Received: 11 December 2019 | Revised: 27 November 2020 | Accepted: 17 December 2020

DOI: 10.1111/jpm.12728

ORIGINAL ARTICLE

WILEY

"Surviving out of the Ashes" – An exploration of young adult service users' perspectives of mental health recovery

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Funding information
A PhD Studentship awarded from the Department of Employment and Learning (DEL) in the Northern Ireland Assembly funded this study.

Accessible summary

What is known on the subject?

- The conceptual components of mental health recovery have been proposed, however, the barriers to their sustainability within the context of internal and external stressors require further exploration.
- Within their emerging adult role, young people will experience the personal challenges that will directly impact their understanding of their recovery, which will be different from other age groups.

What the paper adds to existing knowledge?

- Findings revealed recovery is understood as an uncharted, timely and personal process of engaging and transcending pain. Perceived barriers to mental health recovery and the internal dynamics experienced within the process have been explored.
- Recovery in young adulthood involved the reclaiming of their active and purposeful life force. It acquires real-life relevance when applied to the social and cultural factors that provide meaning in life for young adults.

What are the Implications for practice?

- This research will impact how mental health nurses understand the catalytic effects of personal, social and cultural meaning of suffering in young adults' actualization of mental health recovery.
- Findings have significance for practice as the process of mental health recovery must not be presented as a clinical pathway, but understood as a personalized strategy of individual wellness in young adulthood.

Abstract

Introduction: Within their emerging adult role, young people will embark on employment, form intimate relationships and live independently. This indicates that how recovery is experienced and actualized in young adulthood may be different from other age groups.

Aim/Question: To explore young adult service user's perspectives of mental health recovery in Northern Ireland.

Method: Semi-structured individual qualitative interviews were analysed using a Gadamerian-based hermeneutic method and interpreted using a novel theoretical framework. The sample comprised 25 participants with an average age of 28 years.

Findings: Five key themes evolved: Services: A Losing Battle Straight Away; From your Foundations to a Step in the Dark; Let Go of the Pain not the Experience; Surviving Out of the Ashes Recovery; and Needs to be More than a Word.

Discussion: The main findings were that recovery involved the reclaiming of their active and purposeful life force. It is suggested that young adults have developed an explanatory model of "*use that stuff you wanna bury*" to transform an illness narrative to a wellness strategy.

Implications for Practice: This research has implications for mental health nursing so the process of mental health recovery is not presented as a clinical pathway, but a personalized strategy of individual wellness.

KEYWORDS

explanatory models, hermeneutics, mental health recovery, nursing, qualitative research, service user perspectives, suffering, young adults

1 | INTRODUCTION

Recovery remains an underpinning ethos of global mental health policy (Slade et al., 2012). Two main conceptualizations of recovery have been explored in the empirical literature. It has been suggested that "recovery from" symptoms involves the complete remission of symptoms, enabling the reinstatement of a contribution to society (Davidson & Roe, 2007; Slade, 2010). However, an alternative approach exists, which views symptom reduction as only part of a more extensive journey to wellness.

"Recovery in" mental illness has been described as a non-linear process (Deegan, 1988); a gradual individual journey involving a range of experiences (Kelly & Gamble, 2005) but fundamentally a personal process (Davidson & Roe, 2007; Wood et al., 2010). Leamy et al. (2011) identified its conceptual components as: connectedness; hope; identity; meaning in life; and empowerment. While these are core elements, there are often barriers to their sustainability, requiring a dynamic interaction with internal and external processes for real-life maintenance (Deegan, 1993; Coleman, 1999; Jacobson and Greenley, 2001; Onken et al., 2007; Pitt et al. 2007; Kogstad et al., 2011).

In Deegan's (1993) seminal work, she proposed that how individuals experienced themselves was inextricably linked to how they experienced their ill health, which would ultimately affect their experience of recovery. Within their emerging adult role, young people will embark on employment, the development of a career, form intimate relationships and live independently (Patel et al., 2007). This indicates that the challenges for recovery for young adults may be different from other age groups. Lindholm and Eriksson (1998) explored young people's understanding of health in an interview-based study, employing a hermeneutic analytic method. Findings proposed that the experience of suffering and of health are incorporated into a dialectic internal process, in which suffering often created the conditions where health was truly understood and realized (Lindholm & Eriksson, 1998). Therefore, the exploration of suffering in mental health recovery has provided a novel theoretical lens for a deeper understanding of wellbeing.

