The Recovery Process in Major Depression
An Analysis Employing Meleis’ Transition Framework for Deeper Understanding as a Foundation for Nursing Interventions

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The number of persons with mental illness is increasing globally; despite this fact, nursing research on research-based interventions to prevent or minimize illness and increase quality of life is sparse. The purpose of this secondary analysis of men and women recovering from major depression ($N = 25$) was to gain a deeper understanding of the concept of transition in the recovery process associated with major depression as well as to develop and suggest nursing interventions that support the recovery process. The transition framework was useful, as it was describing the transition process as fluid, going back and forth, which was confirmed by the respondents’ statements. Transition planning is a feasible way of supporting both the recovery process and health promotion, thus laying the foundations for a good quality of life.

Key words: depressive disorder, nursing interventions, psychiatric mental health nursing, recovery, transition

M AJOR DEPRESSION (MD) significantly impacts on the mental and physical health, well-being, and quality of life of the sufferer. Depression affects how individuals function, as well as their experiences and cognitive and emotional understanding of their world. This altered state of being in, experiencing, and understanding the world not only affects the person suffering from depression but also impacts on next-of-kin, for example, partners, children, and close friends. Compared to people with somatic medical conditions, individuals with MD are often less able to function as parents or employees, as a result of serious impairments in social and role functioning, poorer health, a worse financial situation, and more physical pain. Thus, there is a need to develop knowledge about interventions that support recovery.

In earlier studies, men and women described their recovery from MD as several phases of development that seemed to be a necessary part of their striving for health. The phases occurred both on an external and internal level. On the external level, the informants changed the daily routines in their private and professional life, in order to reduce the amount of stress they were exposed to. On the internal level, they described changed values and stated that existential issues had become more important. The
experience of living with and recovering from MD was found to be an ongoing process. The informants narrated, in a dialectic way, how they and their lives had changed. When trying to understand and describe this process, the concept of transition emerged.

Van Gennep, a Dutch anthropologist, wrote about transition as 1 of 3 phases in his description of “the rites of passage.”5 Bridges6 based his work on Van Gennep’s definition, but broadened the concept to include transitions that occur in life situations, as part of an individual’s personal development. The concept is well established in anthropology and psychology and has been used in nursing for 30 years.7–11

Against this background we became interested in pursuing a secondary analysis of the data used in Skärsäter et al’s studies5,4 and since Meleis et al’s framework12 was found appropriate and fitted the patients’ narratives, we decided to use it. Transition can be understood as a passage, or movement, from one life phase, condition, or status to another, and the process and experience of undergoing a transition can result in a changed perception of health, new meaning, and a sense of control.12,13 Transitions both result in and are the result of changes in life, health, relationships, and environment and refer to both the process and the outcome of complex person-environment interactions. The framework of transition developed by Meleis et al12 consists of the nature of transitions, transition conditions, patterns of response, and nursing therapeutics, although nursing therapeutics are not addressed in any detail (Fig 1).

The aim of this secondary analysis was to gain a deeper understanding of the concept of transition in the MD recovery process.

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**Figure 1.** Transitions: A middle-range theory. Reprinted with permission from Meleis et al.5
Using this deeper understanding as a foundation, the aim was also to develop and suggest nursing interventions that support the recovery process.

METHODS
Description of data and the analysis process
The data presented in this article were originally collected between 1999 and 2000. The sample included 12 men and 13 women who were recovering from MD (N = 25).3,4 The informants had been diagnosed as suffering from MD in accordance with Diagnostic and Statistical Manual of Mental Disorders, fourth edition,14 in 2 psychiatric departments situated in the south of Sweden. They had received in-patient treatment on at least one occasion for a minimum of 48 hours. The severity of the depression was evaluated in the psychiatric departments involved by board-certified psychiatrists using the Montgomery Åsberg Depression Rating Scale (MADRS).15 The informants lived in the community and were strategically chosen in order to obtain variation.16 Their demographic details are presented in Table 1.

