, and said, "*So I accepted it...I am trying this industry and trying to find a suitable job.*"

6.3.7.3 Successive events and hopes.

Jenny faced another project and same situation with those who did not carry their own share of work. She understood the situation and after evaluating the situation, she knew all that she hoped for was that the teacher would handle it better this time. She said:

There is another new project and other team members... proves that there is no fairness in the world...I wanted to complain about them...it is hard again...only me and one other classmate worked...I hope the teacher will deal with it appropriately and deduct some of their marks to be fair.

Jenny hopes for better results and understands her position towards studying and career which are important for her future. She said:

I hope to be more confident when I try to find a job...I hope I can get a higher GPA, it would be better for finding a job…I will be happier...when I am happy I can talk better and nicely...I always hope to have more on my hands and the employer will know about my attitude...that I am serious and hope to be hired and after the course...I will apply to study for a degree...I hope to try...but I don't think the chances are high...I will also apply for job.

When she encounters someone unreasonable, she knows why she becomes angry but it also makes her reexamine on how she handles the situation. She said:

My mother's friend came to my house...I was studying and she was bothering me...and stayed a long time...I tried to put up with it and I was very angry and could not study...I kept thinking she was not right...I felt I was wasting my time...I needed a long time to calm down...but actually I was making a big scene too...maybe I have to learn how to calm down...I did not know how to ask her to leave and not offend her...I wanted to say it directly...but it was actually a small thing.

She has hopes and expectations about her own temperament, which if improved, would be advantageous for both her work and relationships. She said:

I always hope that I could be a calm person...but I am totally opposite now...I get angry easily...I hope I can change and do things one step at a time...I hope to be in a good state so I can be flexible and take it easy...give myself more room and finally can make it and others think that I am trying...when I am so uptight...it is not effective...when I know there is a lot of work...I hope I can start earlier and it will be easier and not limited by time....and I can focus...I hope I can sleep enough, sleep well and early....because I think too much during the day...I am very anxious and this uses a lot of energy...I only focus on what I need to do today...I hope to get along with others...I hope to be more reserved and get hurt less...I also hope to understand myself more and be more open and one day I can let go of things and I will change...I hope to be more positive…maybe I hope too much to be the desirable me...I hope everyone will think I am nice. I do not want people to not like me and have a bad impression of me. Because I

am afraid of bad relationships.

6.3.8 Stories of Katie.

6.3.8.1 Making sense of first interview and position of self in second interview.

Katie did not like the first interview script as it was about her memories of being boycotted. It made her revisit a painful experience:

It was a bad experience...it was very bad in secondary school...and really hurt…I also dreamt about it... the dreams were very scary.

She commented that some of the classmates are good friends and Christians so that she reevaluated and felt positive about the religion. She said:

I think some of my old classmates were very nice...the ones that go to church...I think God is good...I joined church but I do not want to do the things for them...play piano etc...I don't know how...so I don't go anymore...but I know it's good...the people who go to church are better people...they ate with me and we went camping.

There was a period of time after graduation that Katie felt was very hard. She knew the reason why:

I think I wasted a bit of time after I left school...as if I was blank...I was at home all the time...don't know if that is why I got this illness (depression)...I stopped and did not find a job and had nothing to do...I was always imagining things...there was a time...I did not learn new things...I gave up because it was hard...but it was boring to always stay at home...I would go to sleep again after breakfast.

Moreover, she was not happy with her old job which conflicted with her preferences. She said:

I was not happy and did not like the work...I preferred something

simpler with fewer documents..

Katie recalled her experiences and thought about her values on love and health. She said:

> *Love means a person would not only value money because it cannot buy love…nor health...I had an operation before...so I treasure health and I eat carefully...health is more important than money.*

6.3.8.2 Actions for a coherent self.

The actions that she took reflected her values in her relationship with her family. She said:

> *My mother likes it or not means I like it or not...I like to follow what she likes...like so I can avoid fighting with her...and it is not good to fight...like she said my clothes get dirty when I cut vegetables...so I followed what she said...and I bought some comics...my sister threw them away…because she said it makes our room dirty...that's ok... It's not good to bicker so much with my family as conflicts are not good…To just tolerate and accept…like I do not 100% like my father...but he is old already...so I choose to give in...Even if people have different opinions I should accept it…I hope to have good relationships.*

She also learnt to let go of her anger with her classmates. She said:

> *God teaches us to love our enemies...when I was boycotted...I was very angry with them...but Christianity taught me to forgive. So my anger decreased. When I was in that two years in secondary four and five...I was really unhappy, but after I went to church, I felt better.*

Katie knew well of her interests which made her happy. She said:

I like to take a walk outside...look at interesting things...pets and comics...I think cats are lovely...This is to train a loving heart...towards others and I show a happy face to them.

6.3.8.3 Successive events and hopes.

Katie acknowledged that the boycotting affected her to a great extent. However, she felt that she had learnt something. She said:

I did not tell my doctor at that time...but after when I talked to people, I realized maybe it affected me...it was very painful...very scary...I did not trust people after that.. I don't want to dream about the bad things (the exclusion) anymore...I often still dream of them and last night too!...those are not good memories...but the bad things make me treasure people...my auntie and uncle just passed away...I should treasure the people around me....I hope to build good relationships with others.

Her new job is also what she treasures. Furthermore, she reassessed her preferences for work and of people. She said:

Although I am busy at this job...but I like this job...see people and it's lively...and can talk to my colleagues... my mother worries I will be reallocated for my job that I like...it would not be easy in a new place...then I will ask people to help and there are people who willing to help. I am scared I cannot get along with them (colleagues)...there is one who is very good...I like to work with her...I feel happy...I hope my roster will schedule me to be with her...it is not ok to be not happy…I am scared that I will unhappy and meet people I do not like...

She also hoped that this job would be stable and realized what she hoped for in her life:

> *I hope to have a stable job and not to have nothing to do...I hope I won't have to stay at home and imagine things...after work I can go out and I am happy...I hope to be a real staff member...my salary will be higher and people will identify with me more...my boss said I am not forward enough...I am not good at talking...sometimes I also hope to go back to school...I think…I rather live life now…not waste time Most important is to have an interesting job that is fun…being restricted mentally is enough.*

6.3.9 Comments on the second interviews.

After a period of time had lapsed after the first interviews and reviewing their contents, the 8 persons renegotiated their experiences and continued to make sense of them. They had further reflections on their experiences and their position at the time of the first and second interviews. They made justifications for the changes, if any. Negotiation is actually a continuous and constant process. Then again, they took actions and made strategies that are coherent with their stance. When more events take place, they are also able to accommodate them as part of their own position and again reflect and justify the changes, so that the meanings attached to events matched their self for coherence, which are woven into their preferred identities. Their hopes, whether actualized or not, are always there and materialize from their desires, intentions and preferences. A summary of the second interviews as part of the renegotiation and hope finding process is provided in Table 11.

Table 11 *Overall summary of findings in second interviews*.

Person	Making sense of the first interviews		Making sense of the self at time of second interview		Actions coherent with positions		Special Subsequent Events After first interview and before second interview		Subsequent Hopes	
	Reflections and recapping of first interview	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**	**Adjustment of Actions**	**Reflections and justification**	**Subsequent Events**	**Reflections and justification**	**Subsequent Hopes**	**Reflections and justification**
Anna	Feeling thankful Similar to an autobiography She could evaluate her own experience		Still cannot forget the old boyfriend She accept her weakness Determine to finish the affair	With the man was not appropriate	Praying for the man Using time to forget Was not focus on bible enough Trying to push herself to do what she promised Focus on reality and her family	she only focused on the desire of human Able to do it make her happy Avoiding to be too overwhelmed	Preacher leaving the church soon	Regret she did not treasure her	Hope to treasure relationship she has	Treasure the relationships before losing it
Cindy		She was only happy to see his son Knowing that her children too busy The importance of happiness Children cannot always be with her	She had to accept She could not support them to have business in HK Her intention of wanting people to be with her	She has no rights to say anything She knows her position with her children But it is impossible	When she see her grandchildren she play causally and not giving pressure	Giving no pressure to the children and grandchildren with no intentions	Helper not being obedient Sometimes she fought back, sometimes quiet Try to endure Just leave it Knowing more about depression from TV Trying Chinese doctor	Hard to find a good helper And she is not the boss It is hard for the patients Understanding of her own condition	Continuing the hope for teaching others to knit Hope that the old people enjoy the scarf she knit	
Eddie	Appreciating the experience to review Good for him to see clearly They were all he truth	Missing the old friends But they did not care New friends are good Understanding of the problems “lump of problems" Thinking that he thought too much Understanding his old personality	Still unsure of self Changed to be more mature Should not be Pessimistic Improved with skills, Judgments and courage Still cannot let go of old friendships Importance of family Unhappiness lessen	Understanding where he stands what he should do Attitudes, priorities and values changed Values in friendships and family	Letting go the past Moving forward but cannot be rushing Listen to more people Trying harder to improve Get more knowledge and got to know more people	Unhappiness cannot solve the problems If one thing cannot solve cannot move forward	A New friends gave him a computer as a gift He tried learning psychology skills from internet to “deal” with his colleagues and clients Seeing changes in his friends with mental health problem	Prove that his new friends are good He evaluated his intention for using this knowledge he was still struggling Sharing knowledge with people works	Hope to fulfill dreams for career and marriage Hope this research can help others Sharing his knowledge	Will Keeping training for his interviews even if fail Knowing his direction Knowledge of people with same problems

Table 11 *Overall summary of findings in second interviews (Cont'd)*

Person	Making sense of the first interviews		Making sense of the self at time of second interview		Actions coherent with positions		Special Subsequent Events After first interview and before second interview		Subsequent Hopes	
	Reflections and recapping of first interview	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**	**Adjustment of Actions**	**Reflections and justification**	**Reflections and recapping of first interview**	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**
Finn	The information seems very complete He felt unhappy when he read the script Recalling the old pain	His thoughts are very messy Depression came from bankruptcy and relationship failure Mother was his pain He accepted his situation The past is not important anymore	His preferences in writing seen he was young It was fate Choose with live with mother even feel helpless He was a loyal, chivalry and clear person	He could make friends and being understood Hard to calculate too clearly There is no magic medicine for depression There is a boundary with mother Values in love and righteousness in Chinese values	Letting go and free Try to get a balance with mother Accepting	Letting go was a kind of elegance Letting go was painful The pain become lighter after letting go	Helping another person with depression and missing the girlfriend	He understood their pain as he had gone through it	Still hope to help others especially people with depression and similar pain	Even he could not
Holly	The script was brilliant, clear and touching It let her to experience again		Realized that she is the lowest position in the family She should contribute money to family She always go to work with willingness and got the job by herself bravely	Since her coma and she contributed the least money Her preference and abilities in the job	Need to adjust herself in her job Slow down Pretended she could not hear her mother scolding Going to library for knowledge for solving her problems	Not feeling the pain from mother hitting her, feeling numb Her preference for reading Value about knowledge Own reflection that she was not good enough to her family	Realized her salary was lower than others in the job They did not give her anymore work She gave resigned letter Difficulties at job	She could not manage her job Disappointment Thought she was too impulsive It was God's testing her	Hope that her mother will listen to her Hope for better relationship with mother Hope for staying at the job to endure the difficulties	Her preferences in the job Strategy to go talk to the manager and going back to sheltered workshop Going to labor department to find job Remembering her abilities in working

Table 11 *Overall summary of findings in second interviews.(Cont'd)*

Person	Making sense of the first interviews		Making sense of the self at time of second interview		Actions coherent with positions		Special Subsequent Events After first interview and before second interview		Subsequent Hopes	
	Reflections and recapping of first interview	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**	**Adjustment of Actions**	**Reflections and justification**	**Reflections and recapping of first interview**	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**
Isabella	Script was very detail Appreciating the researcher	Recalled and shared that her mental problem was caused by a kind of patent medicine Recalling her bad experience of coma taking too much medicine Accepting her problem	She owe her mother too much She could not rely on medicine too much She used to be an emotional person always offending others Her problems was not so serious anymore Cannot blame others on problem Her abilities of analyzing and adaptation is good Her happiness to get public housing	The medicine doctor gave is good now She can understand others Her preferences in helping others	She gave way to her mother Getting her mind off her problems with fixing her new house	Her preferences in getting the new house and motivation to stay well	Working with her mother to fix the new house Enjoying the new house	Letting her mother to be in charge of her new house Letting her staying over night etc. happiness	Hope to earn money to pay back gratitude to her mother Hope to get a real job	Her opportunities in finding the job Strategies of reading newspaper and referred by social worker
Jenny	Did not want to read the script Only reading half	Want to escape from her past Her mentality was not good	Still was not sure if she should have complaint about the free riders She found that she is not popular among school friends Could not overcome her emotions She know maybe she cannot get a degree Preferences in work, Realization in character	Puzzle and scared about her character being not likable Value in character Emotions was a waste of time and affecting her work preference about her character Intention to be a calm person Degree is not as important anymore	She could manage well her computer project one step at a time She could chat well with people Accepting could not get a degree and to find a job after diploma	Made her happy Intention to get good result Realization her character of being stubborn towards studies Actually work experience is more important	Incident with mother's friend visiting at the time she wanted to study	Realization of her inability and skills in expression of her own preferences	Hope to be more open, a more optimistic person and learn about herself Hope to let go and join more friends Hope to be liked Intention to work on her emotions Hope to get better results to find a better job	as emotion management is important for work in future

Table 11 *Overall summary of findings in second interviews (Cont'd)*

Person	Making sense of the first interviews		Making sense of the self at time of second interview		Actions coherent with positions		Special Subsequent Events After first interview and before second interview		Subsequent Hopes	
	Reflections and recapping of first interview	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**	**Adjustment of Actions**	**Reflections and justification**	**Reflections and recapping of first interview**	**Re-examining of self and life events**	**Self-understanding In second interview**	**Reflections and justification**
Katie	Did not have a good impression of the script as she was excluded	It really affected her and caused her to be affected by Depression Knowing her reason of depression Recalled her intention wanting to study and finding a job Christianity and good people who were Christians helped her Recalling her preferences in sports and pets	Christianity taught her to forgive and being righteous Learnt to treasure people and things around her Submission to mother She is suitable for her job now Her needs for more knowledge for her job now	Beliefs in the religion Preferences about church activities Values about relationships over conflicts Preferences in job and interest Struggle for education Values for health, happiness and love Importance for job	Changing job for mother's preferences Giving in to family members Endurance	Preferences to not conflict	Uncle and auntie pasted away Home being robbed Her good time she spent with her colleagues	Letting her to treasure relationship and her cats Treasuring her work Scared of bad people	Hope that she will not have bad dreams again Hope to be a real employer of the job Not want to be transfer to another shop Hope for better relationships	Evaluation of her ability What she need to do in work Her preferences in her colleagues and relationships Values in work

6.4 Conclusions

After studying the findings from the first and second set of interviews, it can be concluded that in the midst of all the problems faced by the persons, they continue to negotiate and renegotiate with their problems, positions, and actions and continue to find hope in doing so. In a comparison of the differences in their positions, actions, successive events and their hopes between the first and second interviews, changes are found and this is also reflected by the persons themselves. There are changes in their understanding about themselves, and in their actions according to their changed positions. Moreover, there are additional events that have contributed to the changes. Some of their hopes have been realized and some not yet, but they continue to reflect and negotiate with them. The changes are summarized in Table 12. From the learnings of the findings in the first and second interviews and the changes over time, an overall picture of the findings can be formulated which is presented in Figure 1. The persons made progress in their reality negotiation with events, depression, and their strategies for action and their hopes. They continue to review and re-review their selves, realities, problems, actions and hopes accordingly. From the actions taken as part of their choices, their personal agency could be considered in terms of the direction of their preferred identity which is woven in the process with the support of their continuous evaluation, reflections, and responses to problems and adjustments made. Their definition and evaluation of problems and actions taken from strategizing, whether helpful or not to the situation at the time, continue to help to define their preferences as more events and interactions with others continue to happen. Moreover, some of their hopes are realized, which energizes their agency to continue to choose their positions and actions that would realize future hopes. The findings presented in this figure thus leads to the discussion in the next

chapter on the theorization behind the negotiation process.