Kleinman (1988, p.10) proposed that an alternative therapeutic approach led to the reconceptualization of medical care involving two components—"*the empathetic witness of the existential experience of suffering and practical coping with major psychosocial crisis*." The use of two theoretical frameworks developed this approach. The first component of Kleinman's (1988) alternative therapeutic approach will be explored by the use of Katie Eriksson's (2006) theory on The Suffering Human Being. Eriksson (2006) proposed a novel paradigm within caring science, in which the focus changed from an illness-based approach, to healing the experience of suffering itself. Eriksson's (2006, p.46) theory presented the "*drama of suffering,*" a human interaction which involved the recognition and alleviation of suffering. The drama of suffering had three acts and can be understood ontologically. The first phase "*Confirmation"*—required the suffering endured to be recognized by another, the second phase, "*The suffering Itself*" involved the time and space to undergo the suffering, and the third phase, "*Reconciliation*"—implied personal transformation and the way to a new wholeness (Eriksson, 2006, p.46). Eriksson (2006) proposed that "*confirmation"* of suffering is vital for the individual, as it provided reassurance that another can see and will meet that individual in their experience.

Practical coping with major psychosocial crisis will be explored using Kleinman's (1988, p.48) theory on explanatory models, which suggested that a patient's explanatory model for illness revealed practical behavioural strategies that influenced treatment options and facilitated the individual to *"order, communicate and thereby symbolically control symptoms."* Kleinman (1988) suggested that the development of an illness narrative does not simply reflect the experience of illness but influenced how we encountered suffering. Therefore, through the empathetic witness of suffering, a narrative was created which gave value and meaning to the

experience of suffering (Fredriksson & Eriksson 2001). Within the context of mental health recovery, a valued sense of experience may enable ownership of an individual's personal life challenges, as "*only through owning your experience can a person own the recovery"* (Coleman, 1999, p.60).

1.1 | Rationale

Romano et al.'s (2010) proposed that young adults experiencing the first episodes of psychosis do not feel they need to totally reconstruct self but to reshape it. This would suggest that mental health recovery may be experienced differently in young adulthood as it is a transformative and emerging life stage. There is a need to expand the exploration of mental health recovery beyond the individuated or conceptual stages (Jacobson, 2001; Kogstad et al., 2011; Leamy et al., 2011) to an experiential understanding of "the journey of the human heart" (Deegan, 1995), which provides the rationale of this study and the sample group. This study was underpinned by a previously unexplored dual theoretical framework, incorporating Eriksson's (2006) theory on The Suffering Human Being and Kleinman's (1988) theory of explanatory models. Furthermore, a deeper understanding of the experience of mental health recovery in young adulthood was enabled through the novel application of a Gadamerian-based hermeneutic method of analysis (Fleming 2003).

1.2 | Aim

This research study aims to explore the perspectives of young adult service users, aged 18–35 years, on mental health recovery in Northern Ireland.

1.3 | Objectives

- To explore the experience of mental health recovery among young adults;
- To explore the factors which influence young adults' conceptualization of recovery;
- To investigate meaning and growth in suffering.

2 | METHOD

Gadamer's philosophical hermeneutic approach (1979) was chosen as the methodology. Gadamer (1976, p.19) developed the "*concept of understanding*" as a *"fusion of horizons"* representing the transmission of meaning between past to present situations. Therefore, the concept of recovery can be extended to the research process where it is a gradual recovery of truth, meaning and understanding, a co-creation between the researcher and the participant through the *"fusion of their horizons"* (p.19).

2.1 | Sample/Participants

The sample for this study was young adults living with mental ill health, defined as being between 18 and 35 years who were recruited through voluntary organizations in a region of the United Kingdom. The organizations that engaged in the study were established voluntary groups for those suffering mental distress, managed and delivered by service users in both volunteer and paid role. The ethos of both groups was rooted in the principle of empowerment, where peer advocacy is facilitated and encouraged. Access to the sample was facilitated by gatekeepers of two service user support groups. The inclusion criteria stipulated that participants must be between 18 and 35 years of age, have engaged with the service user organization for 6 months or longer and must be able to provide informed consent. Potential participants outside this age range who were newly diagnosed and in acute distress were excluded from the study. The sample comprised 25 participants with an average age of 28 years and with a slighter higher number of males than females, (Please see Table 1).

