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Despair
A Unitary Appreciative Inquiry

W. Richard Cowling III, PhD, CS, RN

A unitary appreciative case study method was used to explicate unitary understandings of despair embedded in the unique personal life contexts of the participants. Fourteen women engaged in dialogical, appreciative interviews that led to the creation of profiles of the life pattern or course associated with despair for each woman. Three exemplar cases are detailed including the profiles that incorporate story, metaphor, music, and imagery. The voices of the women provide morphogenic knowledge of the contexts, nature, consequences, and contributions of despair as well as practical guidance for healthcare providers. **Key words:** *concept development, depression, despair, mental health, nursing theory, qualitative research, unitary appreciative inquiry, unitary science, women*

THIS study is a conceptual exploration of despair grounded in a unitary perspective.[1] It also suggests an alternative route to conceptual understanding as an alternative to typical conceptual analysis processes; that is, rather than reaching for a universal definition of despair, it seeks to conceptualize despair within the context of the wholeness, uniqueness, and pattern of individuals. In spite of the attention given in nursing to explicating the theoretical foundations of nursing practice, there has been a concern about the need for techniques of conceptual analysis relevant to an applied science that address the wholeness of human experience in relation to health.[2–4] "A vast amount of conceptual exploration is yet to be accomplished and much of nursing knowledge remains undeveloped, implicit, unrecognized, or poorly fitted to the clinical context"[3(p32)] and reflective of people's personal lives. One of the major critiques of the current approaches is that conceptual analysis has not incorporated inductive use of clinical data using observations of and interviews about the phenomenon of concern.[3] Rationale for this critique is grounded in the view that the use of clinical data is more relevant than the use of hypothetical attributes of a concept in a practice discipline. This concern is also consistent with contemporary nursing standards[5] advocating integration of objective data with an understanding of the patient or group's subjective experience.

The attention of this scholarly inquiry toward despair stemmed from a review of the literature and from clinical experiences and research of the investigator. Current approaches to practice give significant attention to the treatment of symptoms of depression, but have not completely dealt with the core experience of despair in most cases. Individuals encountered in practice identified experiencing chronic despair in spite of a variety of treatment approaches. These individuals also described a lack of attention to the unique life context of despair.

A unitary conceptual understanding was sought in this study because of the limitations of current medical and clinical models of depression, loss, grief, and posttrauma in which despair is a core feature. The primary limitation of a medical or clinical model is in the subjugation of the experience of despair. The focus of these models is typically on treatment and remedy of a disease with an emphasis on

From the School of Nursing, Virginia Commonwealth University, Richmond.

Corresponding author: W. Richard Cowling III, PhD, CS, RN, School of Nursing, Virginia Commonwealth University, 1220 E Board St, PO Box 980567, Richmond, VA 23298 (e-mail: wcowling@hsc.vcu.edu).

brain physiology and symptom management.[6] There is minimal or very limited attention to the whole person and his or her relationship to his or her environment as was corroborated by clients in practice. An understanding of despair based on the science of unitary human beings[1] was sought to bring attention to the phenomenon of despair from the perspective of the pattern of wholeness that is a primary feature of human life; the uniqueness of each human life that reflects individual human pattern; the mutual human-environmental process that creates the context for human experience; and the potential for knowledge derived from engaging in knowing participation.

The process of unitary pattern appreciation[7,8] provided the venue for a deepening understanding of the life patterns of women experiencing despair as a dominant feature of their existence. Consistent with the unitary perspective of human pattern rather than phenomenological essence, this unitary appreciative inquiry[9,10] revealed the unique nature of despair for individuals. Three exemplar cases are presented as examples of these individual contexts.