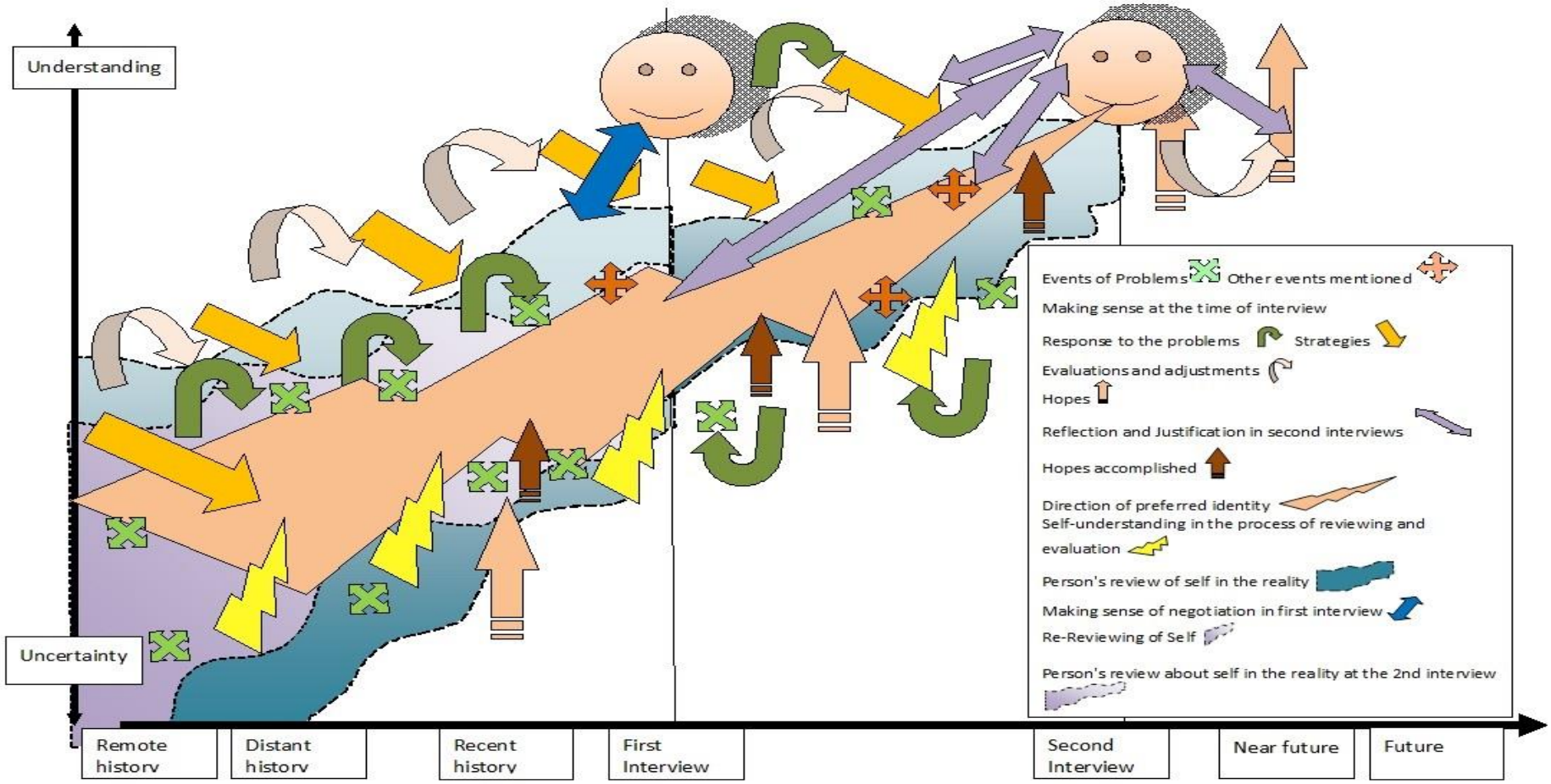
Table 12 *Changes in persons between first and second interviews*

Person	Changes in understanding about self and events	Changes in actions	Additional events that contributed to changes	Hopes actualized	Hopes yet to be actualized
Anna	From being out of control and helpless from the problem, not preferring herself to knowing, accepting her weaknesses and choices, determined to finish the affair	Switching from escaping, pretending resisting to insisting and trying for actions and beliefs Regretting too	Leaving of Church leader made her regret and treasure relationship more	Trying to let go and accept her reality Happier Have strategies to take one step at a time, focus on her own family and better relationships	Helping people with Mental Health Problems Do more help for community Exercise
Cindy	From Overwhelm, helpless by her problems & responses and not sure to Understood her reasons and position to be happy and unhappy; Knowing she had to accept the situation with her children	From passively accepting treatment and advice, thinking of suicide to more actively giving room to her children Feeling for other patients	Understand more about depression from Media Choose to endure more to her helper	Teaching others to knit and help others Happy to see her grand children	Travel with her children
Eddie	From very lost and unhappy to knowing that he is still unsure of himself but he knew that he was more mature already and happier; knowing where he stood and should do From Valuing friends more to family more and new friends	From very rushing to taking one step at a time From accepting advices to trying harder From rushing to get any knowledge to rethink more how to use knowledge	New friends kept treating him well Learning psychology from internet made	Recovering Nearer to the path to work in Hospitals with qualifications Sharing with others knowledge	Going on more with these hopes
Finn	From inability to think and feel to understanding his pain and his values with family and work	From insisting his values to letting go the past From submission and avoidance to mother to setting a boundary	Helping a person with similar experiences	Helping some people with Depression	Hope for goodness for country
Holly	From feeling very unhappy with her problem to feeling numb From thinking that her family really love her to thinking that her position was very low in her family From wishing to working and thinking that she was totally recovered then she understood and doubting her ability in work	From wishing to work to go out to work and working hard From Escaping and withdrawing from reality to going to get more knowledge to help to solve her problem	She was not given job by her boss with lower salary	She could find a job and managed to earn some money	Hope for better relationship and earn more money, staying at a regular job

Table 12 *Changes in persons between first and second interviews (Cont'd)*

Person	Changes in understanding about self and events	Changes in actions	Additional events that contributed to changes	Hopes actualized	Hopes yet to be actualized
Isabella	From not knowing the reason for depression to thinking it was due to a patent medicine After getting the house and enjoying it, she felt the she was not affected by problems so much	Saying that she rely on medicine and doctor to understanding that she could not relying on medicine, recalling that she overdose From hoping for a nice flat to getting it and letting herself to be getting her mind off her problem by fixing the house From taking care of her mother and relying on herself to letting her mother to in charge of her house	Getting a new flat and working on it	Already managed herself to get a flat	Hope to earn more money to pay back her mother
Jenny	From aiming to getting a degree to knowing where she stand and treasuring more on work experience From Treasuring her beliefs more to treasure relationship and knowing she care what other think of her more From being very emotional to knowing the she could not be too emotional that affected her work and intending to be a calm person From blaming others to understand her mentality and character being not good	From Insisting her values and beliefs about studying etc. to letting going her past and a bit loosen on her insisting From inability to control herself to felt happy that she could take one step at a time to manage her work and talk to others From being very struggling to get a degree to accepting to find a job after studying	Mother's friend visiting made her knowing her intention to study but hope to control her temper and manage her manner	Managed to be happy at times Managed to work hard and get good results at times	Hoped to be more calm and relaxed Better relationships with friends Hope to get good job
Katie	From not understand her preferences and reasons for her problem to understand her interest, intention to work and reasons for depression From wanting a white collar job and unsure of herself to knowing her preferences for sure in job From valuing job so much to having other values for health, happiness and love	From inability to find a long term job and not sure about her job to accepting a job she and he From feeling very sad and fear about the exclusion to learning to forgive from Christian beliefs r family liked From just avoiding in relationships to knowing that conflicting is not her preference and fear for bad people, she preferred to give way and treasuring relationships	Uncle and aunties passed away and home being robed, spending goof times with colleagues made her treasuring relationships	Hope to stay in a long-term job Having some good relationships	Hope for long-term employment as a real employer Better relationships hope for no more bad dreams

Figure 1 *Summary of Findings: Reality negotiation with problems, finding of hope and preferred identity*.



Chapter 7 Theory Description

7.1 Theories behind Negotiation Process of Individuals Affected by Depression in Finding Hope

From the first and second interviews in this study with the 12 persons, a theory of the negotiation process of individuals who are being affected by depression (or have been affected by depression) and their process of finding hope is developed. This theory is developed from the narratives on local knowledge in facing depression. It is not meant to be presented as a general pattern or a grand theory for all people affected by depression. However, the theory so developed could be a good example to present the experience, stories and how the persons had interpreted and negotiated with the conditions related to depression, and these are to be shared as unique references. Overall, the process is an ongoing, complex, circular and fluid endeavor of flowing and competing factors over certain of periods of time. During the exercise, these individuals are not only being passively affected by all of their problems and dominant discourses, but their individual self is an active agent, engaging in the process of constant negotiation with different tensions. In this chapter, the theories behind this process formulated from the findings of the research work will be presented. The theories are also presented through a diagram (see Figure 2). In this chapter, I shall use the stories of four of the persons, Anna, Bill, Cindy and David, to illustrate the theory. Their stories are recapped again in Table 13. The table summarizes the realities, desires, purposes and hopes defined by these persons. There are also the hopes of others with whom they had relationships. They presented intentions with actions that they used to face the problems, which unfortunately resulted in some un-preferred consequences. There are supports from others that they shared about and how they accepted them. Finally there are hopes that are discovered and

actualized along with some preferred consequences. These are clarified in the table and I hope that it would help to more clearly demonstrate the theory .

The process is primarily discussed as five components with the use of seven different colors that include some of the sub-components as follows : (1) unmet purpose, hopes and intentions that are problematic; (2) the power of problems, and making sense of depression and other problems (3) the context in terms of the involved institutions and other individuals; (4) power of self as reflected through personal agency; and (5) finding hope – an ongoing process of discovery and realization of preferred identities. The stories of Anna, Bill, Cindy and David will also be shared to support the theory.

Figure 2 *Negotiation process with depression to find hope over a period of time*.

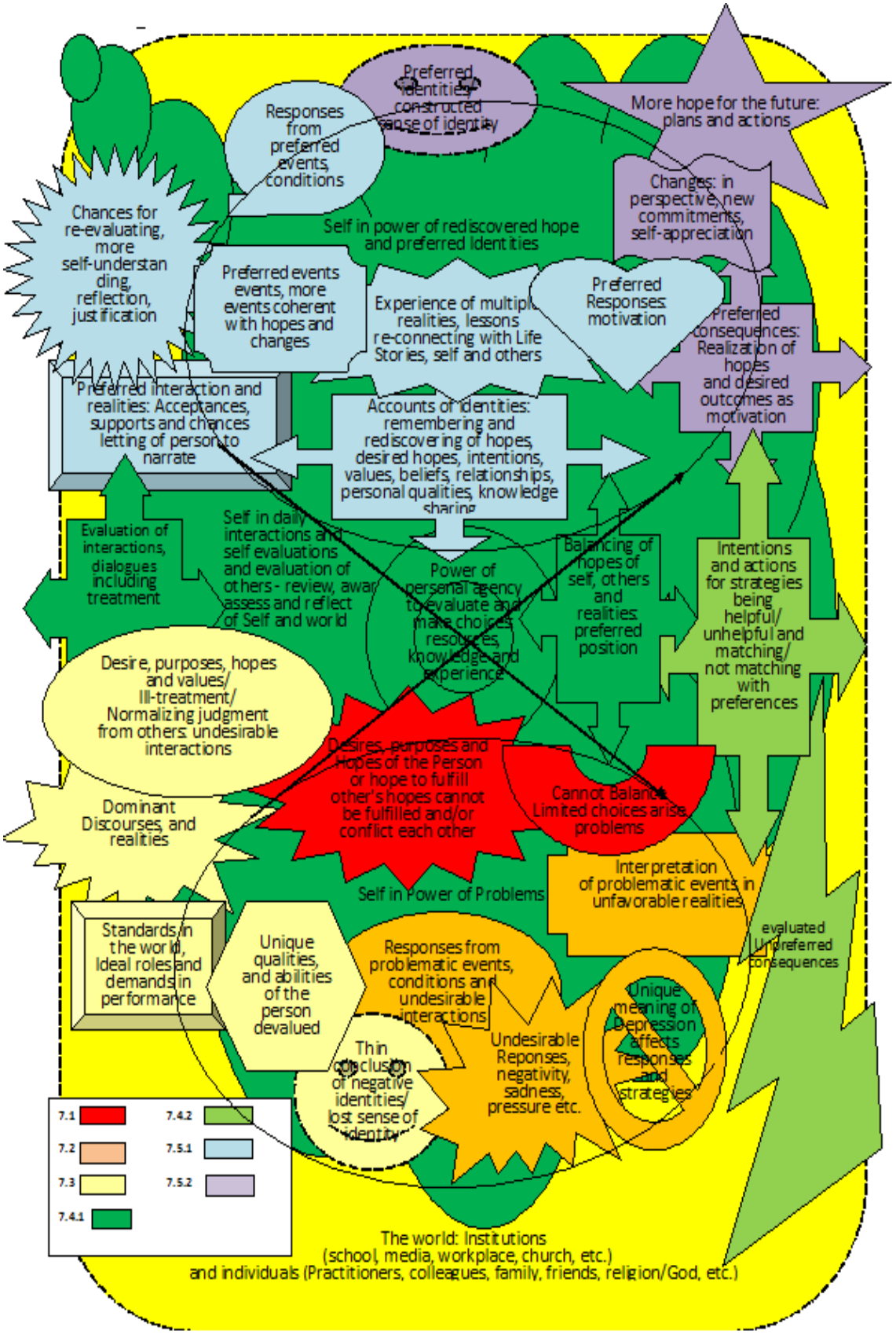


Table 13 *Realities, purpose, intentions and hope of 4 persons in research*

Person	Desires/Purposes / Hopes	Realities/ hopes of others	Intentions with strategies that induced un-preferred consequences	Support from others accepted	Hopes discovered and actualized and preferred consequence	Hopes yet to be actualized
Anna	Relationship and communication with: husband, matrilineal family, church friends, daughter, and ex-boyfriend	Divorce, mental condition of husband and daughter, husband cannot communicate and no time depression, estrangement with matrilineal family, relationship problems with church friends as they demand that she separates from ex-boyfriend, discrimination of in-laws	Communicate with ex-boyfriend Escape from hometown, matrilineal family for a new start Leaving in-law family Pretend to be submissive to husband Withdraw from church friends Materialistic for own satisfaction Withdraw from boyfriend	Activities supported by social worker for improving own knowledge Resonance with people in similar situations Knowledge from Bible	Better relationship with husband, daughter and matrilineal family, caring for them Hope to be a well-liked person, keeping promises Hope to end affair with boyfriend Hope to be a good wife, mother and daughter, serving them To be happier, to let go and to accept	Hope to care more about others with depression and special needs Hope to treasure current relationships more as she misses her teacher from church Exercise more
Bill	Going to Japan to work and study legally Admiring the culture and values of Japan Able to visit mother Able to work	Work/study visa not approved Not preferred culture in HK Unfavorable performance of colleagues Mental health problems of family	Taking advice of doctor but does not want to take medicine forever Choosing to stay in HK but not liking the culture Giving up work and considering himself as failure	Accepting doctor's wisdom and advice Medicine helpful Giving up work but doing volunteer work Getting financial support from government Knowledge gained from volunteer work	Letting go of problems Insisting on giving up medicine and succeeding Support due to love of sister and late father Hope to care for others and share knowledge doing volunteer work with his work values Hope to help community in terms of social movements	Hope to help with this research study Hope to continue to help more in society
Cindy	Want to see more of her son and daughter who have already left home Want to do house chores Able to travel around Want to support children's education and work	Aging with fewer abilities and motivations Mobility problem Depression Son is far away working Helper is in charge	Unleashing temper onto family and helper Suicidal thoughts to solve the problems	Family advice to see doctor and support from family Obtained knowledge from media about depression Social worker helped by inviting her to teach others to knit Recalling old family values of selflessness Able to travel with family	Helping others and being happy and satisfied Able to travel Pass on good values to her children Hope to spend good relaxing time with her family	Continue to pass on her skills to others Still many places that she hopes to go with her son
David	Did not want to go to school and study Want to know about meaning of study and life	Disabilities Ordered by mother to study and not allowed to go out Discourses of career of people with disabilities Depression Low pay and boring work at sheltered workshop Meaningless life Undesirable friendships in church and with existing friends	Quit school to enjoy quietness at home and release stress but felt bored later Succumbed to mother’s demand to not go out Feel very bored and carry out harmful activities to feel something	Mother's support to go out and dine	Hope to know more and receive enjoyment from media and information helps him to understand the lives of others and about the meaning of body and soul Hopeful for more activities and finds release in going out	Hope for deeper friendships and certain kinds of friends who can support him Have tried but not found yet Hope for more activities

7.2 Unmet Purposes, Hopes and Intentions are Problematic (Red Part of Figure 2)

Where do problems originate from? From the findings of the 12 persons, their problems originated when their hopes could not be met. They faced realities that did not align with their preferences; realities that could not cater to fulfilling their hopes. I have summarized the realities, purpose, intentions and discovered hopes, desired consequences and hopes yet to be realized of Anna, Bill, Cindy and David, in Table 13. Using the stories of the four persons is for the purpose of demonstrating the theory. The table shows the purpose and hopes of the persons against the realities and/ or wishes and hopes of others. There are also intentions versus actions that have undesirable consequences which create undesirable realities again.

For example, Bill could not go to Japan as he had so desired. The reality is that he is not eligible for a work/study visa. Or hopes conflicted with the hopes of others. This created competing tensions between all of the wishes and hopes and the persons did not have choices available to be able to make a decision and have options that can make other people happy or fulfill all of the wishes and hopes together. Some of the wishes or hopes could be about to meet the expectations of other people or society. It could also be that the conflicting values of the persons for these hopes or resources and knowledge are not adequate to fulfill all the purposes or hopes at the same time. They might have tried to balance all their purposes or hopes and those of others with their realities and situated conditions. However, they could not make a balance so problems resulted. For example, Anna wanted to have good communication and a good relationship with her husband but he could not or was not ready to communicate in the way that Anna wanted him to do so. She thus turned to an ex-boyfriend for friendship but he wanted a sexual relationship instead. Her desire to keep the boyfriend as a friend could not be fulfilled which also conflicted with the desire to enjoy a good relationship with her husband as well as her desire to be with her friends at church and with God.

7.3 Power of Problems, Making Sense of Depression and Other Problems (Orange Part of Figure 2)

The persons came into the interview room labelled with depression and as someone who had/has been affected by depression. With reference to Table 9 which provides an overall summary of the findings of the first set of interviews,

their depression is not merely an illness or a mental health problem. As evidenced above, they experienced and interpreted unmet purposes or hopes. In Table 13, how they had interpreted the power of the realities of problems and depression is shown. Figure 2 is a summary of how the interviewees saw themselves and their life events. They also had immediate physical, emotional and mental responses towards problematic events, comprising all sorts of symptoms, such as insomnia, feelings of sadness and tiredness, and numbness. The problems and the responses were self-evaluated by the interviewees and their friends and family. As the persons came across more new events and problems in their daily life, there were undesirable interactions with and among different parties from the hopes of others as shown in Table 13. The responses were then evaluated by assigning meaning and thus more negative responses ensued. The accumulation of different life events, which are interwoven with the different responses affect each another, and continue to affect the daily lives of the interviewees negatively. At the same time, the persons interacted with others, such as practitioners, family members and friends, etc. to co-construct the meaning of depression. Thus, the meaning of depression is a construction of the self and others. Furthermore, the meaning of problems and depression influenced by the dominant culture is often singular and absolute. This powerful reality further oppresses the persons and makes it difficult to handle and present their own interpretation of the problems and the conditions.