2.2 | Data collection

Semi-structured individual qualitative interviews were employed to facilitate an in depth "*co creation*" of understanding the lived experience of each participant (Gadamer, 1976). The semi-structured interview schedule used was developed through the collation of data produced from two service user engagement groups involved a previous study (BLINDED FOR PEER REVIEW) (Please see Appendix 1). All interviews were conducted between May and September 2014 in the organizations' premises, with each interview lasting between 50 and 75 min. Informed consent was obtained on the day of the interview. The researcher noted all non-verbal responses or reflections in situ, and to ensure accuracy, the researcher immediately transcribed the digital recordings. Data saturation was determined by the research team to have been reached after 25 interviews.

2.3 | Ethical considerations

Ethical approval was sought and granted through the University's Research Ethics Committee. Service user involvement in research has previously presented the opportunity for "*theft*" or "*piracy*" of their lived experience by researchers, and this was a significant ethical concern (Weinstein, 2010, p.35). Therefore, the researcher consulted with an advisory group of service user advocates in the early phases of the study to ensure that access to participants was collaborative and not exploitative (Weinstein, 2010). Participants

TABLE 1 Participant Information

Participant Number	Male	Female	Age	Organization
1		X	20–25	MY
2	X		20–25	MY
3		X	30–35	MY
4		X	30–35	MY
5	X		30–35	MY
6		X	25–30	MY
7	X		25–30	MY
8		X	30–35	LB
9		X	20–25	LB
10	X		25–30	MY
11	X		30–35	AMH-B
12	X		25–30	AMH-B
13	X		25–30	AMH-D
14	X		30–35	LB
15	X		20–25	AMH-D
16		X	25–30	AMH-D
17	X		20–25	AMH-B
18	X		25–30	AMH-B
19		X	25–30	AMH- B
20		X	20–25	AMH-B
21	X		30–35	AMH-B
22	X		30–35	AMH-B
23		X	20–25	AMH-D
24		X	25–30	AMH-B
25	X		30–35	AMH-D
TOTAL/AVERAGE AGE	14	11	27.96 years	13 D/12B

stipulated they did not want to disclose their specific diagnosis as they did want this to define their recovery journey. All participants were assigned pseudonyms to ensure confidentiality.

2.4 | Data analysis

A Gadamerian-based analytical method, which involved a cycle of four sequential steps, was employed for analysis (Fleming et al., 2003, p118). The four steps involved all interview texts being examined to find an expression that reflected the fundamental meaning of the text as a whole. In the next phase, every single sentence was interrogated to expose its meaning for deep understanding of the subject matter. The third phase required each sentence to be related to the meaning of the whole text and, with it, the sense of the text as a whole is expanded. The final step involved the identification of passages that were representative of the shared understandings between the researcher and participants (Fleming et al. 2003, p.118). Study findings were then interpreted in relation to the novel dual theoretical framework (Kleinman 1988; Eriksson, 2006).

2.5 | Ensuring rigour

Gadamer (1975, 1976) proposed that any pre-understandings and fore-projections must be acknowledged at the beginning of the hermeneutic process. This ensures that they are constantly revised while moving through the parts and back to the whole. The researcher conducted and analysed all interviews but maintained a reflexive diary throughout the research process. The researcher's own pre-understanding of the concept of recovery may have been influenced by a previous extensive literature review and a concept analysis (BLINDED FOR PEER REVIEW). Therefore, a selection of the transcripts was read by the wider research team to ensure the rigour of analysis and the identified themes.

The collaboration with service users in the design of the interview schedule (BLINDED FOR PEER REVIEW) also influenced the researcher's pre-understandings. This collaboration forced the researcher to examine in their research diary their motivations for exploring certain topics with the groups, but also to examine the groups' responses. By identifying preconceptions transparently, the interview phase was approached with an openness and awareness of the researcher-participant interaction.

3 | FINDINGS

Five key themes evolved:

- Services: A Losing Battle Straight Away.
- From your Foundations to a Step in the Dark.
- Let Go of the Pain not the Experience.
- Surviving Out of the Ashes.
- Recovery Needs to be More than a Word.