BACKGROUND: LITERATURE AND PRACTICE EXPERIENCE

Although there is a significant body of literature related to the phenomenon of despair, there is very little systematic research on despair. The concept of despair is used widely in discussing a variety of individual and societal conditions with little or no specification of what is meant. Despair is a central experiential component of many conditions and situations that affect the lives and well-being of individuals, families, and communities. These conditions and situations have been documented through research studies, anecdotal accounts, personal accounts, case studies, clinical reports, and theoretical analyses of therapeutic practices. Despair may be present in normal life transitional events like aging and dying,[11–13] living with a chronic and life-threatening condition or having a family member with such a condition,[14–17] exposure to traumatic events, the experiences of loss, grief, and bereavement,[18,19] and certain psychiatric conditions,[20–22] most notably depression[23–25] and suicide.[26,27] While these conditions and situations affect both men and women, there is supporting evidence that women are more likely to experience and report despair.[28,29] It is not clear from the literature to what extent despair is experienced relative to the factors and forces associated with each of these conditions and situations. Although despair is referred to specifically and generally in the contexts of a variety of conditions across various disciplines, the resulting practical knowledge is conflicting.[30]

Despair can generally be defined as "being overcome by a sense of futility or defeat or having an utter lack of hope,"[31] but this does not capture the multidimensionality and complexity of the despairing experience. Further, there is inherent danger in essentializing despair because it fosters stereotypes and does not account for the uniqueness of expression and manifestation, the contexts in which despair may occur, and the variation in consequences of each person's response to his or her despair, similar to the way women's experiences have been essentialized.[32] Despair is commonly associated with or used synonymously with the terms hopelessness, powerlessness, and helplessness.

Likewise, the literature on depression often uses the term despair interchangeably with depression, although they are not synonymous.[30] Despair is also reported in women who have no signs or symptoms of clinical depression. Some who report despair are not clinically depressed and some who are clinically depressed do not experience despair.[24] Using a combination of psychopharmacologic interventions addressing neurobiological aspects of depression and psychotherapy approaches that focus on intrapersonal, interpersonal, and cognitive and behavioral dimensions of depression, prevailing treatment models offer only symptomatic relief from clinical depression.[33] Despair is

reported for some to persist in spite of pharmacologic intervention or other forms of treatment associated with depression.[6] Financial exigencies of the current medical treatment system prohibit prolonged and extensive attention to the experience of despair.[34] In the current treatment system, it is also difficult to address the scope and depth of despair of the person in a more holistic sense. While this serves to treat depression symptomatically, it is limited in what it can offer the person concerned with the experiential dimensions of despair and deeper consciousness of the roots, consequences, and meaningfulness of despair in one's life.[33]

If despairing women are diagnosed as depressed, there is treatment available, primarily pharmacological intervention and, in some cases, this is combined with psychotherapy.[6] However, many women report that even in treatment there is a lack of attention to the depth and devastation of the experience of despair. Also, treatment of women for depression often does not account for the contextual features of women's lives and also may not account for the variety of conditions and situations associated with despair.[33] If despairing women do not meet the criteria for clinical depression or if they are not willing to seek medical assistance, there are few alternatives for intervention available. Additionally, despair may be misunderstood to be depression and treatment may not work.

METHODOLOGY

The research method used for this study was the unitary appreciative case study method[8] that is one form of unitary appreciative inquiry.[9,10] The focus of the study was on individuals who had experienced despair in relation to 10 different life contexts: major depression, addiction, sexual abuse, child abuse, homelessness, loss of a loved one, terminal illness, spinal cord injury, infertility, and chronic illness. These contextual situations were chosen to represent a wide range of specific life situations associated with despair as described in the literature and by clinical colleagues in practice. The target sample was 10 to get variety across participants in relation to the life contexts. However, all 14 who responded were interviewed and included in the study. Each person experienced at least one of the life contexts and in some cases experienced several. There were no women who experienced spinal cord injury or homelessness. All the participants except one were recruited in response to an advertisement that was placed in a free local newspaper, the lead being "Despair: Your Story?" It sought adult individuals currently or previously experiencing despair. An advanced practice nurse in an outpatient mental health clinic referred one woman to the study. All of the women spoke English, were aged 31–57, were from middle-class socioeconomic background, and were Caucasian except for one African American.

The researcher, a certified clinical specialist in adult psychiatric mental health nursing with extensive clinical experience related to despair, conducted all the interviews. Although no participant showed signs of severe distress or intentions for self-harm, contingencies were provided for assessment and clinical support if needed in the institutional review board-approved protocol.