For example, Anna was very unhappy, tearful and fearful of the fact that she was excluded from her in-law family. She was scolded by her brother-in-law even when she was pregnant and he called her *"an illegal immigrant"* because she is a migrant Mainland Chinese. As the brother-in-law did not like her, living in their house was an ordeal because he adopted a hostile attitude towards her. Anna also found that she was very unhappy and could not communicate with her husband and daughter who are diagnosed with Asperger syndrome and autism respectively, so she unleashed her temper onto them. She gave a unique label to her condition, which she coined as "*emotional torment*" when she found that the emotional fluctuations were beyond her control. She was referred to a doctor and subsequently diagnosed with depression. Her problems and emotional, mental and physical responses to her *"emotional torment"* continued to worsen.

7.4 Context in Terms of Involved Institutions and Other Individuals (Yellow Part of Figure 2)

How do the persons make sense of depression and other problems, and adopt a negative identity? The twelve persons indicated that people who are significant to them and the dominant discourses in the specific culture play an important role in the negative identity. Individuals are members of the cultural context in which they live. They are in continuous relationships and daily interactions with other people and different institutions in society. The institutions that the 12 persons had continuous contact with included schools, family, workplace, religion, government, media, hospital clinics, homes for people affected by impairments and mental health issues, rehabilitation organizations and other non-government organizations, like their employment agency. Individuals with whom they had daily interactions included practitioners: social and welfare workers, nurses, doctors, counselors, and me, as well as colleagues, family members, friends, different deities or even a stranger. With reference to Table 9, the persons have different hopes, values and beliefs that could be conflicting with the hopes of others. Therefore, they would view such people as judgmental and their experience with institutions as ill-treatment.

Furthermore, their ideal roles and performances were constructed from the culture and normalizing judgments were well accepted in their cultural context. These discourses, which acted as standards and restrictions, exerted power onto the persons as to how they should perform life. If the person did not have a certain level of ability or did not prefer to perform in the ways expected of societal ideals, oppression and pressure from the society and significant others whom the persons had daily interactions would occur. Depression is also unwanted, and depression is considered to be a dysfunction by practitioners and the medical world. This may mean that the persons would judge themselves with the ideals and conclude that they are too inadequate. For instance, in the Chinese culture, people are expected to be positive, hardworking, happy and productive, unlike the 12 persons who are affected (or were affected) by negative life events. The unique qualities and abilities of the persons were overlooked, devalued and underestimated. There is only a thin conclusion of their identity, which is usually negative, and therefore robbed them of their sense of self. The thin interpretations and negative conclusions of the persons operated together in a vicious cycle that further

affected their performance in life and their sense of self. Some of them even felt that they have lost their sense of identity entirely.

For example, in the first consultation with his doctor, Bill mentioned that he found it difficult to get along with his colleagues as he was serious about his work. The doctor, after judging his experiences, diagnosed Bill with *"personality problems"* and genetically related depression. Bill carefully reflected the diagnosis of his doctor. He also felt that he was serious about his work and reflected that the problems affected his mood. Therefore, the problems might have also affected his interactions with his colleagues. Consequently, he internalized the diagnosis of his depression as genetically related which he considered as his absolute reality and concluded that he is no longer suitable to work. He then decided that he would never work again, as he is a failure.

However, not everyone has the same experience as Bill. Some of the encounters of the other interviewees with institutions and related professionals corresponded to their preferences and were able to provide support. This will be further elaborated in Section 7.5 as follows.

7.5 Power of Self and Personal Agency

As mentioned earlier, the persons are not passive recipients of events and interactions, but through personal agency, are able to resist the power position of dominant discourses and discouraging interactions with different people and institutions. This notion of personal agency is witnessed in the processes of self-evaluation and evaluation of others, and resistance to power positions with the use of various strategies.

7.5.1 Process of self-evaluation and evaluation of others (dark green part of Figure 2).

Each person has a sense of the self within his/her own cultural context and is in a continuous negotiation process with the world. This is exemplified in both the first and second interviews with the persons who showed that they are constantly evaluating different issues over time. There are many components of their negotiation process, of which one is the evaluation of all daily interactions and dialogue with other individuals, institutions and society at large. This helped them to review, assess and reflect on all of the dialogues and interactions that they encountered. They would reflect on all of the events, particularly those that greatly impacted them. They assessed and gave meaning to the events. When the

events and interactions did not match their intentions, their preferences, values, beliefs, hopes and dreams significantly influenced them. Thus, the persons evaluated their own purposes or hopes against the realities and the purposes or hopes of others (see Table 13), but felt oppressed, as explained above. Despite the negative impacts of these undesirable events and interactions, the persons had the ability to reflect on them and then make decisions based on their own purposes along with the differences that they felt that they could make. At the same time, they understood that some of the interactions aligned with their intentions. These interactions therefore supported their preferred identities and provided the means so that they could further construct their preferred identities, which will be explained in Section 7.6.

The self-evaluation process is exemplified here with the experiences of Cindy. She understood that as she was becoming less mobile with age. Thus, her unhappiness and boredom were in part due to her lack of energy and opportunities to support her family. She gradually became more receptive to her empty nest situation. She also reflected on her values of hard work which she inherited from her family of origin. She recalled the teachings, actions and advice from her grandparents and parents that one should work hard and be good to the people around them. She realized that this is what she should be doing, but in reality it could not be done anymore as she is unable to lead an independent life any longer. Her life conditions and her values were evaluated against reality and she found that they do not align with her purpose, which became problematic.

As mentioned above, there are the purposes, intentions or hopes of the persons and those of others. Personal agency allows one to balance and prioritize the different hopes and choices so that the one can adopt different positions for the self at different points in time. This would allow the persons to choose actions and strategies that deal with the different events in their life. The dark green circle in Figure 2 shows that the power of personal agency can have different directions. It could point more upwards toward the preferred identity of the persons. This is possible when one experiences desirable interactions and life conditions, as well as a sense of support and acceptance, with local knowledge and skills added to one's personal resources. This will be explained further in Section 7.6. On the other hand, personal agency which could point more downward in the opposite direction denotes the problems and other negative life events that impact

individuals. The 12 persons experienced a sense of powerlessness when they were overwhelmed by the weight of their problems and dominant discourses. These would certainly reduce their personal agency. The oppressive discourses and restrictions undermined their resources, experience and knowledge, and rendered them invisible, and diminished their sense of personal agency, thereby limiting the range of choices and opportunities available to them in order to obtain a desirable balance of their purposes or hopes and sense of self, the purposes or intentions of others and their realities. This is demonstrated by David, who was affected by both visual and mobility impairment, and his mother did not allow him to venture out on his own. He was often told that it would be dangerous for a person like him to go out by himself. He was also told that career opportunities for a disabled person like him were very limited and even if he studied hard, he would not be able to find a good job. However, the wind and fresh air outdoors made David feel good about himself and allowed him to forget about his problems. However, his mother did not allow him to go out and this greatly limited opportunity for him to actualize his personal purpose for desirable life outcomes. Also, the discourses of the lack of employment for people with disabilities discouraged him so that he is reluctant to pursue further studies that would contribute to his future. His immobility in how others evaluated his life circumstances, the restrictions imposed upon him, and the resulting negative self-evaluation led David to conclude that he is inadequate and further reduced any sense of personal agency. He could not rectify his life conditions and make choices that favor him.

7.5.2 Choice of actions- evaluation of strategies and strategic changes that align with personal preferences (light green part in Figure 2).

The persons had different intentions, so that they initiated actions and developed various strategies to deal with different events. With cumulated knowledge and resources, one will be able to better balance his/her own life, and act on different intentions and take action towards choosing the strategies to make life choices. At the same time, they would evaluate the consequences of these strategies to see if the related actions are useful and helpful. Strategies that could help to achieve some of the preferred consequences anticipated by the persons. For example, some of the persons released their emotions in order to feel better. They accepted others' advice, and communicated and collaborated with the practitioners to find ways to deal with the problems. These examples are not

difficult to find in their narratives. This strategizing is also an ongoing process of discovery and realization of preferred identity showing their actions, preferences and positions. On the other hand, when the persons were overwhelmed by the intensity of their problems, their personal agency along with personal experience and knowledge could be affected. They might not be able to clearly acknowledge their personal preferences, or comprehend the choices and resources available to them at the time. This is shown in Chapter 6 in the stories, persons, process of negotiation, and how they made sense of strategies. It also could be seen summarized in Table 13 and the light green part in Figure 2 that some of the strategies that they had adopted were unhelpful and induced un-preferred consequences. Moreover, successive events that took place also contributed to the changes. The persons were therefore in constant negotiation with the realities and themselves. They kept trying to make sense of their strategies and other events along with their enacted strategies at the time. In the case when the strategies resulted in undesirable consequences that did not match with their purposes and intentions, they were considered to be unhelpful and problematic which further added to the negative responses to the individual. The persons would change strategies that may better reflect their preferences and values. The differences in turn created possibilities for them.

As mentioned, Anna longed to have more meaning communication and a good relationship with her husband, but was unable to do so as he was affected by Asperger syndrome. She then turned to her ex-boyfriend for friendship but later she found that the relationship was becoming more intimate and the ex-boyfriend started to make demands for sex, so she was tempted to enter into an affair. After much thought, foreseeing the consequences and obtaining advice from her church friends, she attempted to cut off communication with her ex-boyfriend. However, she became overwhelmed with emotions which took a toll on her until she broke down and eventually caused her to show abusive behavior toward her daughter. She then self-reflected and regretted her actions. After talking to different people including another leader at her church and an experienced social worker, she put in more thought and reflection. She came up with a strategy that listed the pros and cons of her circumstances. She was then sure that it was better to spend more time with her husband and daughter to mend the two relationships and it was what she wanted to do. She decided to talk to the ex-boyfriend honestly about her

decision. After doing so, both of them decided to leave the relationship in a civil manner. She also used strategies that she found to be helpful to initiate communication with her husband, for example, having breakfast and going on hikes with him.

7.6 Finding Hope – An Ongoing Process of Discovery and Realization of Preferred Identity

The persons experienced depression and its impacts, as well as negative life events that might have defeated them and suppressed their sense of personal agency. However, in the process, there was hope finding which was accomplished through an ongoing process of discovery, realization and visualization of preferred identity. This process has two major components: (1) experiences that include preferred interaction and realities: rediscovery of their own accounts of preferred identities, and (2) accomplished hopes and realization of desired position and identities.

7.6.1 Preferred interactions and realities: accounts of preferred identities by persons (blue part of Figure 2)

As explained above, the self of each person is constantly evaluating experienced interactions and lived conditions. Not all of these interactions and conditions are un-preferred. Some of them are desired interactions and realities, and in turn validate one's sense of self. The persons interpreted these opportunities and interactions as an environment of acceptance and support. A summary of the supports from others that the four persons accepted are provided in Table 13. The validation of self might also take the form of a positive response from the environment which includes other people and institutions with whom the persons have daily encounters, or that they might have been required to approach for various needs. These could have facilitated and encouraged them to narrate more about their life stories that helped them to reflect, remember and re-discover their preferences in relationships and identities. The accounts contained their intentions, preferences, beliefs, values, hopes, dreams and personal qualities. These are woven into their personal characteristics and defined who they were, who they are and who they want to be (their past, present and future). Also their experiences with preferred interactions gave them the opportunity to communicate with their inner self and others as well as review their own experiences and self-reflect. These served to increase self-understanding and self-reflection as well

as justify how they are unique individuals. The experiences that they desired and hoped for allowed them to connect with themselves and others to enact multiple realities; that is, connecting their own life stories with those of others. These desired events also allowed them to have different responses including those that are good and positive. Such responses include namely, happiness, feeling more energetic, and feeling interested. They could serve as motivation for individuals to move in their preferred direction and into their preferred positions.

More importantly, when the persons experienced support and acceptance, more space was made available for discovery of more resources and options and their sense of agency was increased. They had more room and capacity to make favorable life choices, thus enabling them to realize that there are more possibilities for selection and to evaluate what is good and important to them. At the same time, the power of agency of the persons and supports from the preferred interactions and realities also helped to empower them to actualize their purpose and help themselves to establish their desired outcome, and then apply some strategies that they find useful to deal with negative events and problems.

Bill felt disappointed with work and his inability to visit Japan, a culture that he felt had hardworking and selfless people. It appeared that his dreams are gone, along with the Japanese values which he preferred. In his encounters with the medical system, one of doctors advised him to take part in volunteer work. Bill self-reflected and found that this suggestion aligned with his values of being selfless and contributing to society. He started to become involved with volunteer work as his own choice. He connected more of his own life stories in the process of meeting with different people who shared the same values. He experienced more possibilities in realities that fit his life story through volunteer work. He could reconnect with his values but have the choice of fulfilling his rediscovered dream of selflessness. His intentions, values and beliefs about such work and what he wished for the involved people were realized through conversations with the people that he had met in the process. His sense of agency was also increased, pointing towards his life goals and hope - to be selfless and serve people with mental health issues and disabilities in volunteer work.

7.6.2 Change of position - realized hopes and preferred identities (purple part of Figure 2).

With the negotiation process, accounts were made of preferences; hopes

and dreams found; and actions to strategize taken against different life events. The strategies taken were then evaluated, selected and adjusted. In the process, the preferred identities of the persons were constructed through the process of anticipating the consequences and outcomes desired. The choices and positions that they felt at ease with were built in the realities that they favored. These connected the persons back to themselves, their own lives, relationships and dialogue with others. They gained back their lost or forgotten identities which have been overwhelmed by problematic events, interactions and conditions. They also gained more knowledge, experiences and resources which allowed them to widen their horizons of perspectives and face their problems and continue to self-reflect by using different strategies. They also enjoyed the outcomes and appreciated the changes, as all these aligned with their hopes and dreams in life. The persons made further plans for actions that they intended to fulfill. They reclaimed their power by these actions towards preferred identities and re-discovering hope. Some of the hopes and preferred identities have been realized and some have not, so that negotiation, reflection and justification continue. These are summarized in Table 13. Their discovered hopes, actualized hopes with desired consequences and the hopes that not yet been actualized are also listed in Table 13. For example, Cindy valued the qualities of hard work and helping others. After becoming very bored and lonely at home and doing nothing, she chose to accept the invitation of her social worker to teach other elderly individuals to knit. This strategy of teaching and serving the elderly matched her values and intentions to be a contributing person. Her preferred identity as a hard working mother who supports her family had been lost due to aging and an empty nest. Her hopes were constructed as the intention to help people and spend more time to travel with her son. Some of these hopes have been actualized, some not yet. However, these hopes were reactivated and served as motivation when she chose to be kind and available to her community and contribute with her skills and passion in knitting. Cindy hopes to continue to teach and help more people, and if this hope is actualized, it would make her feel happy. She had been lost and felt empty, but in the ordeal, gained back a position that she desired and one that she finds meaningful and consistent with her values and beliefs.

7.7 Conclusions

In summary, the problems of the persons are unmet purposes, hopes and

intentions or conflicts with the desire to fulfill the hopes of other people. The persons could not balance their available options. All of the negativities from these problematic events and undesirable interactions accumulated. These are internalized by the persons as well as their lived context, which constructed a unique meaning of their depression. Their values, beliefs and hopes conflict with those of others and with their interpreted realities. The normalizing judgment and ill-treatment from others also produce undesirable interactions. These are influenced by the dominant discourses and realities which frame idealized roles and demands for performance that would meet commonly accepted standards. The unique qualities and abilities of the persons are devalued. Instead, there is only shallow interpretation of their identities, which are usually negative, and therefore robs them of their sense of self. Yet the persons persisted in self-evaluation through their daily interactions with others. They continued to re-evaluate, reassess and reflect. Ultimately, their personal agency and its strength depended on the resources, knowledge and life experience available to them. At the same time, when they are able to balance their preferences, the intentions and actions that allowed them to strategize to address their problems are also possible. These strategies could be helpful or unhelpful, align or not align with their preferences or purpose, and the consequences could be ones that they desire or do not desire. Yet the persons would again reevaluate if the strategies and their consequences are not desired and the process continues.

When the persons are given the chance to narrate their accounts against their problems, their preferences, intentions, values and beliefs are revealed. They are able to easily indicate their position and desired types of interactions so that the desirable type of support from parties with matching values would be made available to them. Thus, this would give them room to feel comfortable for narration. These preferred interactions allow them to construct coherent stories towards self-understanding, self-reflection and increased justification of their choices and actions. The actualized hope is also revealed as a source of motivation, for example, happiness. These experiences allow construction of multiple realities and re-connections with the self and others. They allow preferences or purpose to be matched with actions, accomplishment of hopes and dreams, and realization of preferred identities. Changes are made in terms of committing to self-appreciation and having more hope for the future which are put into action and planned.

Regardless whether the severity of the problems is reduced or not, and some of the problems might still be unsolved, in the process, the persons experience reconnection with multiple realities of hope and their preferred identities when recounting their life stories. In the process of finding hope, they could be still be affected by the problems. However, the persons have the opportunity to decide on which path in life that they would like to follow, and the different options available to them. At first, they appeared to be in very problematic situations and provided negative responses. Some of the problems did not seem to go away or improve with time. However, in the interviews, they showed hope. They narrated stories on their hardships and made attempts to put forth different strategies and adjusted them periodically. These might not be the perfect solutions yet for them. Moreover, some of the hopes and dreams might not be realized and actualized yet. However, they continue to hope and negotiate, self-evaluate, and self-reflect which are reflected in their actions along the way. In the next chapter, a discussion will be made on how to make the hope finding conditions more favorable.