All the interviews in the original studies were conducted by the first author and comprised one main question: What helped you recover from depression? The data were tape-recorded and transcribed verbatim and contain 416 double-spaced pages. In the original studies, data were analyzed by means of phenomenography.17 The initial analysis concerned the informants’ recovery process from MD from a salutogenic perspective.3,4 These previous findings were disregarded and the original transcriptions formed the basis for the secondary analysis, meaning that all interviews (25 transcriptions) were analyzed and interpreted as a whole a second time.18 The guiding research question in the secondary analysis was “When recovering from MD, what are the informants’ experiences in response of transition?” The transcripts were analyzed by means of content analysis,16,19 which was selected because of its capacity to deductively test theory.20(p299)

The secondary analysis process
Both authors discussed and decided how to conduct the deductive process in the secondary analysis using Meleis’ framework. Initially, the transcripts were read and reread to gain a sense of the whole. Second, meaning units relevant to transition characteristics were marked in the text and formed into abstracted, condensed meaning units. In the next step, all condensed meaning units were categorized into subthemes on the basis of the pattern of transition.16 The second author, who was not involved in the original studies, confirmed the first author’s analysis.

Table 1. Demographic characteristics of informants (N = 25) recovering from major depression

<table>
<thead>
<tr>
<th>Age, y</th>
<th>Count (28–65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–34</td>
<td>4</td>
</tr>
<tr>
<td>35–44</td>
<td>8</td>
</tr>
<tr>
<td>45–65</td>
<td>15</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>15</td>
</tr>
<tr>
<td>No partner</td>
<td>10</td>
</tr>
<tr>
<td>Place of residence</td>
<td></td>
</tr>
<tr>
<td>Town</td>
<td>17</td>
</tr>
<tr>
<td>Countryside</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Elementary school</td>
<td>7</td>
</tr>
<tr>
<td>Upper secondary school</td>
<td>5</td>
</tr>
<tr>
<td>College/University</td>
<td>13</td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>1–2</td>
<td>15</td>
</tr>
<tr>
<td>≥3</td>
<td>6</td>
</tr>
<tr>
<td>Number of admissions</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>≥3</td>
<td>5</td>
</tr>
<tr>
<td>Employment status at time of interview</td>
<td></td>
</tr>
<tr>
<td>Paid employment</td>
<td>21</td>
</tr>
<tr>
<td>Pension</td>
<td>4</td>
</tr>
</tbody>
</table>
by means of a random check on one third of
the transcribed texts. Both authors discussed
the meaning units, condensed meaning units,
and subthemes and their characteristics, and
critically analyzed, questioned, read, and com-
pared them in order to achieve reasonableness. Table 2 illustrates how the analysis pro-
cess was performed. The first author checked
the transcripts and ensured that all marked
statements fitted into the domains of transi-
tion. Finally, both authors discussed the find-
ings, reflected on the interpretations, and sug-
gested interventions. The informed consent
obtained in the original studies covered the
possibility of a secondary analysis as well as
the original research and were approved by
the Ethics Committee of the Medical Faculty,
Lund University, Sweden (LU 395–97).

FINDINGS

The findings are reported under the headings of transition characteristics such as the
nature of transition, transition conditions, and
patterns of response based on Meleis’ frame-
work. Each heading is supported by sub-
themes, some of which are illuminated by
quotations from informants. These subthemes
serve as a foundation for the suggested in-
terventions and are supported by relevant re-
search. Nursing interventions are reported in
Tables 3, 4, and 5.

The nature of transition

The nature of transition includes types, pat-
terns, properties, and transition conditions.12
Types and patterns of transition include
development and situational transitions,
health-illness experiences, and organizational
transitions.11,13 The experience of having
gone through an episode of MD served as
a trigger for the informants to change their
circumstances and lifestyle, as well as for
their subsequent strive toward recovery and
health. The interrelationships between multi-
ple transitions were interwoven throughout
the men’s and women’s narratives. Transi-
tions, such as starting a family or ending one’s

Table 2. Example of analysis process with meaning units, condensed meaning units, subthemes, domains, and nursing interventions