3.1 | Services: A losing battle straight away

Young adults highlighted that their initial contact with mental health services was often fraught with significant communication issues, not knowing how to safely express their emotions with professionals. This communication difficulty was again highlighted when participants found the mental health questionnaire assessments to be upsetting and humiliating experiences, when they perceived their problems were all consuming and life altering:

> I was given the sheet paper with 'can you do this here?' And they are really debilitating questions… Like 'can you clean yourself and stuff like that? When I look back …ye feel so small! And this is the BIGGEST thing that has ever happened to you in your life so far… and it is so hard for you to get out of and ye think to yourself 'God…are ye serious?' You can sum up how I am feeling on a bit of paper?
>
> (John)

Young adults highlighted that they felt the approach of services was not conducive to the journey of personal recovery. They also felt that these encounters with healthcare professionals were imbued with a sense of underlying tension and stress. Participants acknowledged that they felt professionals were trained to view mental ill health in a generic way. As a result, they described their experiences of service provision to be a losing battle from the beginning:

> They are trained, they are almost programmed to think a certain way, dya know what I mean? You can only to say to thememes so much and they think they know best, so you're like dya know what I mean? To have a losing battle straight away….
>
> (Sam)

Individuals articulated that within service provision, recovery began to seem like a meaningless concept, which was driven by healthcare professionals. However, it was without the relevant support to make it a realistic goal for an individual, potentially creating false hope:

> There is no good just saying something without the action being followed through behind, saying we are going to help you recover but then not having the infrastructure in place to help you do that…cus that is false promises almost!
>
> (Robert)

3.2 | From your foundations to a step in the dark

Young adults identified that their journey of recovery was typically initiated by a significantly traumatic or painful event. They recognized that the result of this internal implosion left the individual unable to fully function. The devastation of this, stripped back any act or mask that the individual previously wore, leaving them feeling exposed:

> ….after a traumatic event you're …you're right down to your foundations…
>
> (Emma)

Participants acknowledged the first step required an individual to admit there was something wrong; this was often known internally to the individual for some time but they existed in a state of denial.

> I think the first step in recovery…is knowing that there is a problem! Before that ye get into a stage of denial…you know there is something wrong in the back of your head but you don't want to …admit it
>
> (Paul)

Participants described the process of recovery as involved initial steps that had to be taken to progress through their journey. They identified that, as the process of recovery was unique to each individual, recognizing the need for recovery was accompanied by a preparedness to take the early steps into unknown and uncharted personal territory.

> it's hard like but ye kinda have to take a step, a step in the dark but you have to try, you have to take that first step…because if you don't you are just going to regress and go back…or like you're not going to recover at all…You're not letting yourself do anything, you're not letting, giving yourself a chance to recover
>
> (Sam)

3.3 | Let go of the pain and not the experience

Young adults described how moving through this process had ultimately changed their lives, as they now dealt with pain differently. Participants recognized that the process of accepting pain did not necessarily lessen the difficulties that such emotions could present in their lives. Therefore, they acknowledged that they did not try

to forget the intensity of these feelings. However, they have had to actively let them go in order to be able to see a different vision of themselves:

> You never really forget what it is like…so I suppose you let go…you let go of the pain and you start…you start remembering like…ye know 'God, like I can be good…I can do this….'
>
> (Helen)

This release of painful emotions was not described as denial or avoidance. Rather, young adults articulated that pain had a purpose, but once this purpose was recognized and accepted, the emotion itself was directionless. Therefore, repeated exposure to it would be worthless, but its meaning was to be found in the experience itself:

> ….know that you have experienced pain but don't feel it again …it's like a vaccine…they give you a bit of pain but your body learns to deal with it and therefore it doesn't experience it again…
>
> (Sam)

Young adults identified time to be a significant factor in their experience of recovering. They found that the recovery process was a slow and gradual journey, and the time taken was different for each individual. This was an extremely frustrating aspect of the process, as participants found it difficult to maintain and endure:

> One of the frustrating parts for me actually, that it wasn't the quick fix that I wanted for a long time, to like get better. It's been…such a slow and on-going process, which is kinda draining in itself and trying to accept that….
>
> (Sean)

3.4 | Surviving out of the ashes

Young adults described that within this difficult stage, there was a critical point where they were in extreme emotional crisis. The intensity and overwhelming nature of these emotions could produce such despair that they often felt they were presented with a stark choice, to die from the emotional pain or live with the pain. Nonetheless, over time, they came to view their pain as a means of making change in their lives:

> Use…use that…pain, use that stuff you wanna bury because it can be so many things like… a start for me
>
> (Paul)

Participants described pain or trauma as being almost kinetic in nature, with the potential to ignite an internalized combustion. However, this reaction or process could also generate a dynamic and life-changing energy; moreover, this energy needed to be understood and endured:

> Like a phoenix out of the ashes outta a fire…the fire is your trauma, pain, everything…and then it dies down and you have the ashes…which is just like the last bit of it and then… you are like a phoenix coming out of it, you are surviving out of the ashes
>
> (Emma)

Participants identified that this process was extremely painful, but on reflection was viewed as an essential stage in their journey. While this internal process caused anguish, they acknowledged that whatever had caused them to experience such difficulties needed to be fully felt and understood within their own lives. This process, while destructive, enabled them, for the first time, to start to see their true selves and find their internal strength:

> I needed it to destroy me, I almost feel like I had to be destroyed, like dya know the whole phoenix thing… sometimes you have to be just completely destroyed before you can…I think that just played a huge part in getting strength….
>
> (Olivia)

From this perspective, participants described how surviving this destruction enabled them to shape themselves and their lives in the way that they wanted, rather than being subject to the external forces of trauma or illness. This developing self was described as being formed from their pain; as a result, they could understand where they had come from and who they were now:

> Once you start to realise who you are and how you have been made into this person…ye know it all comes together really. It's as if…you've formed this person from these pains and…you know who you are now.
>
> (Mary)

3.5 | Recovery needs to be more than a word

Among participants, there was a difference of opinion as to what recovery meant to them. This could be linked to two factors: how long they had been going through the recovery process and their understanding of the term itself. Participants described how the term "recovery" can create considerable confusion, with some interpreting it to mean a return to a former state. For these participants, this was an impossibility, as they had felt changed by their illness experience and could no longer return to a former life:

> Recovery kinda entails that you are going to get back to where you are, where you were…but you're never back there …I'm a totally different person now.
>
> (Rose)

Participants described how the term was too medical and mechanical for the personal journey that an individual undertakes. They saw the process of recovery as returning them to life or giving them their life back. It was felt that the term "recovery" may not be reflective of this, but instead would have connotations of something broken that needed fixed:

> I'm thinking about hard drive recovery or system recovery on a computer… or a recovery van or an ambulance or…I just think…there has to be something better out like you are giving somebody back life.
>
> (Tom)

The generalized application of the term caused participants to lose faith in the concept and struggle to see how it related to their lives. Participants recognized that unless they could understand what recovery meant, in relation to their own life, it was a vague concept. Participants described this required a process of application were they related their own references or influences to the concept, anchoring it within their own experiences:

> You apply your own stuff to it …like regurgitate it see if it comes back up. So aye I think you need to understand your own experiences first before you can put into practice the things that people are telling ye.
>
> (Paul)

4 | DISCUSSION

This study's findings have shown that at a time of emotional crisis, young adults experienced healthcare services as a "A *Losing Battle Straight Away.*" These findings highlighted specifically how distress was not appropriately understood by health services. This resonated with McCabe et al. (2018) view that the dominant clinical understanding of mental health recovery differed significantly from the experience of young adult service users. Findings further suggested that the suffering experienced by young adults was diminished by scaled assessment. This made their experiences, which were defining and foundational to their self-perception, seem undervalued and, by association, made their lives feel meaningless. Coleman (1999) proposed that the use of assessment scales is to ensure experiences can be located within a clearly defined medical framework, rather than capturing the true essence of the experience of mental distress.

The findings aligned with Eriksson's (2006) theory of *The Suffering Human Being*. Participants found themselves unable to enter the first act *"drama of suffering"* (Eriksson, 2006, p.47) as the lack of confirmation of their difficulties by the health professionals directly disrupted this vital stage within mental health recovery. The appropriate recognition and confirmation would have ensured that the *"drama of suffering"* could begin (Eriksson, 2006, p.47). The findings suggested that the appropriate confirmation of the suffering of young adults by health professionals could ensure that when *Down to your Foundations* they are supported when taking *A Step in the Dark* of their unknown personal territory. Without this, these participants existed under the pretence of functionality in front of family and friends and internalizing their distress (BLINDED FOR PEER REVIEW).

The findings can be further aligned to the second act of Eriksson's (2006) theory, *"The Suffering itself."* Study participants described the experience of an emotional implosion, which took them *Down to their Foundations*, as life altering and exposed their lack of a referential life experience to understand their difficulties. This reflected Davis's (2013) view that a lack a referential life experience leaves individuals unprepared and unable to articulate their suffering. The theme *Let go of the Pain but not the Experience* reflected a stage where their perception of self and of life can be refocused, and mental health recovery can be incorporated into a developmental narrative of self-discovery. This coincides with Romano et al.'s (2010) view that young adulthood is a life stage of potential malleability, where altering life perceptions is part of a developmental process.