Chapter 8 Discussion

This chapter serves the purpose of discussing the contributions of this research towards understanding the process of reality negotiation of people who are affected by depression. Nine main points will be discussed: (1) the views of those who are dealing with their depression and the reality; (2) social construction of problems and meaning of depression; (3) medical treatment; (4) the view that persons are the expert of their lives; (5) characteristics of the 12 Hong Kong Chinese people who are dealing with depression; (6) the ongoing process of negotiation with problems and strategies; (7) embedded hope, newfound hope, and contribution of hope; (8) experience pointing to more power and hope, and the meaning of depression; and (9) factors that favor hope.

8.1 Views of People who are Dealing with Depression and Their Reality

With reference to Chapter 2, knowledge that constitutes reality was considered in the pre-modern age to be very absolute, consistent, and a luxury since only the privileged and educated who are endowed with rationality are able to reach and understand a perfect reality (Rubin & Babbie, 2011; Weate, 1998). The scientific era also had a significant influence in that reality could be obtained through perception by the senses, and through physical and biological means and knowledge (Blaikie, 1993). The twelve persons in their facing of depression experienced a reality that involved a substantial amount of tension which felt very absolute, as the context within which they were dealing with their depression was informing them that certain things are true or valid. For example, in this research the persons narrated about the standards and practices of what is defined as good as a mother, son, daughter or husband; or how one has to behave as a person facing mental health issues, and how much a person needs to perform and produce. People who enforce and reinforce the rules and regulations or instill these onto

them are usually people in power, professionals, the media, families and friends who help to reinforce the absolute, ultimate reality. The power of this reality from the dominant discourse has relatively strong foundation based on history and culture and a large number of people. The problems became problems when the hopes or desires of the persons in this study conflict with those of everyone else, as explained in Chapter 7. The realities of the twelve persons are not about what factually happened (Bela, 2007). However, the twelve persons tried to construct their own version of their realities by interpreting their own experiences in the midst of the tension with the dominant discourses mentioned. Their selves continued to negotiate, interact and negotiate with the world. They chose the moral commitments that the self constantly tries to prioritize (Scott, 2006; Dickerson, 2012). Some of the realities that they faced might not align with the beliefs of mainstream society. Thus, their power of personal agency makes choices based on their knowledge, resources and experiences to balance and construct their preferred stance. The research work also showed that the constant process of negotiation consisted of evaluation of different situations, reassessments, and reflections to make sense of experiences. This negotiation aims to work for a coherent meaning for the self and for the realities through their preferred stance with their personal agency, as they face various different events in life. Furthermore, these realities are constantly changing as they constantly negotiated and renegotiated among the different realities with different events and interactions in life. This ongoing process as is fluid and the stance and agency of the persons are constantly adjusting and making changes too.

The means of expressing their realities is through language (Clark, 2008; Fee, 2000; Angus & Mcleod, 2004). Opportunities to construct and manage their experience are found by narrating about their experiences with different people,

practitioners, family members, friends and even me. Interactions and relationships are also facilitated through language (Smith, 2003; Gubrium & Holstein, 2009; Dickerson, 2012). The interviews of the twelve persons clearly show that realities and interactions with the self and others are constructed through the stories that they tell. It is obvious that the persons in this study have the power to construct their stories in temporal and sequential ways that made sense to them. They are the ones who have the authority to author their stories and present their very own version of realities.

8.2 Social Construction of Problems and Meaning of Depression

Chapter 3 presented a discussion on depression under the modern age and the medical world, in which depression is considered to be an illness of a single reality which needs to be 'fixed', associated with five or more symptoms along with social, physical and emotional dysfunctions (APA, 2013). With reference to Table 8, when certain conditions are singled out, it might appear that depression is a tangible and measurable condition which can be recognized through the number of symptoms. However, when the stories of the twelve persons in this study are examined in depth, it can be seen that depression is very complex and cannot be diagnosed by just a few symptoms. Depression is also socially constructed (Karp, 1996; Radden, 2009; Stern, 2003). Since it is a product of constructed discourses which is reflective of the social environment, depression may mean different things in different unique contexts for each person, and in this study, interpreted from the events that cause the persons angst. As mentioned in Section 8.1, a problem became a problem because the purposes and hopes of a person conflict with the hopes, values and standards of society at large. Then it is viewed as deficiencies which in turn could be internalized into the persons in this study. This powerful reality inhibits people to interpret their versions of realities. However,

what we saw from the narratives is that they have unique responses towards certain events, with depression being one of these events, after they reflect on various life events as well as themselves. Physical, interpersonal and emotional responses to the meaning of hardships all accumulate from the preferences of the self. Life problems as well as multiple identities are continuously constructed from their interactions with others and the context in which they live. Thus, depression is a unique and personal experience. For example, depression has been labelled as: *"emotional torment"*, *"knots of the heart"*, *"lumps of problems"*, *"compulsive thoughts"*, and *"mania"*.

8.3 Medical Treatment is the Only Way?

In the modern medical world, depression is considered to be an internal condition and usually treatment centres on the symptoms released. Practitioners are licensed as experts with expert knowledge on depression. In the mainstream medical system, the time spent in the doctor's room is mainly for diagnostic purposes and providing prescriptions, and "patients" are often seen as inferior with relatively little knowledge. The goal of doctor is to fix the patient by eliminating the symptoms (Dowrick, 2004; Gergen, 1994). For some of the individuals interviewed in this study, they were given certain types of medications which they took for years to suppress their symptoms. Some forms of 'help' or interaction with the practitioner could mean support to a mental health patient, but at other times it could also be translated into oppression by the persons and added pressure and seen as undesirable for them. Of the twelve persons in this study, five expressed that at different points in their negotiation process with depression, they did not like or understand the treatment that was prescribed to them. One was asked to continue to take the same medication for more than 11 years even though he wanted to stop the medication after five years. Seven of them even said they

were forced into treatment either by the practitioners or their own family. They felt helpless and had no choice but to comply with the treatment. Three of them were practically caught and then sent to the hospital to enforce treatment. One of them was given electroconvulsive treatment which caused irreversible memory loss and other side effects. Another person was hospitalized against her will for more than three months. There is a similar finding in the qualitative research by Aldersen et al. (2014) on individuals affected by depression who questioned the help from practitioners. The persons were in turn sure that they were the ones who are responsible for overcoming depression. However, from the stories, all of the persons continued with the negotiation with either useful or un-useful strategies and they were amended along the way against the problems and negative responses. They only viewed medical treatment as a supplementary means to manage the problems and one of the less relevant ways that contributed to their recovery. Unfortunately, their strategies were often not credited by their family members and/or doctors.

8.4 View of Persons as Experts of Their Life

All twelve participants in this research have been diagnosed with depression and labeled as a patient with depression for a period that ranged from 2 to 18 years. Research states that people who are affected by depression suffer from many mental, physical, and emotional symptoms. Traditional theories of depression often attributed the related problems to individuals thereby effectively placing the blame onto the individuals themselves. They are low in energy, and may not be able to perform their usual daily activities or functions. (APA, 2013; Ehret & Berking, 2013; McKnight & Kashdan, 2009). These individuals are labeled or they interpreted their label for themselves as being incompetent and vulnerable. Their knowledge about depression and understanding how to manage

the illness and its effects might not be acknowledged. On the other hand, as mentioned in the literature review, people do have expert knowledge on their conditions of depression (Godoy-Ruiz et al., 2014; Westerbeek & Mutsaers 2009).

In this research, it was found that the persons are constantly in negotiation with problematic and undesirable events, as well as their relationships with others. The self is an active agent that oversees many different realities that are taking place at the same time. For example, some of the twelve individuals strived to understand the meaning to interpret their own identities of being a good mother/daughter, useful person as a son or husband, or good student/worker with a bright future. In their daily life, their voices and actions are relatively weaker compared to the dominant discourse. Unique qualities and abilities are undermined, hidden under the shadow of standards and ideals throughout the world, when the persons in this research are struggling with depression and other problems under such conditions. Their power to make choices with their personal agency was relatively low only at certain times. Then it seems that they are not given encouragement or acceptance by society and the people around them when they were in the very crucial process of negotiating their problems. However, the persons were caught in the vicious cycle of ups and downs competing with their power of self and the oppressing power from the context and people around them.

On the other hand, it was found that the persons in this study understand well their problems, the responses, un-preferred interaction and un-preferred consequences from the strategies that were related to and contributed to depression. Therefore, from the stories that they shared, theories on depression can be further developed. For this research, the persons are all prepared to contribute through their own means. They were given the opportunity to review the script of their first interview and re-reflect again on their experiences and the

process of negotiation. In fact, it was found that in both the first and second sets of interviews, the persons have expert everyday knowledge of their own conditions. They understood clearly the uniqueness of depression. In fact as mentioned in the previous section, they are the ones in charge of constructing and defining the problems and finding ways to address them, as well as the interactions that revolve around them. They had a good idea of the types of supports that would benefit them and were helpful for addressing their problems. That is because the success of their recovery relies on their own reinterpretations of the situation to motivate themselves to get better. The persons expressed that they have a central role in determining their recovery from depression. Seven of them mentioned that it is important to primarily depend on themselves to address the problems and make their own choices in order to get better. The other five also expressed that they understand the problems to a certain extent and could find ways to make themselves feel better so that they could continue to face life problems.

As mentioned above, depression is socially constructed and different in different types of social environments and relevant to them. This research work aims to study the reality negotiation of Hong Kong people who have depression and strive to find hope. The Chinese value the Confucian principles of *ren*, kindness and *li*, conduct and norms in society. The concept of *xiao*, filial piety, is very important as *ren* starts from the family. The great respect and worship of ancestors including parents have had a very long history of ritual and practice for the Chinese people (Buckingham, 2011; Lai, 2008; Norden 2011; Wen, 2012). They also value the balance and harmony within and outside of the selves with others and the concept of nature both from the Confucianism and Daoism perspectives. To be a sage, a person should have good virtue, be rational and understand *Dao*. *Dao* could be reached by understanding the self with others

(Solomon 2008; Wen, 2012). Moreover, this understanding of *Dao* can be actualised without conflict and strife to benefit others by practicing the virtues, *de* of moral goodness by non-action, *wu wei*. People's own personal desire and freewill are seen to be strayed away from *Dao* (Buckingham, 2011; Blocker, 1999; Norden, 2011). The stories by the 12 persons showed that these concepts affect the beliefs that dominate the culture of Chinese people in Hong Kong. The cultural norms, as some unbreakable rules, are so influential on them and they take them for granted. All of them believed in one way or the other that they have to be good to the people around them. Ten of them directly indicated that it is their duty to show *xiao*, that is, filial piety to their parents. Nine of the adult persons thought that they need to concede to their parents even if they do not agree with them or considered that they do not have a good relationship with them. Six of them even thought that their parents are not good to them but they have to obey them. All of these created much sadness for the persons and placed pressure onto them. Apart from their parents, nine of the persons mentioned that they have to care for other people including their neighbours, classmates, friends, colleagues, other relatives and siblings. With the need to maintain a collective harmony with these people, they were forced to sacrifice their values, rights or welfare. It seems that they have to make the decision to value the opinion of others more than their own wellbeing. This could be illustrated by Lucy's stories where she was forced to attend the wedding of the cousin who had sexually assaulted her. Finn chose to live with and obey his mother even though she does not treat him well and keeps hurting him. In these stories, it is worthwhile to study the culture and discourses among Chinese people to see how intangible beliefs contribute to depression and yet at the same time how they choose to reinterpret the renegotiated meanings of their good virtue with persistent actions. This is exemplified by Finn who felt that his

mother is a terrible person but since he is her son, he chooses to stay and put up with her. Some unique characteristics of Hong Kong people could be reflected from the narratives collected of the twelve persons. The living environment of Hong Kong is very expensive and crowded. It is a normal practice for people to live with their parents and/or siblings even when they are older or married. So, the relationships between family members could be tense. In fact, eleven of the persons were at different points of time living with their parents and/or their extended family. Conflicts and emotional responses resulted from the situation. One of them, Cindy, felt sad that her grown children are not living with her anymore.

8.5 Ongoing Process of Negotiation with Problems and Strategies

Depression and its effects could be internalized by individuals who are put into a 'sick' and passive position (Lewis, 2006; Stern, 2003). On the other hand, in the postmodern theory of depression, individuals assign meaning to their conditions and other life events as they are constantly negotiating with the realities. The unique meanings are crucial in forming their strategies to address the problems and their effects (Drew, Dobson, & Stam, 1999; Whittle et al, 2015; Wong, 2011).

In this research, it is found that the problems, depression and the processes of negotiating them are unique to each person. They are not just simple isolated symptoms or reactions that are unique to each individual. As new events, interactions, responses and so on contribute to the process each day, the process is in fact very complex and fluid. As indicated in this research, it is not linear but works in an endless cycle. The power of the problems in the context and the power of the self are competing with one another in different events, as each has many forces in different dimensions that contribute to the negotiation process.

Furthermore, there are multiple meanings of each event and interpretation of realities also change over time as new events and negotiations with self and others take place. Thus, actions are not just individual strategies applied to address individual problems, but are a social network of actions, and a process that is under constant negotiation. The whole negotiation process along with the problems, including depression and other realities, are very much time-sensitive, unique, complex, and fluid at any point of time. The meaning of interactions constantly changes and needs to be redefined over time while the balancing of hopes and strategies are also under constant fluctuations. In both the first and second sets of interviews, each person informed me that s/he has put forth much effort for each event with different values and beliefs to acquire the intended consequences. The strategies could be helpful or unhelpful. However, they are continuously evaluated by the persons and the people around them. With available resources and more experience, they can continue to evaluate the intentions, consequences of their actions and more events too. Changes could be made for successive strategies and actions. As events change, more interactions are added, and the interpretations of the meaning behind the realities change too, along with the knowledge and resources of the persons involved. Their preferences are often reflected upon and assessed. They are all involved in an ongoing process of negotiation and renegotiation of their positions which contribute their realities and taken actions.

8.6 Embedded Hope, Newfound Hope and Contribution of Hope

People who are affected by depression may experience a sense of hopelessness. Many believe that there is not much hope for the individual who experiences many problematic events in their life, including depression. Research work has shown that it is common that individuals who are affected by depression

to indicate that there is no hope at all (Larsen & Stege, 2012; Schrank et al., 2010; 2012). When the persons in this study are overwhelmed by the problems and negative responses that arise, hope is obscure and seems to have disappeared. However, the definition of depression in this research is related to responses to problematic events. The problematic events originate from unrealized and/or embedded hopes in un-favored circumstances as explained earlier. In the accounts of the persons when they had the opportunity to revisit their identities, there were embedded preferences, intentions, values, beliefs, relationships, hopes and dreams and their personal qualities. In fact, these elements from self-reflection to constructing a network of social responses to depression are the signs that point to the personal agency of the self. Recent studies in the literature also indicate that hope is much more than just setting positive objectives cognitively with related actions to achieve various goals. It is the discovery of agency in the midst of problems and despair. Finding hope includes a process of selfing in the process of interpreting life from the experience of the persons which are promoted through chosen actions (Dunn, 2005; Hedtke, 2014). In this research, hope is found to be embedded in experiences with problems and depression during the course of the negotiation process. It is in their experience and narration of negotiations with the problems experienced. Hope is rediscovered and revitalized through evaluation and taken actions in dealing with problems. When the persons in this study successfully accomplish what they had hoped for by tackling the problems, they have hope again. The landscape of identities shifts in the process and creates new identities. What they have lost with unfavorable realities is found again in different scenarios as the hopes are redefined, desires, purposes and intentions renegotiated and matched with their preferred identities through this sublimation of evaluating problems against problems. Preferences are found, choices are made

and strategies changed as explained. Furthermore, there is hope for the future. This represents the future person. More plans and actions ensue, which continue to be negotiated. In the process, a better person whom they prefer is constructed. Again, hope is fluid and complex. In comparing the stories from the first and second set of interviews, and with reference to Table 12, the stance of the persons and how they related to the problems, their actions and hopes also changed over time. This is because the self is reinterpreted and so are their hopes which are also redefined at different times. Some of the hopes are realized and/or change and after that, there are more hopes for the future.

In terms of the theoretical contribution of hope in positive psychology, hope serves as a motivational force along with the energy from the agency of a person. More hope means that there is more energy to drive people to achieve their goals (Elliott, 2005; Schrank et al., 2010; Scioli et al., 2011). In the postmodern view, hope is a powerful all encompassing dynamic life force in the interactive network of conceived beliefs with different perspectives for evaluating, strategizing, persevering and compromising for long-term commitments (Houghton, 2007; Larsen & Stege, 2010, 2012; Tae, Heitkemper & Kim, 2012). The stories of the twelve persons reflect the contribution of hope. They were more than motivated to move forward which gave them strength. The hopes allowed the persons to understand more about their problems and situations. They have more the desire and intentions to gain a better understanding and to do more with their rediscovered abilities and interests. They found that their enthusiasm increased so that more actions were taken, and they contributed more which mutually benefitted themselves and others. They also found that their knowledge and acceptance of their situations increased too as hope increased. They gained more positive values and beliefs along with desires and strategies that contribute to a

good future in different aspects of their life. Last but not least, they have found happiness again. With reference again to Figure 2, seven components of the negotiation process of depression to find hope, and hope are important in the cycle of never-ending negotiations. They continue to contribute and add to the personal agency of the self to move forward and refining self and identities of the persons as more preferred and understood by themselves as time went by.