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Condensed meaning units</th>
<th>Subthemes</th>
<th>Domains</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well, it’s probably only a question of me wishing that they would understand. It’s difficult to explain. To them I’m still the same old girl. They can only see the situation as it was before explain. To them I’m still the same old girl. They can only see the situation as it was before.</td>
<td>Difficult to explain why and how the informant has changed</td>
<td>Changed values</td>
<td>Change and difference</td>
<td>Discuss the meaning of the changed internal values/mode of life and how comfortable the individual is about this change</td>
</tr>
<tr>
<td>I felt needed and actually felt that I contributed at my workplace, even if it hurt like hell. You know, it was my boss, he was responsible for my rehabilitation and he was very eager to conduct those meetings that saved me.</td>
<td>To feel that you are needed</td>
<td>Change and difference</td>
<td>To feel that you are needed</td>
<td>Obtain appropriate support from the right person</td>
</tr>
<tr>
<td>To feel that you are needed</td>
<td>Feeling connected</td>
<td>Feeling connected</td>
<td>To feel that you are needed</td>
<td>To feel that you are needed</td>
</tr>
</tbody>
</table>

Table 2. Example of analysis process with meaning units, condensed meaning units, subthemes, domains, and nursing interventions
Table 3. Nursing interventions that support properties of the transition process for persons recovering from major depression

| Awareness | □ Meet and understand the individual as a whole person within the framework of family and work, needs and wishes.  
          | □ Illuminate the individual situation; carefully explore resources and plan together for individualized care during the acute phase. |
| Engagement | □ Provide information on where to contact former patients, or support groups, who can share experiences, in order to provide informational and appraisal support.  
           | □ Develop and use information methods that strengthen the individuals to participate in and make appropriate decisions.  
           | □ The encounter should make the individual feel welcome to participate in a caring relationship. |
| Change and difference | □ Encourage the person to set boundaries and prepare them, especially female patients, for the possibility that they may not obtain the support they need as such changes can be inconvenient for other persons.  
                   | □ Discuss with parents how they talk to their children about the changed family situation and carefully explore the needs of all family members.  
                   | □ Discuss the meaning of the changed internal values/mode of life and how comfortable the individual is about this change. |
| Time span | □ Support the individual to establish structure in terms of time and care. |
| Critical points and events | □ Support individuals to take charge of their life and initiate necessary changes.  
                             | □ Recommend women to take sick leave for as long as necessary, in order to fulfil their own needs and make use of their own space.  
                             | □ Support males to return to work, or similar, on a part-time basis. |

working life, were quite common. Transition properties consist of awareness, engagement, change and difference, time span, and critical points and events.12 Nursing interventions that support the properties of the transition process for persons recovering from MD are reported in Table 3.

**Awareness**

Awareness of the transition process is related to perception, knowledge, and recognition of the transition experience.12 The experience of living with MD caused a break in the structure of the informants’ lives. It was essential that their illness was taken seriously and their needs considered worthy of attention. They wanted to be involved in decision making, choices, and to talk about their wishes. If allowed to do so, they dared trust themselves more, which, in turn, increased their self-reliance. To meet an individual as a whole person involves recognizing that he or she is more than the mere disease or illness.21

It was apparent that those informants who achieved health had started a transition process that led to reappraisal and personal growth. However, some individuals expressed the need for change in their life. One woman, who had not recovered, said: “There has to be a change, but I do not know how to go about it.” Although this woman had few personal resources in her environment, she was nevertheless aware of the need for change. Other individuals related that they felt locked up in themselves or were unable to express their feelings as a result of pharmacological treatment. This is an interesting
Table 4. Nursing interventions that support transition conditions for persons recovering from major depression

<table>
<thead>
<tr>
<th>Personal components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
</tr>
<tr>
<td>□ Support the person to formulate thoughts about meaningful dimensions in life.</td>
</tr>
<tr>
<td>Cultural beliefs and attitudes</td>
</tr>
<tr>
<td>□ Encourage individuals to become aware of media information in order to decrease stigmatization.</td>
</tr>
<tr>
<td>□ Support the individual by communicating problems within the family and obtaining support to normalize the family situation.</td>
</tr>
<tr>
<td>Socioeconomic status</td>
</tr>
<tr>
<td>□ Discuss and refer to alternative options that are economically feasible.</td>
</tr>
<tr>
<td>Preparation and knowledge</td>
</tr>
<tr>
<td>□ Identify available and constructive skills or strategies to reduce anxiety.</td>
</tr>
<tr>
<td>□ Provide group education to the individual as well as to the family members.</td>
</tr>
<tr>
<td>□ Encourage the individuals to take their feelings seriously and to find a trustworthy person with whom they can share their thoughts.</td>
</tr>
<tr>
<td>Community components</td>
</tr>
<tr>
<td>□ Provide information about community resources and inform about appropriate activities for persons who perceive that they have insufficient social support.</td>
</tr>
<tr>
<td>Social components</td>
</tr>
<tr>
<td>□ Discuss negative consequences of globalization and what boundaries the person himself/herself can set up in order to reduce stress.</td>
</tr>
</tbody>
</table>