Eriksson (2006) argued for the *"drama of suffering"* to be realized and involved the time and space to undergo suffering. The findings revealed that participants needed to give themselves time, and needed time to be given to them by others. This resonates with Karalova-O'Doherty et al. (2012) findings of the importance of participants reconnecting with time as part of their journey of recovery. Therefore, only through appropriate confirmation can an individual's suffering be recognized and healed, by another affording them time to heal (Liggins, 2018).

The findings suggested that through the process of mental health recovery, the individual is *Surviving Out of the Ashes* of a former self. This resonates with Eriksson's (2006, p.47) proposed third act of suffering. The *"reconciliation"* of the individual involves the reformulation of the self out of the difficulties that have been experienced and, through this, creating a new sense of wholeness (Eriksson, 2006). The findings also concurred with Kogstad et al. (2011) position that personal turning points, instigated by life crisis, could develop a self-awareness to encounter their life. This is supported by the theory of Post-Traumatic Growth, where the painful experiences provide the context for new psychological constructs that enable growth within personal crisis (Tedeshci & Calhoun, 1998). Furthermore, the findings indicate that in young adulthood, emotional pain may be discarded, but the experiential learning must be retained. One participant likened it to *"a vaccine"* where its psychological potency was diminished, while retaining its emotional antigens; this resonates with Tedeshci et al. (1998, p.11) view *"of trauma as inoculation."*

The findings also indicate that engagement with the suffering or painful experiences of mental ill health is a core internal process for mental health recovery in young adulthood. As a result, the emotional contours of the individual can become more apparent at a time

of emotional crisis, revealing the complexity and possibilities of an individual (Eriksson, 2006). Eriksson (2006) argued that not providing the space and time for an individual to encounter their suffering safely, robs them of a chance to engage with life itself. The findings reinforced how the ability to complete the three acts of suffering could considerably impact on young adults' conceptualization of mental health recovery, and significantly, of life itself.

The conceptual confusion surrounding recovery (McCauley et al., 2015) and the difficulty some service users have identified with the term in relation to the lived experience (Aston and Coffey, 2012) due to a biomedical approach imbued with neoliberal perspectives (McWade, 2015) is indicative of its' personalized nature. The experience of reconciliation (Eriksson, 2006), like the process of mental health recovering, will be unique for each individual (Deegan, 1995). Through this process, the participants were able to alter their own perception of their ill health and difficulties and use their experiences as drivers for their own mental health recovery. This personal recalibration was essential for mental health recovery to be seen as something relevant in their lives and, ultimately, for the future to start to be envisaged (Pitt et al. 2007). Additionally, this impacted on their temporal perspective on mental health recovery, making the process more present in their everyday lives and refocusing the emotional lens through which they perceived themselves (Eriksson, 2006).

While Erickson's theory helped illuminate these findings, the merging of Kleinman's theory of explanatory models was also instructive. It was Kleinman's (1988) view that the development of a personal illness narrative was a way of articulating the experience of illness, but also provided a means of integrating the experience of symptoms and suffering. Our findings suggest that within the participants' illness narrative existed their explanatory model for mental health recovery *"use that stuff you wanna bury."* The findings suggest that mental health recovery is an active process, where the individual is required to engage and use their pain to enable growth. The theme, *Recovery Needs to be More than a Word*, revealed that their narrative of their experience of suffering forced a re-evaluation of the lived experience. Study findings have, therefore, added to the existing evidence by revealing that participants were able to alter their own perception of their ill health and difficulties by using suffering as a driver for their own mental health recovery. Furthermore, findings revealed that the process of recovery, contextualized within personal and cultural meaning, provided the possibility for personal transformation (Kleinman, 1988; Onken et al., 2007). This concurred with Slade (2014) view that finding personal meaning can catalyse the change process in the individual. However, findings revealed this real-life relevance enabled young adults to reconcile their mental distress within their own lives so the process of mental health recovery became a personalized strategy of individual wellness.