8.7 Experience Means More Power and Hope - What is the Meaning of Depression?

Traditionally, the theoretical and mainstream medical model of dealing with mental health problems and depression viewed depression as an illness which needs to be eliminated and people need to be treated and fixed so that they can be "normal" again (Dowrick, 2004; Fee, 2000). That is because the dominant culture expected people to be happy and positive all the time. Negative emotions and sadness are undesirable. However, postmodern thinking considers depression to be a socially constructed meaning that affects the self. The condition forces the affected person to reflect and understand about their condition. After reconstruction of their circumstances, the self is found again (Lewis, 2006; Radden, 2009; Stern, 2003).

This research study echoes that the meaning of depression lies in the responses to problematic events as interpreted by the affected person and is socially constructed within a specific culture. It is not just a separate illness that affects the person. The persons are the authors of the unique depression along with other events and people who interact with the persons. The entire process of negotiation of problems and depression provides opportunities for the persons to find hope and themselves again. They choose to or are forced to face their problems, negotiate with them and then subsequently find their preferences and

desired stance, and took actions that aligned with their identities. As they experienced more events with time, the process increased in complexity. Therefore, a person with more experience to face the problems means that s/he will have more power, resources and knowledge. Furthermore, in this process, not only do they find themselves, but they experience changes in their perspectives and change their actions so that better and more preferred selves are reflected. In other words, they became better persons for themselves. Thus, it could be argued that depression is reflected by a number of responses from problematic events interpreted. The self, problems and actions constantly change, the negotiation process of the problems continues. As the self changes, depression also serves as a means or reminder for the persons and the people around them of the ways that lead to hope. As mentioned in Section 8.6, hopes change and the self also changes for the better. In all twelve stories, the persons at least hoped and tried to aim towards a better position that is coherent with the self even in the midst of hardships. This is even though some of their original hopes have not been realized and some problems remain unsolved. As a result, they are in a position that feels more comfortable to them, which is redefined with time. Thus, practitioners, family and friends should reconsider if they feel they should force the persons who face depression to undergo standardized medical means. Even the type of treatment contributes in part to enhancing personal agency, and could be viewed as only a small component in the long and complex process of negotiation for the person.

8.8 Factors Favorable for Inspiring Hope

Much research work has indicated that the factors that inspire hope for people who face depression come from friends, family and practitioners. Furthermore, they nurture relationships with them so that they do not feel lonely.

They can take the opportunity to share their experiences and insights into their life philosophy, spiritual beliefs, dreams and goals. Employment is also important as a means of connecting with the world and healthy development and maintenance of wellbeing of mental state (Galasiñski, 2008; Miller & Happell, 2006; Perry, Taylor & Shaw, 2007; Radden, 2009; Robert, 2008; Schrank, Bird, Rudnick & Slade (2012; Tae, Heitkemper & Kim, 2012).

What kinds of support, communication and relationship are relevant and what is unhelpful? In this research work, it is shown that in the daily lives of the persons, the kinds of support that match with what they see as preferred is most important and relevant. In the process of discovering desires and intentions, a supportive and accepting relationship facilitates communication and narration of experience. This kind of support requires understanding and an open mind that parallels the values and beliefs of the person. Thus, the person will feel safe and open in sharing their experiences and what is relevant and helpful to them. In the interviews, there were many examples of the involved persons sharing the special kind of preferred environments that allow them to further narrate how they viewed their experiences. Again, these interviews also serve as a relevant environment for the persons to gain a better self-understanding, better reflect and justify their life stance and preferences. Seven of the persons indicated that it is important for their family, friends and practitioners to understand and be willing to listen to them. All six out of the seven said that the people who listen understand them because somehow they have a similar experience and/or share the same values with the specific problem, for example, an injury, relationship problem or even had experience with similar mental health problems. The persons listen and allow the person to narrate to review the problem and resonate with each other by sharing their experiences in interactive ways. The rest of the five out of the twelve persons

said that although they have not yet had the privilege of having such support, they longed for such opportunities in different ways. Two of the five hoped that their family would understand their problems and deal with their problems in the way that they desired. Two of them hoped for colleagues and friends who could share a closer relationship with them so that they could enjoy an interactive relationship with substance. On the other hand, all twelve persons mentioned that in different stages of their experience, their family, friends and practitioners, did not understand, did not listen, gave unhelpful advice or forced their own will onto them. These created stress that was unhelpful to their situation, and even caused further distress and feelings of oppression. So, it is very important for any practitioner, family member or friend to understand that not only are there problems and the need to solve the problems, but also consider the knowledge of depression, experience with depression, and the meanings behind depression for people who face depression. They should be given space to negotiate their circumstances. Interactive relationships are the best for the persons so that the relationship is beneficial and communicative both ways. Instead of just giving them broadly based, top-down advice with limited options, it is important that the persons facing depression have time and space to process and reflect on their actions. Then they can re-reflect and re-connect with their self. They would become more powerful and feel more respected since they themselves have expert knowledge of their own depression. They would also be able to determine how they would find hope in their life.

In terms of work, regardless whether it is house work, volunteer work or any other kinds of occupations, all twelve persons mentioned in this study that it is important to them. Having something to do also provides meaning, reflects their identities and points to future prospects. Again, the meaning of work and relevant

kinds of work differ from person to person. For instance, among the three mothers interviewed, one wants to care for her family through housework. However, the other two do not like to stay at home. Five of the persons have been involved in volunteer work, two out of the five feel that it can reflect the value of his/her life, one thinks that it can be considered to be training for future employment purposes, and another as a way to repay a friend. Another example is that five of them are working at a shelter workshop or social enterprise that provides jobs for people with mental health issues. One of them loves the work and considers it as a good source of income and prospect. One likes the income and job but would like a real job in the near future. One of them feels that it is good training for him as a stepping stone. However, two of them feel that the work is too simple and the income too low. What I am trying to say here is that there are so many different interpretations of meanings for similar everyday events like work. Again, it is important to allow preferences and meanings to be voiced about different aspects, that is, if practitioners, family and friends aim to help depressed people to instill more hope into their life.

8.9 Conclusions

In this chapter, the relevance of this work in relation to the literature review has been discussed. This research work contributes to critical debates related to depression. How each person views reality is very unique. The views are constantly changing and negotiated and renegotiated, and constructed through their narratives. The meaning of depression is also unique to each person, which is socially constructed from a series of responses in interactions with others and undesirable events. Depression is not just an isolated illness to be viewed by itself only through symptoms. Medical treatment is just a small component in the negotiation of the illness. Medical treatment is not the be all and end all that

magically takes away the problem. That is because people facing depression themselves are the experts who have the knowledge to face their problems. There is constant self-reflection. The problems are often evaluated and reviewed. Thus, these persons have the personal agency with the knowledge and experience to negotiate with their realities. They have the power to create life balances in the midst of events to obtain their preferred stance in relation to others and various events. They can further evaluate their intentions and strategies as helpful or unhelpful to their situation and then re-negotiation take places often to redefine events and strategies. Hong Kong Chinese people, like all other people in this world, are deeply influenced by their local specific culture. For these 12 persons, there are many Chinese values and beliefs rooted in their life history that affect how they construct and interpret problems and make life choices in a very unique way. As ongoing negotiation continues, it remains a complex and fluid process, due to the contributions of more knowledge, experience and resources. Hope is also revealed at the same time with preferences and options revealed which are giving back the power to the people even in the midst of continuing hardships. Hope is always there, obscured by the problems and the problems that are associated with depression and remind the person and the people around them of their desires, purposes and intentions. More actions, hopes and reflection of the actions and hopes take place in the cycle of problem and hope revelation. With time, more hopes and preferred identities emerge. Again, this could be facilitated by the unique, preferred ways of supports and resources of the persons. Therefore, it is important to determine their preferences through the narration of their stories which are related to depression.

Chapter 9 Recommendations

Under the background of Hong Kong's mental health issues, there are many studies that have reviewed the situation of individuals with mental health problems and services for them. For instance, a study done by the Cheung (2016) on mental health policies within 15 Asia-Pacific territories indicated that Hong Kong does not rank well in terms of mental health policies, system and service governance for individuals who are facing mental health problems (Chan, 2016; Cheung 2016). In fact, Hong Kong ranks seventh among all of the 15 regions studied. Hong Kong, which is one of the most renowned and economically flourishing international cities, has a ranking that is lower than other cities with similar economic positions in Asia. Many insiders in the medical field would even consider that the mental health services in Hong Kong need to be re-evaluated. This year, another report published by the Hong Kong government has been released which is a review of the mental health services. The report indicated that mental health workers have a very heavy workload and recommended that the work load to be reduced and budget increased for related services (Food and Health Bureau Hong Kong Special Administrative Region Government, 2017; Tong E. , 2017). Moreover, research has found that since the colonial period when Hong Kong was under the British government to date under the Chinese government, there have not been many changes in the philosophy for policy making for orientation of mental health services nor the budget allocation. There is a lack of a long term policy and commitment from the government for the issue. Hong Kong's policy and services for people who are facing mental health problems are dated and still very traditional in that they are based on a medical model that uses a top-down approach. Only short term planning and budget have been allocated (Lee & Lam, 2015). Moreover, under the law of Hong Kong,

according to the mental health ordinance, which has not changed since 1962, people who are facing mental health issues would name as people with mental incapacity or disordered patients, and it is recommended that guardianship be provided to them and usually their family and doctor would have the power to control their life including treatment, housing and work (University of Hong Kong, 2011). This is also true for the persons interviewed in that they felt powerless in many aspects of their lives.

Of course, more attention, and increase in human resources and budget are necessary to create more awareness and promote services for mental health problems, but how these are done with an evaluated orientation in a long term warrants serious consideration.

This study will therefore contribute to addressing the above mentioned issues. After studying the findings and discussing them, recommendations and how they can be implemented will be outlined in this chapter as follows: (1) rationale and areas of recommendations and (2) recommendations.

9.1 Rationale and Areas of Recommendations

The rationale behind the recommendations in this study will be presented in four parts: (1) awareness of the different realities and acknowledging knowledge and experience; (2) awareness of the diverse meanings of depression; (3) recommendations for treatment and other strategies; and (4) recommendations made for the Chinese context.

9.1.1 Awareness of different realities and acknowledging knowledge and experience.

A mental health report by the Food and Health Bureau Hong Kong Special Administrative Region Government (2017) which reviewed the current services for mental health in Hong Kong discussed the “Case Management Programme”,

in which different practitioners from different units, for example, doctors and social workers from different departments in the public mental health service units could access "case" information to provide holistic services for individuals with mental health issues.

However, as discussed in this research, it is suggested that individuals who have mental health issues not be viewed as a case with information to be shared in order to provide holistic services. These individuals are human and it would be better see them as real people. As discussed in Sections 8.1 and 8.2 in Chapter 8, people need to manage different tensions from different realities and are constantly negotiating with different realities and other people's desires which may conflict with their own desires and intention. Moreover, problems are socially constructed, which is facilitated by the many dominant discourses which incorporates mainstream values and this is true anywhere in this world. It is not possible to only depend on the efforts and intentions of individuals to fulfil the expectations of society in terms of the required roles and ideal performances. For example, a student who does not excel academically is not necessarily because s/he is lazy. Perhaps it is a systemic issue, in that the education system places excessive demand on students, and even if s/he intends to work hard and actually put in effort with strategies for doing well, s/he may not succeed in the end. They are therefore trapped in this system with all of its problems and under constant negotiation with the issues as they arise.

As mentioned in Sections 8.4 and 8.7, this research shows that the depressed persons in this study actually have expert knowledge so that they themselves can interpret their own realities. They have their own views and experiences to manage depression. Therefore, the following are recommended for implementation to increase awareness on how people's interpretation of realities,

knowledge and experience can be acknowledged which are usually not taken into consideration.

9.1.2 Awareness of diverse meanings of depression.

As discussed in Section 8.2, depression is not merely a fixed, simple and isolated illness based on a variety of symptoms. Instead, it involves unique and different meanings given to the condition based on response to problems in unique experiences. Depression is often considered to be a mild mental health problem compared to other mental problems. Depressed individuals are not taken very seriously by the medical system and practitioners in comparison to other mental health problems. Moreover, depression stigmatizes those who are affected as having deficiencies as discussed in Section 3.2 in Chapter 3. One's acceptance of suffering from depression is not an easy admission to make, and is especially true for Chinese people (Dowrick, 2004; Food and Health Bureau Hong Kong Special Administrative Region Government, 2017; Karp, 1996; Radden, Moody minds distempered : essays on melancholy and depression, 2009; Westerbeek & Mutsaers, 2009; White M. , 2011). The following are therefore the recommended actions for treatment and other strategies to address depression against this context.

9.1.3 Recommendations for treatment and other strategies.

Research has found that medical treatment is not the only means of treating depression but is only as one of and part of the options for negotiating depression as mentioned in Section 8.3. The persons in this study who have depression also have different interpretations and ways of handling medical treatment. When they are forced to undergo certain types of treatment or other strategies are stipulated to the persons facing depression by practitioners or significant others, this aroused negative responses and added to the problems and

stress of the person. Further to this issue, people who have depression also have many other self-managing strategies to deal with their condition, as well as the problems around them and finding hope as part of the strategizing (Drew, Dobson, & Stam, 1999; Hedtke, 2014; Perry et al., 2007; Whittle et al., 2015), that is also evidenced in this research. As mentioned in Sections 8.2 and 9.2 on the meanings of depression, depression is not an isolated problem that can be fixed. Strategies need to be formulated and recommended by the depressed persons themselves to deal with all of the problems found in their lives including how depression is constructed. Moreover, even if some of the strategies are not immediately helpful, the persons continue to negotiate with the strategies, evaluate and review them, as well as reflect on the strategies. Changes and/or modifications made to the strategies would take place at the same time that they also re-evaluate their stance, the consequences and other events that take place within the same context in relation with the people around them. Again, they are the expert who knows their own situation best at any given particular time.

9.1.4 Recommendations related to Chinese context.

With reference to Section 8.4 in Chapter 8, the literature review in Section 2.4 in Chapter 2 and the stories from the findings, the 12 persons are found to be influenced by their Chinese culture. They are under great tension due to conflicts in the desires and values of different people in their life. These people are mostly their family members, especially their parents. As explained in Section 8.4, *xiao* or filial piety is a very important Chinese value. Also, having harmonious family relationships is the starting point of *ren* or kindness, which is a good Chinese virtue. Chinese people try to live a good life and be a good person. This is achieved by avoiding conflict and doing everything in accordance with the ideals of *li*, or the stipulated proper behaviors (Lai, 2008; Norden, 2011; Wen, 2012).

Furthermore, there is a strong adherence to a social hierarchy, in which parents have a higher power position over son and daughter, practitioners over "patient", teachers over students, employers over employees, and husband over wife. It is found from this research that the persons who are affected by depression take the words of their parents, doctors, social workers and bosses very seriously but at the same time try to maintain harmony with their family, school, and workplace. The persons often sacrificed their own values, beliefs, welfare and wellbeing to achieve harmony. They also try very hard under great stress to do things in a good and proper way.

9.1.5 Promoting hope and how to "make" hope.

As explained in Sections 8.2, 8.8, and 9.2, in the construction of the meaning of depression, hope is found in the process of negotiating with problems. Moreover, depression is defined through responses towards problems which also reflected the values, beliefs, preferred identities and hopes of the persons. As discussed, depression is not a feared ailment or undesired condition, which also reflects findings in the literature as reviewed in Section 3.3.1 (Angus & McLeod, 2004; Stern, 2003). The persons in this study expressed that they have become better persons as they negotiated with depression, and more hope and motivations to realize their future intentions are obtained in the process. Therefore, the recommendation is that a different attitude towards depression to be applied. The persons who are facing depression are not the ones who have failed or are inadequate. Instead, they are the brave ones who are willing to fight the condition and face their problems. They are depressed because they have values that conflict with reality. Thus, they respond to undesirable interactions and are willing to voice and express their opposing stance to their realities. Furthermore, those who deal with depression for a longer period of time have actually more knowledge

and hope. Thus, the following are recommended.

9.2 Recommendations

As mentioned in the last section, more attention, resources and human resources could be provided to address the problems related to depression. But how can this be done and in what areas can the resources be used for practical purposes? Thus, in light of these two questions, the recommendations are based on: (1) reviewing values, knowledge, positions, power imbalance and actions; (2) individual practice, counseling and other resources; and (3) public awareness and knowledge exchange.

9.2.1 Reviewing values, knowledge, positions, power imbalance and actions.

Everyone, including depressed individuals, and their family members, friends, colleagues, practitioners, as well as educators, and especially the ones who are in close contact with depressed individuals need to have their values, knowledge, position, power imbalance and actions reviewed. This is to help develop changes in their perspectives and views on depressed individuals and depression. To do so, the following are suggested for implementation.

1. People need to have a better understanding that depression is diverse in nature and differs for different individuals. People need to have a better understanding of the nature of depression. Depression is not only simply a series of symptoms but related to the problems that people face in their everyday life. As mentioned in Section 9.1, people who are facing depression have their own means of addressing the problems and depression is actually one of many responses to these problems.
2. Attitude towards depression and persons facing depression could be changed because these people are fighting for their lives. A positive environment may be provided for them to negotiate and experience their

life, and time, space and room given for them to do that, which allow preferred identities and hopes to emerge.

3. People around persons who face depression could accept them as a unique person, not a patient or a case. They are the experts of their life when sharing knowledge and experience. It is better for others not to give advice in haste or adopt a problem solving attitude. They need to know that within the experiences and management of the problems, there is the process of negotiation, which enables hope finding and realizing hope in ways that are desired, as long as there is room, time, space, relevant support and resources available for relevant choices to be made by the depressed individuals themselves.

4. Furthermore, strategies chosen to address depression are not singular in number as the problems are also not simple and unitary. The practitioners and persons who are facing depression may be aware that medical treatment is not the only option. Other strategies are also a very important part of recovery, for example, finding interests, preferred types of work, and preference in areas of study.