Table 5. Nursing interventions that support patterns of response in persons recovering from major depression

<table>
<thead>
<tr>
<th>Process indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling connected</td>
</tr>
<tr>
<td>□ Support the individual to plan the recovery process together with a trusted person, either a family member or a colleague.</td>
</tr>
<tr>
<td>Interacting</td>
</tr>
<tr>
<td>□ Emphasize the importance of continuity in contacts with healthcare personnel and, if lacking, encourage the individual to attend other healthcare providers.</td>
</tr>
<tr>
<td>Location and being situated in life</td>
</tr>
<tr>
<td>□ Confirm that a changed worldview can be a positive outcome of the recovery process.</td>
</tr>
<tr>
<td>Developing confidence and coping skills</td>
</tr>
<tr>
<td>□ Focus on the future in order to encourage the patient not to take one day at a time.</td>
</tr>
<tr>
<td>□ Establish how much of the person’s capacity is used and if he/she needs support. Base support on the individual’s needs and not on limited healthcare resources.</td>
</tr>
<tr>
<td>Outcome indicators</td>
</tr>
<tr>
<td>Mastery</td>
</tr>
<tr>
<td>□ Confirm the individual’s ability to make decisions in order to attain mastery and control</td>
</tr>
<tr>
<td>Fluid integrative identities</td>
</tr>
<tr>
<td>□ Consider listening as an intervention.</td>
</tr>
<tr>
<td>□ Confirm individuals’ narratives in order to promote the transition process.</td>
</tr>
</tbody>
</table>
part of the transition process, and Meleis\(^5\) has questioned whether it is triggered by the individual or the nurse.

In this study, the informants clearly expressed the problems they had experienced, even in cases where they did not know how to handle them. Some individuals were in such a vulnerable situation that nurses had to listen carefully, illuminate and explore the situation, as well as support the individual to describe his/her problems and resources. Together they can draw up an individualized care plan. The individual’s participation in goal setting can be a significant first step in regaining mastery over life. This highlights the importance of a relationship with a nurse and of cooperation for a successful outcome.\(^22\)

**Engagement**

One property of transition is the level of engagement in the process. *Engagement* is defined as the degree to which a person demonstrates connection with the processes inherent in the transition.\(^12\) The informants expressed a need for contact with others in similar situations. They wished to have someone they could trust to help them cope with their problems, gain understanding, and put their worries into perspective. Previous research has revealed that the presence of a layperson who listens has a significant positive effect upon the remission of depression.\(^23\)

The informants had difficulties obtaining the information they required. They used different sources of information, such as books, newspapers, and the media. They wanted information about coping strategies and how to manage relationships. These findings point to the need for the psychiatric nurses to develop and use methods of providing information that can strengthen the individuals as adequate information promotes identification and insight into essential aspects of a person’s life.\(^24,25\)

Some informants described suffering from a lack of initiative while in hospital. In their opinion, they required more active support, especially from healthcare professionals, in order to become engaged in the recovery process. They needed help until they were ready to take command of life again, such as paying bills or managing a family. Other informants felt secure when they received confirmation of their disease, and were told that it was acceptable to be ill and that they would recover. These findings highlight the need for nurses to be clearer when inviting patients to enter into a relationship and in articulating their caring role by seeking out the individual and being present, even in the most difficult situations.\(^26\)

**Change and difference**

Change and difference are important properties of transition, although they are not synonymous or interchangeable. Changes may be related to critical events or to disruption in routines, relationships, or perceptions. Differences can be associated with feeling or being perceived as odd or having a different outlook on the world and other people.\(^12\) Data revealed that recovering from depression was about making changes in one’s life and in oneself as a person. The informants moderated stressful situations in order to minimize stressors and reduce the risk of making mistakes. They became more confident in the area of decision making and began to set boundaries both vis-à-vis themselves and others, something they stated they had not done before. The men changed their work environment, which enabled them to minimize some of the demands made upon them. These changes were supported by their families and colleagues. The female informants started to set boundaries in relation to persons in their social network, as they felt that certain people demanded too much from them. This was difficult to manage, as they did not obtain support in this respect. Family members considered it troublesome that the women no longer wanted to do things as before. In the words of one woman: “but I’m increasingly doing the things I want to do...and I say ‘No’ when I don’t feel like doing something...I’m no longer going to do things if it does not make
me feel good... many people find that a bit selfish, but I don't think so.” Nurses can support individuals to set boundaries, which can be seen as a statement of assertiveness and self-reliance. The feeling of having regained control over one’s own life is an important antidote to powerlessness.