4.1 | Implications for mental health nursing

The findings have significant implications for mental health nursing practice, due to the considerable risks posed to young adult's lives by a generic and service orientated understanding of mental health recovery. While young adults experiencing distress will often seek help from mental health nurses, they have identified this to be fraught with communication difficulties. The pain and suffering young adults experience must be recognized and prioritized in clinical practice. This will enable the development of more appropriate and sensitive consultations that do not act as primary barriers to mental health recovering. Study findings further suggested that the process of mental health recovering must be informed by, and relevant to, the needs of young adults and not a predetermined pathway favoured by health professionals.

4.2 | Limitations

The application of the dual theoretical framework is a novel approach. However, the researcher acknowledges that both theories used in conjunction, have not been previously employed and, therefore, there is no existing evidence-base to support their combined usage. However, as the dual theoretical framework has underpinned this study, it would be proposed that the standards of trustworthiness in the qualitative research design, have ensured the rigour of its application. Due to the criteria for participant involvement, interviews were not conducted during more acute phases of distress, however, this is reflective of the non-linear and the subjective nature of recovery.

A further limiting factor could be when data saturation was determined to have been reached. While the issue of data saturation is debated within qualitative research, Debesay et al. (2008) suggested that the concept of the hermeneutic circle is complex with regards to how the circle is closed, and if full understanding was achieved. Within practical research, resource and time-related factors often limit the indefinite movement through the hermeneutic circle, yet a plausible endpoint must be found (Fleming et al. 2003) and was reached within this research study.

5 | CONCLUSION

The findings from this study suggest that Eriksson's (2006) *"drama of suffering"* is reflective of the internal process of mental health recovery in young adulthood. For young adults, the catalytic effects of personal, social and cultural meaning of their suffering (Kleinman, 1988) actualize the process of mental health recovery. Through this process, young adults' suffering can be transformed into a kinetic component in their conceptualization of mental health recovery. If recovery is descriptive of any aspect of the process, it is the recovery of an active and purposeful life force. Weinstein (2010, p.10) argued that service users must *"own the definition"* of recovery. The findings would suggest young adults have developed an explanatory model of "*use that stuff you wanna bury*" to transform an illness narrative (Kleinman, 1988) to a wellness strategy for *"surviving out of the ashes."*

6 | RELEVANCE STATEMENT

The conceptual components of recovery have been identified as: connectedness; hope; identity; meaning in life; and empowerment, there are often barriers to their sustainability, requiring a dynamic interaction with internal and external process for real-life maintenance. Within their emerging adult role, young people will embark on transformative and emotive life experiences. This indicates that the personal challenges for recovery for young adults may be different from other age groups. Mental health nursing practice should be informed by an understanding of how young adults conceptualize and actualize their own mental health recovery rather than a generic and service orientated perspective.

ACKNOWLEDGEMENTS

The authors sincerely thank all the participants for their valued contribution and the time they afforded this study, it was great appreciated.

CONFLICT OF INTEREST

The author(s) declared no potential conflict of interest with the research, authorship and/or publication of this article.

AUTHOR CONTRIBUTIONS

The lead author conducted the semi-structured interviews for this study but all authors were involved in the analysis and interpretation of findings and the writing of this paper.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

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How to cite this article: Mccauley C-O, Mckenna H, Keeney S, Mclaughlin D. *"Surviving out of the Ashes"* – An exploration of young adult service users' perspectives of mental health recovery. *J Psychiatr Ment Health Nurs*. 2020;00:1–10. https://doi.org/10.1111/jpm.12728

APPENDIX 1

DEVELOPED SEMI-STRUCTURED INTERVIEW SCHEDULE (MCCAULEY ET AL. 2017)

Opening question

Q. What does recovery mean to you?

The lived experience of mental ill health in young adulthood

Q. As a young adult what factors are involved in understanding your mental ill health

The influence of Others (Family/Friends/Professionals/Peers) on the experience of mental ill health in young adulthood (external vs. internal-social world vs. self)

Q. How do you feel your mental ill health is being understood by others

Recovery in Mental Illness

Q. When did recovery in mental ill health feel like an option for you?

The relationship between lived experience of mental ill health and recovery

Q. How has your own experience of mental ill health informed your recovery?

The effects of painful experiences on mental health in young adulthood

Q. How has the pain of mental ill health experiences affected you?

The impact of living through painful experiences and the understanding of others

Q. By living through painful experiences, has your relationships with others changed?

Q. What role do others play in your recovery?

The relationship between living through painful experiences and recovery in mental ill health

Q. How has living through painful experiences influenced your recovery?

Q. What are most proud of?