5. In a Confucius culture like the Chinese, people who consider themselves to have power and in a higher part of the societal hierarchy, namely parents, employers, professionals, and teachers may wish to rethink their power especially when they face people who are affected by mental health issues like depression. What these people in power say or do reflect their values, beliefs, stance and power, so they would have a strong influence and power over people who are facing depression and might add distress by enforcing certain behaviors. There are actually many different types of actions and deeds carried out which could actually have value and does not

necessarily mean that people should behave in a uniform or certain way to realize certain values. For example, people can express *xiao* in the different actions that they choose to carry out, and not necessarily carry out certain types of expected behavior, like living together with their parents. So, people in power should not be forcing the persons who are facing depression.

9.2.2 Individual practices, counseling and other resources.

Practitioners with individual practices including for medical treatment, family and individual counseling and other services can allow for more time, room, space and resource options for individuals and families so that they have the chance to narrate and evaluate possible options that would help their process of negotiation of problems related to depression.

1. Practitioners, like doctors, clinical psychologists, nurses, and counselors, in light of the modern views of the traditional medical model, are the professionals who have the role of being responsible for the treatment and recovery of individuals with mental health issues. Some of them have the power to diagnose, assign treatment and give advice and guidance to depressed individuals. It is recommended that these practitioners gain an increased awareness and review their role and responsibilities against the research findings. They may also rethink about the power imbalances between those who are depressed and themselves. The power imbalance can be rectified by giving back some of the power to the real expert, who is depressed person him/ herself. Practitioners could be facilitators who only assist with the evaluation of the problems. Some practitioners, like doctors, could provide information, knowledge and options to the depressed persons. However, at the end of the day, practitioners may

ensure that they and the persons facing depression know that it is the latter who has the power to make the choices in their lives.

2. There are many kinds of counseling services available in the community. Moreover, it is widely known that various modern approaches to structural directives, like cognitive behavioral therapy, are the primary prescribed option in the public sector in Hong Kong by practitioners such as clinical psychologists. This is because the focus is on problem solving and considered to be a good match with the values of the Chinese culture. However, this approach only considers people who are affected by depression due to irrational beliefs and poor coping skills (Elliot & Smith, 2006; Fee, 2000; Wong, 2011). However, as this research has adopted a postmodern framework as directed by the literature review and finds from the individuals in this study that the construction and interpretation of personal experiences could facilitate the construction and re-construction of personal agency, it is recommended that counseling services that correlate with such theories that respect and facilitate interpretation of life circumstances and meaning making are offered instead.

3. Counselors could also be aware of the hidden power of the different contexts in the life circumstances of the depressed persons, like workplaces, school, and Chinese values that affect the depressed persons. Their problems may be narrated and then deconstructed in the counseling process, so that the depressed persons would be able to reflect on and negotiate the power imbalances, values, behavior and relationships along with their problems. It is important to evaluate and examine their conflicts and tensions with different realities, as well as the demands and desires of others. Some of the conflicts could be deep rooted in the traditional history

of their personal, family or cultural aspects. Hence, the persons affected by depression could gain awareness and determine their relevant stance and strategies to negotiate with factors or individuals that have more power over their situation or in their relationship.

4. In the process of counseling and using other strategies to address depression, practitioners may also accept the persons who are facing depression and facilitate the narration of their experiences in term of the construction and re-negotiation of their realities and hope finding. This is to reflect again and re-negotiate their experience with depression. There would be more opportunities for the re-construction of realities to take place, and a better sense of self and preferred identity to be established. More experience means more resources, knowledge and hope. Hence, the unique process of hope finding and the contribution of hope towards more hope in the future could be realized.

5. The theory of local knowledge that has been developed from this research could be further developed as reminders or practical steps to inform counseling practices for people who face depression in Hong Kong. As mentioned and explained in the theory and the above recommendations, key points were found that are relevant to the seven parts of the negotiation process with the self, problems, depression and finding hope. The key points are that first, unmet purposes, hopes and intentions are problematic; secondly, the persons affected by depression could make sense of the power of problems and depression; thirdly, the persons could also review the social context in terms of the involved institutions and other individuals; fourthly, the individuals have power in themselves with personal agency and they could evaluate themselves, others and their

strategies that they apply to align with personal preference; and last but not least, they find hope in this on-going process of discovery with their accounts of preferred identities and positions. Counseling steps with practical question guides could be formulated as examples and reminders for the key areas to be covered in the counseling session in order to assist individuals to revitalize their embedded self and hopes. For example, definitions of desires and wishes could be requested. Counselors could ask the individuals how they can/ cannot balance the hopes and desires of themselves and others; how they evaluate and view the strategies they apply; and whether these are helpful and/or unhelpful.

6. It would be ideal if the government, practitioners, family members, and friends help to find available resources and information on different strategies. These could be made available to the community and made attainable as well as parallel the needs and desires of the persons who face depression. These could include for example, childcare service options as a means of support for careers, different choices of occupations or schooling for the depressed persons to make a choice during the negotiation process. Practitioners could first explore with the depressed persons together the problems and then special counseling, or other practitioners, for example, an occupational counselor could be referred to the person facing depression to help explore their problems so that more resources, choices, knowledge and strategies would be discovered to align with their intentions.

7. It was found that the problems that the persons had encountered could be due to the unique situation in Hong Kong as explained in Section 8.4. The fact that people live very closely to their parents and other family members

could be one of the serious problems that encourages tension, conflict and hardship. They interact very intensely together with the embedded Chinese values of viewing family as being very important to them. Housing is one of the very important factors for people facing mental health issues. Currently, individuals need to go through difficult procedures and steps with acceptable behavior and recommended by doctors from the public medical system so as to be eligible to apply for public housing. Housing policy is recommended for further evaluation, especially for grown adults, married or single people to provide more resources and improved housing environments.

9.2.3 Public awareness and knowledge exchange.

Sharing and/or interactive exchange of knowledge and experiences of individuals who are affected by depression could be held at talks, seminars and/or workshops with others, but not limited to other people who are affected by depression. Also among friends, families, educators, and employers, personal knowledge could be shared and exchanged. Training and knowledge sharing can also be provided for practitioners, families, educators and management staff members with different levels of seniority. The following are practical recommendations in terms of knowledge exchange.

1. The difficulties that people face depression at the different levels of realities and types of conflicts in contrast to the values and standards demanded by others and society could be acknowledged. This is especially relevant in the special context of Hong Kong, and determines the problems that people face related to depression. In doing so, this would help stop the blaming of the individual only for problems related to depression. For example, family problems related to special aspects of the Chinese culture,

or the housing situation or employment problems in Hong Kong, could be related to depression.

2. Experiences may be shared on ways to provide platforms that promote the construction of narratives, increase awareness of different realities and the knowledge and experience of those with depression. This is to reduce blaming the depressed individual for his/her problems and respecting the diversity of individuals in terms of their personal choices and interpretation of different possible realities.

3. It is recommended that friends, family, practitioners, colleagues, and teachers provide opportunities so that the persons who are struggling with depression can share and they can listen to them. At times, the pain, stress and distress could be caused by the advice and opinion to the depressed persons. More public education and exchange of experience could be provided to friends, family, practitioners, colleagues, and teachers especially those who are in close contact with the depressed individual. Adequate space and time could be given to the persons who are facing depression to listen to their problems instead of just only giving them advice on how to solve the problems. They need to learn to listen to problems and establish mutual communication. Again, the persons who are facing depression make their own choices and have their own preferences, which mean that the people around them may offer relevant support that centers on what the depressed persons want, and not advice centered on what is considered or thought to be best for the depressed individuals.

9.2.4 Collaboration with person facing depression.

As mentioned, the philosophy, orientation for mental health policy and services in Hong Kong have not been changed for a long time and lacks long term

planning. It uses a top-down approach so that policies and services are all controlled by professionals (Lee & Lam, 2015). In terms of execution, persons who face mental health issues are still treated as people with mental incapacity and disorder. Again their lives are in the hands of professional and their guardians, usually their family member (University of Hong Kong, 2011). They lack power when they face what is important to them, for example, their housing, work, study and treatment. This is true for the persons interviewed, as nine of them were told to undergo or forced into treatment, four of them were forced to be hospitalized, three of them were told not to work or told to take the job that they did not like. Two of them were not allowed to go out. However, in this research, it is found that the persons have the power, knowledge and experience about their situation. So, the following are the recommendations for this area.

1. In individual practices and family counseling, collaboration may be encouraged between counselors and individuals. Knowledge and experience of the persons of their problems, strategies and other realities may be rediscovered.
2. Collaboration between individuals who are facing depression and other people around them, for example, practitioners, family, friends and colleagues, can be facilitate. This could be done through interactive workshops, knowledge exchange seminars and other platforms. In the process of treatment and other strategies for the persons to face depression, people who are facing depression and people around them could be invited to join in a collaboration process. For example, people could have more mutual communication with their planning for occupation with their employers; family members may have more interaction about their planning on their housing or other planning for the future for family with the persons facing

depression. This could be participated and facilitated by different practitioners and together with other parties like their family members.

3. Further, the persons facing depression may be invited in the process of policy and evaluation and making. They could also be invited to join the task forces and committees for service planning for themselves and other people facing depression. They could all work together with other professional, family and friends and other stakeholders to join hand with their knowledge to share their insider expert knowledge for planning of mental health policy and service.

9.2.5 Future research.

From the experience and knowledge found from this research, it would be suggested that further research should be conducted under the following directions.

1. More research could be conducted about different parts of this the reality negotiation process. This research serves as one of the starting points to explore this process. A theory was formulated and it could be interesting and beneficial for people who face depression and others around them to understand this unique process for constructing and negotiating with depression in finding hope. Depression has always been very complicated and a mystery for people. In each part of the process, it is worth to look into for more details. For example, reality negotiation with the dominant discourse, ideal roles for the persons; negotiation with their different strategies and the adjustment and their negotiation with their positions and changes over time; how they actualize the hope and how this hope helps them to move forward to the future, etc.
2. More of this kind of narrative collaborative approach may be adopted. An

increase in the level of collaboration could be considered. Constrained by the requirement and time frame of a PhD study, there have been limited resources, manpower and time for this research. If more time and manpower are allowed, the persons who are invited for this collaboration could be more involved. After this research, it would be good if I could follow up with the key parts of the theory found and further research them in more details. For example, it would be interesting to examine closely the differences among the hopes, wishes and desires of individuals who are facing depression. As mentioned by a few of the persons, they found happiness when they could sublime personal desires into selfless hopes in action. I think that it would be meaningful to find out more about this issue. On the other hand, the naming and the uniqueness of depression are also worth looking into for different groups of people in Hong Kong, that is, females, males, and older or younger individuals.

3. They could be involved more in the procedure for the research. With the consent of other individuals, other people's stories could be studied by different individuals. Or they could be researched in a group, or involve different parties, like social workers and/ or doctors. More reflection, evaluation and resonation of knowledge and experience could be yielded as more telling and retelling of the stories could take place in the process. The persons could also be involved more in the data analysis and verification of the themes and subthemes, discussion section and recommendations so that more collaborative knowledge could be generated.
4. This research is done with different persons with different demographic backgrounds. There are older and younger people, and male and female. More research on this topic could be done with groups of similar background.

For example, older females or young students. More could be found out about their uniqueness in their special process of reality negotiation that could contribute to the recommendations for policy making and services for mental health.

9.3 Conclusions

In this study, it is found that the situation of people who have depression in postmodern Hong Kong lies in the reality negotiation process of finding hope. There is a focus on radical changes in perspective and efforts put forth to do so. The level of awareness of the different realities and views of a person who is suffering from mental health issues have been examined and reviewed. The diverse meanings behind depression are also studied and better understood in terms of each individual who has depression. Then strategies including treatment and self-management are re-examined with respect to the perspective of the depressed persons. The problems may also be specifically linked to the local Chinese context of individuals who are in the process of negotiating with the problems they are facing and who need more resources, knowledge and options, and want to find hope. These are all possible when everyone is able to review the values, stances, power imbalances and actions to address depression and individuals who are facing depression. Practitioners may not be limited to prescribing medical treatment, as counseling and other practices and resources can be changed to adapt to the changes in values when looking at mental health issues and people affected by them. Hopefully more collaboration could be done and power relations would be reevaluated. Last but not least, after the values are reviewed and revised, this work could be communicated to the general public so that they have more awareness, and the knowledge of those who face depression may be transferred to others through different platforms including further research

on the stories of different people who are facing depression.

Conclusions

From the literature review and the knowledge gained through the stories shared by the twelve Hong Kong persons with depression in this study, this study has provided a summary of the views of those who are dealing with depression and their other realities in a Chinese Hong Kong society. It is important that views on depression and other realities that contribute to depression are re-examined. Hope is always there, waiting to be discovered. Hints are given from the persons who face depression themselves which allow for reconsideration of how treatment and self-management strategies are viewed. It is anticipated that future research work, practices and policies could address issues of those who are facing depression in Hong Kong with this research work. Thus, the theoretical and methodological contributions of this research will be summarized as follows.

Views of Persons Dealing with Depression and Other Realities in Hong Kong Chinese Cultural Context

In the Hong Kong Chinese cultural context, there is a hierarchical order in society which is defined by the Confucian tradition. Individuals who are higher on the hierarchy include professionals such as doctors, and certain people, such as employers and parents who have more power and influence in the construction of the self of a person. This is especially the case if this person is affected by an illness, like depression. It is found that an ill person is usually placed into a position of being sick and inadequate. From the stories told by the twelve persons in this research who are living within a Chinese culture, the existing orientation with mental health policy and services is very traditional with the power being mostly owned by the authorities in the medical system. The persons who are facing depression along with other problems feel tension when asked to comply to advice given by professionals and family members who mean well and want to

improve their wellbeing. Very often, problems and distress arise when they have to address the tension that arises from these relationships with authorities and significant others. However, it is found that the 12 people have their own expert knowledge and experiences in dealing with depression, problems and other realities. They are the ones who have the authority to author the meanings in their constant negotiation with their realities. In the process, they try to align life meaning so that it is coherent with their preferred identities even when their realities are inconsistent with their hopes and desires. Choices are made to support their position or stance when they are empowered through personal agency. When they are given the opportunity to narrate about their experiences with preferred or undesirable interactions, they evaluate and review their relationships with different parties and also reflect on them while negotiation continues to take place.

Views on Depression, Other Realities and Embedded Hope

As mentioned above, depression is an undesirable illness with symptoms to be treated and eliminated in our medical system which stems from the long history of medical discourses provided by many renowned physicians, scholars and experts. However, in this study which involves twelve individuals who face depression on a daily basis, it is found that the meaning of depression stems from the interpretation of many problematic life events and interactions. At the same time, the problems are resultant of conflicting intentions, wishes, values, beliefs, hopes and dreams of the interviewed persons with their realities. However, they respond based on their personal agency and stance. Thus, their intentions, desired lives and hopes are entrenched in the problems and depression. Depression is resultant of a series of responses from undesirable events and interactions that take place in their daily lives. Moreover, these responses are socially constructed based on the people around the persons, and therefore not limited to practitioners,

family members, friends and the media. Thus, they create unique meanings of depression for the depressed persons. The meaning of depression is also fluid and constantly changing as new events, interactions, and strategies emerge and changes occur. From the interviews and the desirable interactions and relationships, hopes that were previously entrenched now emerge and rediscovered which affect their past, present and future. This rediscovered hope could motivate the persons to move on and take further action, so that hope is found. Therefore, depression is not entirely detrimental as after all, it provides a window of chance to review the self and the surrounding people.

Views on Treatment and Self-management Strategies

Medical treatment is considered to be the most significant means of helping depressed individuals in a top-down manner. The options and type of treatment are prescribed and administered by professional practitioners to control depression and the related problems that come along with depression. Thus, they are considered to be in the position of power. On the other hand, the twelve interviewed persons indicated that they only view medical treatment as a small component of their recovery process which is under their control and determined by themselves. They feel that it is more important to rely on themselves to find their stance and direction to face their problems and come up with relevant self-management strategies. Moreover, the strategies could be helpful or not helpful over time but could still be useful as part of the reality negotiation process. As the strategies are applied, there are both desirable and undesirable outcomes that take place along with more interactions and consequences. The interviewed persons then continue their process of evaluation, review and reflection to adjust and realign their position and more actions will be taken for coherence with their intentions and preferences. As the strategies better align and become coherent

with their stance, their preferred identities can then be actualized. Hope is also realized too.

Future Directions for Persons Facing Depression in Hong Kong

It is recommended that relevant resources and human resources are allocated towards services and support for persons so that they could address their problems, hopes and strategies in their own process of reality negotiation. People could share their stories which reveal their knowledge of and experiences with depression. Those who are depressed could be viewed in a different light and gain more respect. Power may be given back to them take back control of their lives for the negotiation process. Tension and distress would be reduced among depressed individuals as well as the people around them. Moreover, policy makers, practitioners, family members, friends and other people who are concerned about individuals who are facing depression could assess their stories, facilitating more collaboration with them and then contribute to directing them to the relevant support, services and resources which would be provide further coherence with the intentions, hopes and dreams of the persons. Depression could then be more considered as a process of realizing the self and hope.

Theoretical **contribution**

The traditional theories often considered depression to be an illness. Therefore, the priority of practitioners is to fix the symptoms associated with the illness and hope to eliminate the symptoms of depression of the patient. However, in this research, it is found that depression might not be just an illness, but a series of responses when depressed individuals negotiate problematic events within the context of mainstream culture which holds the balance of power in society with dominant discourses. The response of the individuals provides details of their hidden hopes and preferred identities. Problematic events are problematic because

people are active agents who predetermine that some events are problematic. In other words, depression is just one of the steps of the negotiation process so that depressed persons can obtain a better understanding about themselves, the culture around them and the undesirable events in their lives. Furthermore, this research has proven that depression also has very unique meaning to each person, so it is recommended that sensitivity to the desires of the depressed persons and different ways of addressing them should be kept in mind.