Some informants experienced a change in their parental role due to the illness. The male informants expressed uncertainty about, and feared losing, their father role. The female informants struggled to maintain their role as mothers, but did not express any fear of losing it. The parental role was an important incentive for recovery, and it is essential that nurses inform the family members, not least the children, about how to handle the situation and allow them to participate in the care planning. The parental role can be supported by means of information as well as discussions about problems, symptoms and risk factors, treatment options, and the possibility of receiving support.

The informants described how they acquired a different view of themselves and other people. They began to observe their own behavior and understand how it had contributed to the depression. They observed what was good and bad for them and challenged old values and ingrained role expectations. Some respondents had problems knowing how to act in the recovery process, as they felt that they did not have any value as human beings if they broke social norms. Some redefined their goals on the basis of a new way of looking at themselves and others and broadened their perspective. Sometimes it was hard to communicate changed internal values (see Table 2). Caring communication can assist in the rebuilding of the shattered subjective world by providing a safe context in which individuals can reassess the world, their position and condition within it, as well as their self-worth. Positive reappraisal processes can help motivate the individual to reengage in efforts to manage his/her ongoing stress and to employ cognitive strategies for redefining a situation in order to see the positive side of it.

**Time span**

Transitions are characterized by movement and variability in time, which do not follow any special time trajectory. The informants needed time for reflection in order to leave the depression behind and start trusting their own powers of healing. One woman related: “and then if somebody tells you that it will take so and so long, you can relax, accept the situation, and recuperate... and there is nothing strange or odd about it... accept that it’s difficult and that it needs that time to heal.” Against this background it is important that nurses communicate and share knowledge about the consequences of depressive illness with the individuals concerned. Data revealed that the informants perceived time differently before and after the illness. Everything took time and prolonged the recovery process. It is important to structure the process of recovery and deal with the experience of temporal uncertainty, thus supporting the individual to gain a structured and predictable future.

**Critical points and events**

Critical points are often characterized by increased vulnerability, in which individuals sometimes have to struggle with self-care and uncertainty. The informants reported discarding old attitudes and ingrained roles in order to find new ways of using resources and dealing with everyday life. Some informants felt confident that they could use new skills to avoid slipping back into depression. This process led to increased manageability, which was revealed by the fact that they began to take charge of their own recovery process as well as taking initiatives to change undesirable situations. This has previously been described in the recovery process of depressed women. According to Peden, the person’s own commitment is the key to the recovery process and can result in a healthier lifestyle.

Data revealed gender differences in the way of thinking about what is beneficial during the recovery process. The female patients...
believed in their ability to heal themselves, and in order to do so, they required continuity in time and space. In her own space, the woman could be herself and have the opportunity to reflect on how best to meet her needs. One woman said: "In a way it would be good to be allowed to disengage from everyday life in order to manage one's depression." For the male informants, the overall goal in restoring their health was to find a platform where they could resume their place in society, because it made them feel valued as a human being. One man stated: "now I'm one of the team again. I work full time, I am seldom off sick. I take care of my children, and I manage, I certainly do." There may be different ways to facilitate the recovery process that take account of individual needs. The women will probably need support from family members and others in order to benefit from their leave of absence. The process that the women went through is similar to "clueing in," a shift in the gestalt, which involves insight, readiness, and motivation to change, as described by Schreiber.32 The male patients expressed the importance of taking responsibility for themselves and their families. This was the role they considered a man should have in society, that is, "making you a man."33 For these men, early return to work, but not necessarily to their ordinary job, proved most beneficial. This work could be done at any time during the day with no deadlines, in order to get back on track again. In such cases, they reported the need for support from bosses and colleagues as well as from their family, in order to discover the level of demand that best suited them.