Methodological Contributions

In this narrative research, the detailed stories of the 12 persons on how they have negotiated depression and other problematic issues have been presented, examined and analyzed. Narrative research allows the negotiation process to be more evident. This research method also serves as a means to evaluate situations in the negotiation process of everyday life issues. Depressed individuals can thus review and evaluate the problems, and reflect on them. They can also revisit hopes that could have been neglected in the midst of their problems. Their preferred identities are thus rediscovered through this process.

The collaborative element of this research is the involvement of the depressed persons, as they took part in reviewing the scripts of the first interviews and shared their understanding and reflections about themselves in the process. Moreover, they provided additional stories that emerged during the second interview and informed the study on the changes they saw in themselves, some of the hopes that have already been realized, and then more problems that surfaced which are significant to them. This method proves that the negotiation process takes place every day, not only in the interview rooms but also among the lived complexities in their lives. As stated, depressed persons are the real experts on their lives. They monitor their own situation and construct unique meanings of

events that they encountered. Their stories are firsthand information about their unique condition. Thus, they should be the first person to consult for defining their depression and strategizing ways to address the depression.

Appendix I Invitation Letter for Participation in Research (Chinese Version for Individuals)

研究邀請函

敬啟者您好：

您好!我是胡可兒。目前正在香港浸會大學社工學系進行研究，撰寫博士論文，論文主題為「在遇上抑鬱時與實現協商的經驗中找尋盼望：合作式敍事研究」（Reality Negotiations in finding Hope in the lived experience of people who have encountered Depression: A Collaborative Narrative Research）。研究的目的是揭示參與者遇到了抑鬱時怎樣與現實談判，了解他們的爭扎、反應和他們尋找希望的過程。研究進行欲訪問約十二位具有遇上抑鬱經驗的人仕。我們相信在這項研究中是給予參與者思考他們遇上了抑鬱的經驗的好機會。深信這項研究能建立學術的知識並為我們的社會帶來貢獻。現誠意邀請您參與這項研究。

研究細節如下：

- 參與者將會單獨與研究訪談，在一些提問的協助下分享他們的故事。
- 每個訪談約 1－2 小時內左右，訪談時間與地點將以您的方便與個別狀況做彈性調整。研究訪談過程將徵求您的同意後全程錄音，且錄音內容為研究需要轉騰逐字稿，以進行分析。
- 逐字稿將會在約兩星期內交回給您對它作出評價和反思，之後我們會相再次相約您作第二次的面談。
- 第二次的面談亦會在徵求您的同意後全程錄音及轉騰逐字稿。目的希望在第二次面談為第一次的內容加入您對它的評價和反思。
- 第二次的面談逐字稿會再交給您，本人將與您再通過電話交談驗證它。
- 訪談資料初步分析完畢，我會將結果寄上給您，並邀請您針對資料分析結果進行回饋,協助我檢核分析的結果是否能呈現您在此主題中的經驗,以確保研究對於內容沒有理解上的偏誤。
- 我們希望能夠在 2013 年 12 月中前完成第一次的面試。

只要您目前具備以下的身份，都歡迎您參與本研究。

納入標準為：

- 據他們的理解在他們的生活中的任何階段遇過抑鬱的人仕。
- 21 歲或以上的年齡。
- 男性或女性。

- 能夠說廣東話。
- 香港永久性居民或至少在香港居住 7 年或以上。
- 恕不包括藥物濫用者和/或擁有其他嚴重疾病的人仕，以免影響有關抑鬱經驗的結果。

在訪談資料轉換與研究結果呈現時，我會具體力行保密原則，且會妥善保管研究過程所得的每一份相關資料。研究資訊將保存在大學一個安全的位置，但參與者的身份將匿名。研究結果將撰寫成博士學位論文作為發表，以及用作學術目的，也可能在其他研討會、課堂和工作坊、在學術期刊或書本等發表，並知會您發表相關訊息。為支持研究結果之真實性與研究之嚴謹性，您的部分對話或將會被引用，然而您的個人資料會予以隱匿或變造，確保您個人身分受到保密，並保障您的權益與福祉。所有採訪的逐字稿和錄音檔會在我完成我的論文並發表後6 個月被銷毀，確保您個人隱私。請您放心參與研究。研究完成後我將會寄一份研究摘要給您，請您一同分享我的研究成果，誠摯邀請您參與本次研究，以提供您寶貴的意見與經驗。在此感謝您的回覆與加入。請允許我向你解釋研究的細節。請與我聯繫 93721433 或 34117104 或發電子郵件給我 11467134@life.hkbu.edu.hk。

期待您的參與，衷心感謝您!

謹此　敬祝

平安　喜樂

香港浸會大學社會工作系

指導老師： 秦安琪博士

研究生：胡可兒

Appendix II Invitation Letter for Organizations

30th, October, 2013

LETTER OF INVITATION TO PARTICIPATE IN RESEARCH

Research Title	: Reality Negotiations in finding Hope in the lived experience of people who have encountered Depression: A Collaborative Narrative Research
PhD Candidate	: Wu Ho Yee, Carrie
Principle Supervisor	: Dr. Tsun On-Kee, Angela

Dear Sir/ Madam,

My name is Wu Ho Yee, Carrie, a PhD Candidate in the Social Work Department of Hong Kong Baptist University. In my study, there is a research as part of the PhD degree requirement. This research could provide a good chance for the participants to have some reflections on their experience encountering depression. And we hope that there would be academic and community benefits in the knowledge building from this research. Further it is a great chance for the people who have been affecting by depression could voice out their experience and produce resonance. Could I ask for your kind assistance in inviting 4 users from your organization to take part in this study? There are some details of the study as in the following.

The purpose of the study is to reveal the reality negotiation process of finding hope for the people have encountered Depression. The processes are as followed:

- The users would be interviewed individually to tell their stories with the help of some questions about the struggles, the reaction and the negotiation process that they have gone through.
- The interviews would be within 2 hours each tape and recorded and transcribed with their consents.
- The transcripts would be given back to the participants after two weeks after the interview for their evaluations and reflections.
- The second meetings would be arranged and also be tape recorded for generation of some further knowledge and skills about their reality negotiation.
- The themes and subthemes would then be verified by the users again through

telephone conversation.

- All interview scripts and recording would be disposed of 6 months after I have finished my PhD study.
- We would hope to be able to finish the first batch of interviews before the middle of December, 2013.

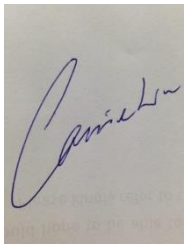
For the inclusion criteria:

- Users who would have the understanding that they encountered Depression at any stage of their lives.
- 21 years of age or above.
- Male or female but two from each gender would be preferred.
- To be able to speak Cantonese.
- Permanent resident of Hong Kong or could be immigrated to Hong Kong for at least 7 years.
- For the sake of a diverse sample, please kindly help us to include the users from different age range, level of education and economic status (i.e. residential type).
- Substances users and/ or people with other serious illnesses would be excluded.

Participation is voluntary. All information would be confidential and kept in a secure location at the university and the results may be published or presented for academic purposes but the identities of the participants would be anonymous.

It would be my honour if I am allowed to explain to you the research in more detail. Please kindly contact me at 93721433 or 34117104 or email me at 11467134@life.hkbu.edu.hk. Thank you very much for your kind consideration. We will explain the details to the participants if they are willing to take part. Please kindly refer to the brief research proposal; a Chinese version of the invitation letter and a consent form for the users are attached for your reference. Thank you very much again.

With Kind regards,



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Appendix III Interview Guide for First Interviews

Reality Negotiations in finding Hopes in the lived experience of people who have encountered Depression: A Collaborative Narrative Research

Interview guide

Proposed Research questions

1. What would be included in people's narratives about the realities and their meanings in their lived experience encountering Depression?
2. What are their reactions in the process of negotiations with the realities?
3. How they find hopes and make meaning of them in the process of reality negotiations, struggles and reactions with the effect of depression?
4. How do these hopes contribute to their lives and may make a difference in their experience encountering Depression?

Interview questions directions:

I. Narrative about the of realities and their meanings in their lived experience encountering Depression:
   A. Could you please briefly tell us something about yourself?
   B. When have you first encountered Depression? What was it like?
   C. How long did it last?
   D. What happened? Could you please tell us some events related to the encountering of Depression? How was it?
   E. What these events meant to you?
   F. What are the intentions, motives and techniques of Depressions affected your lived experiences?
   G. How do these events and their meaning tell you about Depression and its effect?
   H. What did Depression do to you?
   I. How Depression operates to affect your different worlds, for example, work, family, friends etc.?
   J. How did it work? Could you please tell me some occasions that Depression came across your life?
   K. Could you describe more about and purpose, intentions, motives and techniques of Depression?
   L. What does it look like? How does it act like?

M. What did they say to you? When was it and how?
N. How do depression and the other people related to you speak to you about depression? In what different ways? What does it mean to you?
O. What do these sayings sound like? Are there many different voices? Who are they representing? What are they saying? What do you think about them?
P. What do you say back to the different voices?
Q. What were you thinking and what did you say?
R. What do you think is the meaning of Depression? Where are these meaning from? And what does it tell you?
S. If you would have to give the problem of Depression a name, how would you call it?
T. What (name of depression Depression) meant to the people around you like family, friends or professional helpers (doctors etc.), others?
U. How are these people involved in the experience encountering (name of depression)?
V. How these people reinforce or helped or go against with (name)?
W. What did they say? What do you think about their comments?
X. What are the ways does (name of Depression) affect your worlds? In different aspects? With work, physical health, relationships, moods, everyday life, hopes and dreams, sense of future etc.?
Y. Do these sayings (by depression or others) affect you and talk you into? In what ways? And when?
Z. How did it affect the way you see yourself?
AA. When was (Depression) strongest or weakest?
BB. Any other people or things allies with (Depression) and how do they affect you?
CC. What was your position on all these happened? How you feel about it? Please tell me some more stories that show us about your position with the problem?
DD. When, what and how was the occasions of the stories? Any more other occasions?
EE. What does all these stories means to you?
FF. What do you think about such choice or comments you made about the situation or problem?
GG. How did you develop to such belief and position when you situate in all these effects or sayings about the problem with Depression?
HH. Would you please tell me more stories or occasions showing that you have evaluated your position in such a way? Any more stories? And how?

II. What does all these stories means to you?

II. The reactions of the people and process of negotiations with the realities:
   A. While you were telling the stories of negotiations or struggling with the different voices, was there times when Depression failed to take the upper hands, and you made things different?
   B. What were your intentions, beliefs or values behind all this?
   C. Where do these intentions come from? Anything or anybody involved in this process?
   D. When were the times when you did not allow Depression to affect you?
   E. Tell me the occasions you tried to say no to all these problems or the effects of the problems? Any past events? What were the intentions, beliefs or values behind all this?
   F. Could you describe an incident or two? What happened?
   G. How was this process possible?
   H. How did you manage it? What do you think was the turning point that you made things different?
   I. Any other occasions when you did not allow it to take the upper hands? What was different?
   J. How did you manage to keep the problems getting worse?
   K. What do all these meant to you or the people around you?
   L. Who else knows about all these about you? What made them realize the difference?
   M. How would their presence make the negotiation or struggle possible or successful?
   N. Could you please tell me more incidents of what happened?
   O. What are the occasions? What are the meanings of these to you? How did all these relate to the intentions and values that you have?

III. Finding hope and making meaning of them in the process of reality negotiations, struggles and reactions with the effect of depression:
   A. Could you please tell us more other occasions that show you have such intentions, beliefs or values behind the struggle or negotiation?
   B. Is there anything here related to your hopes or dreams?
   C. How are all these related to you hopes and dreams? What is the meaning of your hopes and dreams?
   D. Were these hopes and dreams familiar to you? When did they first appear in your life?
   E. Any other occasions that shows us that you have such hopes and dreams?

F. Anyone sharing these hopes and dreams with you? Who are they? What did they say or do?
G. When/ what and how these hopes and dreams happened in the midst of the negotiations and struggles?
H. Could you tell us more about the experience in finding these hopes?
I. What were the strategies that you managed to do so and why did you use them and how?
J. What did all these happenings mean to you?
K. Could you tell us more occasions in the midst of the negotiations and struggles with Depression that hope appeals and what happened and how?
L. How was the result of the process of finding hope?
M. How did it work or not work?
N. When it did not work, what happened? How and why? Then what was next?
O. When it worked, what actually happened? How and why? What else did you do or not do? And why?
P. What other hopes and dreams were behind the negotiation process?
Q. Why were they important to you? What does this say about what you hope for in life?
R. Who else had contributed to their development? Would you like to tell more about them?
S. Is there any person with whom you want to share about the stories of hopes and dreams? Why?
T. How would he/she respond?
U. How would discover these hopes and dreams meant to you?
V. Any occasion that shows these meanings?

IV. Contribution of these hopes to their experience encountering Depression:
A. What effects these people who helped with finding hope have on you?
B. What effects that these hopes and the process of finding them on you?
C. What are all these relate with your relationships, work, school, purposes, other hopes and dreams, other values, beliefs and any positive future possibilities?
D. How did it happen? When and what? How did all these affect your life and the people around you?
E. Any other occasions that you can see these happening in your life? How and why?
F. What do you think of these effects about finding hopes on your life and the people around you?

G. How do all these make you and the people around you see the situation?
H. Do all these fit your values and intentions? How did it fit or not fit?
I. What would these hope finding processes and the hopes reflect on your principle of living?
J. What does this say about you and your principles of living?
K. Could you please tell us more occasions that shows about these hopes and dreams bring about your principles of living?
L. What are they? How were they interacting with each other?
M. What actions or events show that these hopes were associated with such principle of living?
N. Any more other occasions show such principles of yours?
O. Who would know about these principles of you?
P. How do they know about it?
Q. Who was involved in the process of finding hope associating with your principles of living?
R. Were there times that these principles become a commitment of actions? How long has it been and what about the reasons behind? Please tell us more occasions of actions about it?
S. What do all this commitments mean to you? What difference does it say about the future?
T. Is there someone who would recognize and appreciate what your commitment to hope means to you? Why?
U. What would you think they would say?
V. If these changes continues what do you think of yourself as a person? If these changes continues what would others think of yourself as a person?
W. After all these discussions, what does the process of finding hope tell us the kind of person you are?
X. How is your identity, what kind of person you are related to all these? What does it mean to you?
Y. How would you like to be the kind of person in the future? Why?
Z. What are you standing for in life?
AA. Would you share with us what has kept you going? And how would you keep going on? And what was important about that?
BB. Who would be most happy to know about this? Why?
CC. Who would you want to tell about all this? Why?
DD. Do you find this process of telling useful or not useful? In what way was it useful and not useful?
EE. If you are to name this process or discovery, what would it be? Why?
FF. If you were to say something to Depression, what would you say?

GG. How would saying this to Depression make a difference to your life?

Appendix IV Consent Form for Individuals

研究參與同意書

說明：

在參加者同意參與這個研究計劃的同時, 這是很重要的說明.研究員有必要使研究參與者們，了解本研究目標和進行過程如何及在期間內如何實施研究，參與此研究可能潛在危險或受益,都是很重要訊息要讓參加者了解與同意的:這些重要訊息將提供說明如下.