Transition conditions

Transition conditions are facilitators and inhibitors that can be defined as the transition process itself and the meaning attributed to events that precipitate a transition, which may facilitate or inhibit healthy transitions.12 Transition conditions include facilitators and inhibitors associated with personal, community, and societal components. Personal conditions are meanings, cultural beliefs and attitudes, socioeconomic status, preparation, and knowledge. In order to understand transition experiences, it is necessary to uncover personal and environmental conditions.12 Nursing interventions that support transition conditions for persons recovering from MD are reported in Table 4.

Personal components

Meaning

For human beings the possibility to attribute meaning to health and illness is essential.12 The informants tried to discern how the suffering they had endured could give some meaning to their present life. Some of them mentioned that their children made life worthwhile. Other persons relied on God or found comfort in nature. Although they had suffered, the depressive episode gave them a new depth and made them appreciate life. The experience of undergoing a transition can result in new meaning.12,13 By means of a caring conversation the nurse can encourage the individual to express his/her existential thoughts and needs.

Cultural beliefs and attitudes

For many persons mental illness is accompanied by feelings of isolation and stigmatization. The informants described how adequate information about depression and its consequences helped to distance them from feelings of personal failure. Media reports about mental illness lessened the feeling of stigmatization, as they demonstrated that this is a problem in society generally and thus also among people who are successful. For the vast majority of lay people, the media constitute one important source of information about health and illness.34 For the informants, family life was a source of normalization, and the family's support and well-being were important to them. It was a relief when they could live their daily life in an ordinary way. However, their attempt to ensure their children's well-being could sometimes give rise to dilemmas, as they were
reluctant to discuss their depression with the children for fear of burdening them. This reaction is understandable in the light of Badger’s findings\textsuperscript{35} that all family members are affected when one member is depressed, and that their roles are at risk of being altered. Nurses can support the family to communicate and discuss problems, symptoms, and risk factors and the possibility of obtaining professional support.\textsuperscript{28}

**Socioeconomic status**

Some female informants stated that they wanted a special kind of psychotherapy or complementary treatment methods, but that they were unable to afford it. Nurses can discuss alternatives with individuals and inform them about the kind of strategies that are available within the healthcare system.

**Preparation and knowledge**

Preparation for and knowledge of what to expect during a transition, and what strategies might be helpful for managing it, are required, as lack of preparation can be an inhibitor.\textsuperscript{12} The informants reported that they paid greater attention to their mood and made conscious choices to change their situation, often through some kind of activity such as walking, jogging, meditation, etc., activities that have previously been shown to be effective for coping with depression.\textsuperscript{36}

The healthcare system is rarely the first place one turns to for help. Involving and supporting the patient’s closest social network is part of the recovery process. Families living with a depressed member are also going through psychosocial processes and have to develop protective and coercive strategies.\textsuperscript{35} Education and support decreased the negative impact of depression on all family members and enabled them to interact. The female informants in particular talked about their contacts with other people in whom they had confidence, such as healthcare professionals and lay persons. Verbalizing distressing experiences has the effect of containing or shaping an otherwise diffuse experience and has several positive effects on the individuals concerned, such as the opportunity to express their feelings and the alleviation of suffering.\textsuperscript{37} In a continuous relationship, the nurse can share the patient’s experience of suffering as well as contain it. The “containing ability” promotes the nurse’s capacity to actually see the other person as he or she is, which is of major importance.\textsuperscript{38}

**Community components**

To establish and have confirming social relationships was valuable for both male and female informants. There were informants who did not have such caring relationships. Society should take greater responsibility for these persons, for example, by supporting them to establish a daily routine and motivate them to go out and meet people. As one female informant stated, “one would perhaps like to have some contact... a place where I can bring my piece of embroidery... in order to have a bit of stimulation.” Nurses should provide information about community resources and encourage clients to try the activities on offer. As it is possible to identify particular social network characteristics of people with long-term psychiatric illness,\textsuperscript{39} nurses could highlight deficits and intervene in a timely manner to enhance the support system. It is essential to help the depressed person to explore and strengthen social relationships outside the therapeutic context. Improved access to this kind of support requires that information about local self-help organizations, friendship groups, advice centers, and counseling services is improved and made available.

**Societal components**

For some informants, the various inputs from the “ongoing world” were stressful due to globalization. Others were stressed because of the many choices available. Nurses can assist the person to discuss the negative consequences of globalization and what boundaries he/she can set in order to reduce the level of stress caused by his/her surroundings. For many of them, this implied trying
to focus on some area or return to previous interests. It can be of decisive value for the person to experience support for his/her new lifestyle.

**Patterns of response**

Process and outcome indicators are patterns of response. Process indicators can develop confidence in cases where individuals have to understand the different processes inherent in treatment, recovery, and the limitations brought about by the illness, as well as how to best utilize resources and develop coping strategies. Process indicators consist of feeling connected, interacting, location and being situated, as well as developing confidence and coping. Outcome indicators consist of mastery and fluid integrative identities. Outcomes can indicate when a transition is complete.\(^{12}\) Nursing interventions that support patterns of response for persons recovering from MD are presented in Table 5.

**Process indicators**

**Feeling connected**

During the transition phase, processes indicating increased health and well-being will emerge.\(^{12}\) For the informants it was vital to receive the right support at the right time, which allowed them to dare to look ahead. If the informants did not require help from healthcare professionals, they approached other people, such as work mates and the staff at the Job Centre (see Table 2). These strategies are consistent with Steen's study,\(^\text{25}\) where, during their recovery process, depressed persons were able to nurture themselves and strengthen their support networks in order to obtain the support they required to recover. It is essential that nurses support individuals to plan the recovery process together with a respected person from the family or the workplace, as this will facilitate the reconstruction of one's social network and social support systems. This means that nurses will have to develop and provide interventions that focus on symptom management and that include existential dimensions that are accepted and beneficial in community settings.

**Interacting**

Critical dimensions pertaining to the quality of contact were uncovered by means of intradyadic interaction.\(^^{12}\) The individuals' perception of the quality of the support they had received appeared to be contingent on their relationship with the nurse. A sense of participation was achieved when they experienced concordance in the encounter with healthcare professionals. When an individual seeks help, it is vital to meet another person on the same wavelength. This means that nurses must create opportunities by means of mutual participation\(^\text{40}\) and by acknowledging the potential of the individual.

**Location and being situated in life**

Location is vital for most transition experiences, in terms of moving not only from one place to another but also within oneself.\(^^{12}\) The respondents realized that although the period of illness was hard to handle, it had provided them with an opportunity to reflect over how they had lived their lives. They could see that reflection gave them a new perspective on the world and allowed them to act in a different way. A nurse can confirm that an individual is in a process of transition, which is a positive outcome in the recovery process.

**Developing confidence and coping skills**

Confidence increases progressively over the course of the transition process.\(^^{12}\) The respondents had different outlooks on the future. Some of them tried to live in the present and took one day at a time, while others felt confident that they were capable of influencing their own future. The nurse can support patients who find it difficult to look to the future and are unable to take one day at a time, as the latter can be a strong indicator of an inhibition that prevents participation and engagement in the transition process.\(^{41}\) In order for the patients to live with limitations or lack of healthcare resources and still develop
confidence in the different processes inherent in treatment and recovery, the nurse should talk to them about their own capacity and the kind of support they need to enhance the recovery process. The point of departure should be individual needs and not the lack of healthcare resources.

**Outcome indicators**

**Mastery**

An important goal in all transitions is the ability to manage the process. The respondents who had regained their health reassessed their lives and mastered the skills needed to manage the transition. They adopted a different method of appraisal in an effort to deal with stressful conditions and redefined goals on the basis of a new way of looking at themselves and others. They were increasingly able to see themselves as a whole person, complete with inconsistencies, strengths, and shortcomings as well as nurture themselves without having to apologize about it. Recovery from depression was a growth experience, as the individuals developed the skills and knowledge they previously lacked. Nurses can confirm and support decision making in order to utilize patients' own ability. By the time they had reached this point of the transition, they exhibited greater stability, their decisions were based on an inner determination, and they were near the end of the transition.