研究目標：

研究的目標是展示參與者遇到了抑鬱時的生活故事。並催化學習者有寬廣充足的學習空間。

研究過程：

- 參與者將會單獨與研究訪談，在一些提問的協助下分享他們的故事。
- 每個訪談約１－２小時內左右，訪談時間與地點將以您的方便與個別狀況做彈性調整。研究訪談過程將徵求您的同意後全程錄音，且錄音內容為研究需要轉騰逐字稿，以進行分析。
- 逐字稿將會在約兩星期內交回給您對它作出評價和反思，之後我們會相再次相約您作第二次的面談。
- 第二次的面談亦會在徵求您的同意後全程錄音及轉騰逐字稿。目的希望在第二次面談為第一次的內容加入您對它的評價和反思。
- 第二次的面談逐字稿會再交給您，本人將與您再通過電話交談驗證它。

潛在危險和受益

這個研究參與並不需要嚴密的回答所有問題，參加者有權利供應或自願參與此研究，同時參加者也有權力討論他或她的經驗，所有答案在不同情況都將保密。參加者將有權利在任何時間無任何困難下去終止，或希望繼續或退出參與。這無任何方法影響和研究者專業關係。在這項研究中是給予參與者思考他們遇上了抑鬱的經驗的好機會。研究完成後研究員將會寄一份研究摘要給參加者，請參加者一同分享研究成果。深信這項研究能建立學術的知識並為我們的社會帶來貢獻。

機密性：

在訪談資料轉換與研究結果呈現時，研究員會具體力行保密原則，且會妥善保管研究過程所得的每一份相關資料。研究資訊將保存在大學一個安全的位

置，只有研究者和她的論文指導老師有權力接近這文件檔案，參與者的身份將匿名。研究結果將撰寫成博士學位論文作為發表，以及用作學術目的，也可能在其他研討會、課堂和工作坊、在學術期刊或書本等發表，並知會參加者發表相關訊息。為支持研究結果之真實性與研究之嚴謹性，參加者的部分對話或將會被引用，然而參加者的個人資料會予以隱匿或變造，確保參加者的個人身分受到保密，並保障他們的權益與福祉。所有採訪的逐字稿和錄音檔會在完成論文並發表後 6 個月被銷毀，確保個人隱私。

同意聲明書

本人簽名於末端,表示詳讀前面研究過程的解釋,因此,本人完全給予同意自願參加這個研究

_____

參與者簽名　　日期

_____

研究員簽名　　日期

研究主持人：

香港浸會大學社會工作系研究生　　：胡可兒

指導老師　　：秦安琪博士

Appendix V Sample of Chinese Themes and Sub-themes for First Interview with Eddie

- **問題**
  - 因為癱左
    - 08 年 4 月 1 號就整親條腰，癱左半邊身，冇左知覺，咁當時就無嘢嘅 1
    - 無反應 1
      - 頭嗰個月係撚落黎都唔知嘅，差唔多啦接近啦，跟住慢慢我知道你撚落黎啦，我知道係熱水啦，我知道係凍水啦，咁一個好漫長嘅時間啦 5
      - 一個月後開始郁到，但係電子手電子腳咁樣，無感覺嘅，我知道係郁，但係我郁到但係好慢同埋無感覺啦 5
      - 狀況？呢身好似唔係自己咁樣啦。 5
    - 唔知點算
      - 我頭幾個月我係冇……嗰陣時我直頭醫生話我無咩反應，我諗緊以後行唔到點樣呀， 2
      - 其實我自己嗰啲困擾，我嗰時當時我唔知點處理，咁有陣時我會同個治療師講， 2
      - 嗰個位又係 click 啦，咁我唔知點算啦。 2
      - 我好迷網可以話，好迷網，前面我應該點呢？ 3
      - 咁由我郁得到我唔郁得，嗰個分別好大，係呀，好令我唔知想點。 3
      - 我走投無路我唔知點樣做，真係唔知點算，因為工傷嘅個案係兩年，受兩年申索就冇，嗰陣時候都唔知點算，我銀行戶口淨返唔多錢，我唔知點算，我亦都冇同人講， 8
      - 我淨係坐喺度唔知點，我成日坐喺碼頭度，但係我冇講， 20
      - 係呀，但係冇關係其實，後面啲野有關係，前面嗰啲係唔知想點。23
    - 受傷之前好大分別
      - 我未受傷之前呢就好靈活㗎，即係你睇我肥，但我當時都好 fit，我嗰陣時，我打柔道嘅，咁由我郁得到我唔郁得，嗰個分別好大， 3
      - 以前我可以打到空返嘅，宜家打唔到。 3
      - 咁由我郁得到我唔郁得，嗰個分別好大，係呀，好令我唔知想點。 3
      - 唔知想點係幾樣嘢嘅，我屋企三代都打柔道嘅，由我阿爺

開始打起，咁到我呢一代， 咁我差少少考到黑帶㗎啦，但我有教練牌，咁但係我從始無得呢個活動啦，一個沮喪啦，即係一個唔開心啦， 3

- 唔開心
  - 咁但係我從始無得呢個活動啦，一個沮喪啦，即係一個唔開心啦，自己行又行唔到啦，一個更加就唔開心啦，咁跟住點樣照顧屋企啦，又係一啲呢個問題啦。 3
  - 我有試過係嗰段時間，一聽到啲不利消息返黎，你係會持續兩個禮拜會唔開心。19
  - 無心機啦，我唔識講嗰種感覺， 3
    - 我自己就無表現俾人睇嘅，咁但係當我靜落黎嘅時候，我會諗我唔知點樣啦，好無心機啦，嗰個情緒嗰個波幅都…點講呢，玩左好耐啦 4
  - 有好多嘢諗，但無一樣嘢會諗得通嘅，咁持續好多個鐘，我又唔想同人傾，係呀，咁又搵唔到信任嘅人去傾，咁樣啦 4
    - 唔通通常都係諗將來啦，係呀，當…點講呢，其實搵唔搵得返同一個價錢嘅工作啦，自己學歷又唔夠啦，嗰陣時，咁有無地方可以…我嗰陣時係傷殘人士呀，有無地方可以讀書又可以接受到傷殘人士呢，咁樣啦 4
    - 好多呀，數唔清，女朋友日後點算啦，跟左我好多年啦，其實環繞都係嗰幾樣嘢，工作，事業同埋個終生伴侶。 5

- **對策，希望故事**
  - 好多人幫佢

咁後來經過好多人，我喺職業治療度就識左一班非常好嘅院友，院友又有教啦，有幾個

- 復康院，有一個人而呢個人影響我好大叫做羅榮亮，２９

係銀行家，其實我想做職業治療助理我唔係因為喺職業治療度，我嗰時癱左就喺麥理浩

  - 媽媽爸爸

其實我呀媽都幫左我好多，唔只係朋友，我呀媽同我講，你唔好擔心啦，我哋陪你

- 媽媽
  - 幫你一齊行啦，嗰時我會定啲，但係睇到嗰個情況我好惡劣呀嗰時，我呀媽知道出事，個血壓好唔穩定就暈左，你都唔想佢再捱啦，１８

- 佢冇俾壓力我，佢真係病住都仲做野去撐住頭家，１８
- 不用我面對
  - 佢攞晒佢啲積蓄出黎，佢避開好多我要面對嘅野。１８
  - 佢避開，佢自己整左。日後點算呀嗰啲佢隻字不提，我當時 PI 工傷嗰時係要準備好多文件，咁佢都幫我去搵囉佢幫我搞。１８
  - 當然我自己都要搞啲，但係佢幫我搞左好多，１８

◆ 爸爸

- 我老竇 cancer 啦，呢兩方面我唔知點搞呀嗰時，但係佢自己咁辛苦佢都安慰我囉，咁我仲可以點呢，我都冇晒計，但係佢同我講完我會開心啲囉。１８
- 但係我老竇就冇辦法啦我老竇就殘左好多年啦。１８

■ 職業方向

◆ 想做職業治療

- 職業治療師教導傾談
  - 嗰個地方，因為嗰時我真係嗰度練返行得返，咁係嗰道度令到我想做職業治療囉。１１
  - 頭先都講啦，幫我成個康復嘅路程，我日後搵咩做啦，有啲咩適合我嘅工作都會傾，其實最主要都唔係呢樣野，嗰時我冇諗過入黎做呢行，完全冇。１１
  - 跟住我去職業治療嗰度有時吹下水咁樣傾下，嗰啲助理有啲做左好多年嘅，佢哋教我點樣做囉，咪起左個頭，喺嗰度我唔係淨係學到我復原嘅野，仲有其他可以學到嘅野囉，做人都有教點樣睇件事咁樣。１２
  - 其實我吸左好多人地嘅經驗，係職業治療講左嘅野啦，１６
  - 其實係嗰 team 人呀，嗰 team 人好好呀。１１

■ 對以前情況，現在的評價

◆ 友情

- 因為其實我幫完你之後可以自己一鑊屎，不如唔好做，以前冇諗過，以前覺得朋友就應該要幫，但係原來朋友都可以分好多種同埋可以適可而止囉。１４
- 同埋唔一定直接要答你囉，可以兜個圈等大家都舒服啲囉。
- 因為我嗰時冇晒啲朋友，我中學嗰班朋友啦、我喺街識嘅朋友啦，我好多聯合埋一齊玩，但是原來唔係好事囉，一個 team 聯合一個 team 咁樣囉，但係點之成個 team 散晒，

佢覺得我咁樣做人唔 work，但係點之成個 team 散晒，佢覺得我咁樣做人唔 work，試下有多啲野諗想我，可以多方面睇多啲囉。１４

- 我以前細個淨係行一個字，義氣，你冇錢呀，我同你一齊行啦，我請你食飯啦得啦，其實我自己身上都冇乜錢嗰時，你冇工作呀，得啦，我一齊幫你搵啦我有辦法啦，嗰個圈子大呀嗰時，你識唔到女仔，我介紹個朋友俾你識，不過搞到一鑊屎，跟住等啦寄野，
- 其實我唔一定要幫你咁做，因為其實我幫完你之後可以自己一鑊屎，不如唔好做，以前冇諗過，以前覺得朋友就應該要幫，但係原來朋友都可以分好多種同埋可以適可而止囉。１４
- 我而家對所有人我都唔咁投放咁多感情，因為我唔想再重蹈覆轍啦，但係我唔知點解我自從咁做之後，反而我新嘅朋友仲親近左我。１５
- 跟住再去識過晒所有嘅人，以前嘅野過去左就過去左，其實而家就新嘅一頁，當我開始咁諗嘅時候成個人鬆左囉。１６
- 唔係酒肉。你豪嘅咪跟住你同你玩咪攞着數囉，但係你衰嘅時候咪踩多你兩腳咁樣囉，但係佢哋嗰班冇做過囉。１６
- 希望
  - 一個好大嘅幫助囉，我估唔到佢會咁幫我，令我覺得人原來仲有希望。１７
  - 對於呢個希望其實我覺得好開心，但係我對好多野我都失去左信心，所以我一直都，頭先所講我唔感投放感情。１７
  - 即係原來唔係個個都係賤人囉，唔係個個都，你得嘅佢就搵你，你唔得嘅佢就扔你咁樣囉。17

- 動力
  - 但係你最主要意志囉，你仲有啲原動力我覺得佢唔會影響你，２４
  - 無動力
    - 最怕佢令到你冇原動力，例如嗰時當有事情發生好似啲唔好嘅消息，你突然間個人冇晒原動力你唔知點做嘅時候，嗰啲位你咪辛苦囉，會棘住囉，２４
    - 因為你最慘你嗰時你唔開心嘅時候你持續嗰啲呢唔想郁、唔想聽人講野，根本你唔想知、唔想理、唔想聽、唔想問，

但係你必要去知、去理、、去聽、去問，咁樣你又要克服呢樣野囉。３３

- 你後生仔冇黎火氣不如死左去啦，你諗下諗下後生仔你有晒火你真係冇乜用，隔夜油炸鬼咁，咁我諗起呢句我先發覺原來係咁，３３

■ 解開個波

- ◆ 解唔到個繩頭，原來係我嗰刻我話，死啦我點做我嗰刻都棘住晒，我左行唔係、右行唔係，前面好暗我應該點樣，可唔可以俾條路我行下咁樣會咁諗囉。20
- ◆ 嗰時嗰個律師就，我個繩頭好犀利，我話日後我都唔知點算，我日後入到呢間公司啦,跟住佢又教我,我去點樣增值自己啦，我受左傷我都搏命讀書。22
- ◆ 但係當你拆開左點樣去面對嘅時候，你繼續去沿住條路行啦，咁你繼續我估計你會向前行。２４
- ◆ 其中一條線就係知道，原來我求其抽到條線，我條路可以咁樣行，雖然人工唔係好高但係叫做好過冇啦，當中其實我喺呢度得到好多野，２９
- ◆ 出左去做野開始搵到自己想行啲乜開始有個信念嘅時候，佢去克服佢嗰啲潛在性嘅野，我自己亦都係啦，我自己開頭我咁多樣野困擾、咁多個繩頭我都拆唔開，咁我一直去搵緊條路點行囉，其實我講呢一段野我唔知幫唔幫到你，但係呢個係我最後我覺得個睇法。３１

Appendix VI Grouping of Themes for Each Person for First Interviews

Problem themes

Person	Themes
Anna	Relationship problems, Physical problem, mental problem of family, Depression, loss (identity), pressure (financial etc.)
Bill	Failure (chance of going to Japan, Disappointment, work), physical problem\m, Depression (with Suicide attempt)
Cindy	Loss (family role, mobility), Depression
David	Physical problem(visual impairment), loss (mobility, boredom), Relationship (nervousness in contacting people)
Eddie	Loss (job, friends, identity), Physical problem, Depression (with hallucination), Pressure (future)
Finn	Loss (status, money, job, girlfriend, hope), physical problems, failure (career), Pressure (work, financial) Relationship problem (mother), Depression
Grace	Relationship problem (with own parents), loss (job, role, parents), Pressure (heavy duty of take care dementia father), Depression (Mania, hallucination)
Holly	Failure (boyfriend, work), addiction lead to physical problem (brain damage, health, binge eating), Loss (job, working ability), Depression (hallucination, suicide),
Isabella	Depression (compulsory audio hallucination, suicide), physical problem (mother have depression)
Jenny	Failure (in study), Physical Problem (diabetic, binge eating disorder), Depression (tiredness,), relationship problem (mother, classmate), Pressure (studying)
Katie	Relationship problem (classmate bullying), physical problem (sister), Depression (Fear), failure (job finding and work)
Lucy	Abuse (Abuse by relative, parents did not deal with it), Depression (break down, suicide), Pressure (studying), Loss (memory)

Negotiation themes (Problem related)

Person	Themes
Anna	Negotiation with problems; understanding and Knowledge about the Problems; strategies against the Problems; cooperation with support and help; negotiation with treatment; sharing problems with others?;

	shame, regret and self-blame?
Bill	Negotiation with problems; strategies against the Problems; cooperation with support and help; negotiation with treatment; sharing problems with others; shame
Cindy	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help; negotiation with treatment
David	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help;
Eddie	Negotiation with problems; understanding and Knowledge about the Problems; strategies against the Problems; cooperation with support and help
Finn	Negotiation with problems; strategies against the Problems; cooperation with support and help;
Grace	Negotiation with problems; strategies against the Problems; cooperation with support and help; shame, regret and self-blame
Holly	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help; negotiation with treatment; shame, regret and self-blame
Isabella	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help; sharing problems with others;
Jenny	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help; negotiation with treatment
Katie	Negotiation with problems; strategies against the Problems; cooperation with support and help
Lucy	Negotiation with problems; understanding and Knowledge about the Problems, strategies against the Problems; cooperation with support and help; negotiation with treatment

Find hope themes

Person	**Themes**
Anna	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Comparing positions and Changes; Past Good times; Networking
Bill	Self-understanding, preference and interest; values and beliefs; Caring

	and helping others; Comparing positions and Changes; Devotions; Past Good times; Networking
Cindy	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Devotions; Past Good times; Networking
David	Self-understanding, preference and interest; Comparing positions and Changes
Eddie	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Comparing positions and Changes; Devotions
Finn	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Devotions
Grace	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Devotions; Past Good times
Holly	Self-understanding, preference and interest; values and beliefs; Caring and helping others; Comparing positions and Changes
Isabella	Self-understanding, preference and interest; Caring and helping others; Networking
Jenny	Self-understanding, preference and interest; values and beliefs; Comparing positions and Changes
Katie	Self-understanding, preference and interest; values and beliefs; Devotions
Lucy	Self-understanding, preference and interest; Comparing positions and Changes

Hope themes

Person	**Themes**
Anna	Hope to help others; Hope for loved ones; Hope for knowledge, wider views; Hope to be better; Hope to be happier; Hope for relationship
Bill	Hope to help others; Hope to survive; Hope for society
Cindy	Hope to help others; Hope for loved ones; Hope for knowledge, wider views; Hope to be happier;
David	Hope for relationship; No hope
Eddie	Hope to help others; Hope for loved ones; Hope for career; Hope to be better;
Finn	Hope to help others; Hope for society; No hope
Grace	Hope for loved ones; Hope to be better; Hope to be happier; No hope
Holly	Hope for loved ones; Hope for knowledge, wider views; Hope for career; Hope to survive;
Isabella	Hope for better living

Jenny	Hope for career; Hope to be happier
Katie	Hope for knowledge, wider views; Hope for career
Lucy	-

Contribution of hope

Person	**Themes**
Anna	Motivation to try harder; Selflessness
Bill	Devotion; Sense of mission; Selflessness
Cindy	Happiness; Selflessness
David	Motivation to try harder
Eddie	Motivation to try harder
Finn	Happiness; Selflessness
Grace	Happiness
Holly	Sense of mission
Isabella	Devotion
Jenny	Motivation to try harder
Katie	-
Lucy	-

Appendix VII Sample of Researcher's Questions, Reflections and Evaluations

Interviewer questions	How I should have asked	Reflection
是誰帶你去的？	How not feeling well?	Assume someone bringing him
是自己去的。	Going by myself	
是否讀書時就有這個情況？去這獨自的地方，情況是怎樣？遠嗎？	Where is the place?	
剛才你說媽媽叫你讀書，你會覺得很麻煩，你會覺得讀書沒有用處，是嗎？	what is internship? Or what you think about volunteer work?	Leading
每天都發生，為甚麼會令這緊張引發出來？	Can ask for what is happening Could ask fully describe more the happenings	
數學那些不好。背誦那般較好。	How good is history?	Parroting
是否背誦那些較好，你怎樣背誦呢？	How good?	
你都有七十多八十分。	How interesting? Why was it easy for you?	I was Focusing on the marks
是甚麼呢？是否那些人的問題。		Guessing, should be not knowing
你精神很累，影響到你甚麼呢？	What is the meaning of tiredness? Why need to wake at 6?	Should ask more definition first
因為你晚上睡不著，是嗎？你說的是以前讀書時，還是現在呢？	But mentioned he was tired paying attention to others watching him Assuming	
他們說很多話，你就沒說話，只注意他們傾談，你有否跟他們一同傾談呢？	Why did you not talk? Why eating so fast?	
你以前就讀甚麼學校呢？	Why not?	Should following the conversation

		Was thinking wanted to ask what kind of school, assumed it matters
你本身都很累。有甚麼影響到你，使你累呢？	Why tired? How tired? Tired of what?	Should ask for definition first before asking effect
到廁所做甚麼？		Must do something?
十分鐘都留在洗手間裡。在裡面做甚麼呢？	What did you like about quietness? What not like nosiness? What is noisiness is about?	Felt negative about him staying at the toilet, he could enjoy it.. must do something?
那時你可以走動的。你介意說一下你學校，是否主流學校？	What do these walking around and sitting around mean to you?	Assumed what kind of school matters
有甚麼令你覺得要繼續走出來洗手間？	What do you mean?	
到你出來時，你就上課了。如果你不用上課，你會否繼續留在洗手間裡？	?? leading.. why I asked that?	Guessed he like to stay in the toilet
你介意我問一下你，你的朋友都有一些問題，如失明，或其他問題，為甚麼你覺得對著他們，你會有壓力或覺得累呢？	No need elaboration before	I Assumed only people can see would make him nervous

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