**Fluid integrative identities**

Recovery was an ongoing process, characterized by a back and forth movement. The individuals had accepted their way of life and were able to see that the depression had broadened their outlook. They had to come to terms with the difficult situation, as one woman related: “and for a long time I wanted to be exactly as I was previously, but today I have realized that that is not what it’s all about. I suppose what I meant was that I wanted to regain health. But one has matured so much along the way and I don’t really want to lose that. Today I can say that what I have gone through is not only negative but also gives rise to something positive.” The respondents in this study experienced transition periods as a more fluctuating and individualized type of movement, which did not always follow a single direction. There was also ambiguity in their perceptions of their new lifestyle. They realized that their world had changed and accepted that it was impossible to turn back. Nurses have to actively listen and consider listening as an intervention, in order to understand the patients' need to talk and thus be able to enhance their quality of life.

**DISCUSSION**

The secondary analysis provided a deeper understanding of the concept of transition in the MD recovery process. In accordance with Meleis' framework, we consider that nursing interventions should be in line with the individuals' views and needs. We aimed to develop nursing interventions that supported the recovery process and anchored this in previous research. It became clear that nursing interventions should be more frequent at the beginning of the MD recovery process, as our findings show that the initial subthemes were rich in data whereas the later did not contain as many statements. Although the interventions are closely related to the data, they may not all be new. Psychiatric nurses have probably been doing the right things for a long time. Many of the interventions have multiple purposes and can therefore be classified into several of the transition framework domains, which means that it is up to the nurse to decide which intervention is appropriate in the given circumstances.

The relevance of the concept of transition in a nursing context has been questioned. Meleis et al developed an emerging middle-range theory, while Fawcett disagreed with Meleis and Trangenstein by stating that transitions reflect a particular perspective on human life. Fawcett also stated that 'Meleis' proposal...although
meritorious, does not meet ... the requirements for a metaparadigm. In the present study, we have not taken a stand regarding the question of metaparadigm, but have used Meleis' framework in order to thoroughly describe and deepen the understanding of the concept of transition in the MD recovery process.

Meleis' main question concerns awareness, and whether it can be initiated by a nurse as well as the level of awareness necessary on the part of the individual patient. The present study revealed that the respondents were aware of their shortcomings and that a caring conversation provides nurses with an opportunity to focus on the needs and abilities of the patient in order to assist him/her in an ongoing process. Society and the healthcare service must take greater responsibility for individuals who are unable to enter into the transition process. In the present study we have found that statements and interventions are more connected to human feelings and interactions than to the symptoms of depression; thus, it may be possible to transfer the concept of transition to other populations who are going through crises and development.

The number of persons with mental illness is increasing globally at a major cost to society. Nurses are at the forefront in the treatment and care of such patients and they must therefore develop and use research and evidence-based interventions in order to prevent or minimize illness and increase the quality of life for these individuals. Meleis' framework was useful, as it described the transition process as a fluid, back and forth movement. The respondents' statements confirmed the framework and thus face validity. The fact that the authors agreed about the interpretation of the data enhances the credibility of the analysis. However, the levels in the framework were complex and methodological stringency was problematic, as, for example, the concepts of community and social conditions were hard to interpret, since these were not well developed in the theoretical framework. The findings of this study expand on Skärsäter et al's studies, and demonstrate that interventions can be made from a gender perspective and seen within a framework. Such a framework can be useful, as it makes the situation predictable and it can serve as a tool for nurses. It was revealed that transition take place over a long period and that healthcare personnel encounter these patients whether they work within psychiatric or primary care. This tool can be used to target meaningful interventions appropriate for men's and women's needs.

CONCLUSION

Healthcare is undergoing a shift from treatment of diseases to health promotion and secondary prevention. A new emphasis in the care of men and women with mental illness is to develop their ability to actively participate in their own care. Transition planning is a feasible way of accomplishing this goal, as it provides appropriate care and health promotion aimed at supporting the individual to achieve a good quality of life. It is not only a question of getting back on track or finding a new track but also of increasing the individual's ability to cope with difficult situations and teaching him/her to solve problems in daily life. This is a tremendous challenge for nurses, as they have to recognize the benefits of early detection and intervention as a means of supporting individuals and families in preventing or managing depressive illness. Determining what keeps people healthy and how they regain subjective health as well as how to enhance such skills is extremely relevant today. Supporting and guiding a person by providing him/her with strategies to cope with the disabilities, suffering, and loss associated with a depressive episode is a central part of psychiatric mental health nursing.

This study gives rise to recommendations that are important for nursing, such as testing the efficiency of proposed interventions. The study needs to be replicated in order to identify cultural similarities and differences.
REFERENCES