The unitary appreciative case study approach involved 2 dialogical audiotaped interviews. All interviews took place in the homes of participants or the researcher's private office. Transcription was performed by a professional transcription service. The initial interview focused on topics related to the experience of despair, characteristics, manifestations, changes and transformations, remedies and treatments, and experiences with healthcare providers. Interviews lasted 1 to 2 hours. The goal was to get the deepest possible understanding of despair and its relationship to the person's life.

The first interview transcripts were reviewed to remove extraneous material, but with attention being paid to retaining and not altering the phraseology and language of the participants. The transcripts and researcher field notes were reviewed several times in an

attempt to discover a pattern within the textual data. A process of synopsis, rather than analysis, was used aiming to find element interconnections within the text. "Synopsis is the deliberate viewing together of aspects of human experience which for one reason or another, are generally kept apart by the plain man and even by the professional scientist or scholar."[36(p8)] The object of synopsis is to sense and discover a pattern that reflects the wholeness, uniqueness, and essence of a person's life. This required, in this study, viewing the experiences, perceptions, and expressions of the participants as well as the researcher. This is done with an orientation of inclusiveness seeking to reveal "wholeness amidst the variety of phenomena of life."[35(p20)]

Four documents were created by the researcher on the basis of data collection. The first was the original transcript. The second was a synopsis of despair for the individual prepared on the basis of the words of the participant. This synopsis was written in the first person using the participant's language. The third document was a pattern profile based on the synopsis that was written in the form of a story. The story was a representation of the synopsis using metaphors and images derived from specific transcript content and music selected by the researcher that addressed themes from the transcript. Each profile was given a title that reflected the major storyline within the profile or the major metaphor. Thus, there was a movement from actual words of participants to a synopsis to a profile using processes of reflection, interpretation, and representation through metaphors, images, and musical selections. The fourth document was a summary of general information about despair from the vantage point of each participant. This was organized according to key questions and information that was shared across participants. The areas summarized were as follows: a general description of despair; the context of despair (how it related to other aspects of the participant's life); features of despair; ways in which despair changed the participant's life; ways in which despair may have been transformative; what the participant viewed as helpful and not helpful in living with and dealing with despair; and what experiences the participant had with healthcare providers specifically and the healthcare system generally.

The 4 documents created were shared with each participant at least 2 weeks prior to the final interview. Participants reviewed the transcript of the initial interview as a reminder of what had been said and to correct errors. Because of research suspension throughout our university, there was a gap of 1 year between the 2 interviews, making the review more critical. Each participant reviewed the 4 documents to ascertain representation of despair, inaccuracies, need for inclusion of additional information, or changes since the first interview. Specifically, the pattern profile was reviewed to see if it represented and reflected what their life pattern was like in relation to despair; if it contained their individual and unique voice as a person; and whether it was faithful in conveying their life pattern as they experienced it. The participants were asked to make notes on the documents or on additional pages and bring them to the final interview. The second interview focused on their review of the documents and lasted 30 to 90 minutes. Consistent with the nature of the research design (participatory inquiry), input was obtained on publications or presentations of study findings related to conveying their story and experience and protecting their identities beyond the informed consent.

Data synopsis as described previously was the primary modality for exploration of the data emerging from the study. The data sources for the study were the 2 interview-dialogue sessions and included the actual experiences of the dialogues from the initiating researcher's vantage point; field notes that described impressions and observations of these experiences; transcripts of the dialogues; written and oral responses and reactions of the participants on the basis of their reviews of the transcripts and the documents generated for the study; and researcher reflections during review of data sources.

This synopsis was focused on each individual participant.

The study was designed in accordance with 4 credibility and legitimacy standards explicated previously for unitary appreciative inquiry.[10] In relation to *quality of data*, choices were made to illicit data that would represent the unique voices of participants within an overarching context of wholeness. This was accomplished through the types of questions posed and the sources of personal data. *Investigator bias* was minimized by using processes of critical reflection and subjecting the representations of data to the participants for validation. One possible limitation of the study is that the researcher developed the stories and selected music to represent the data synopsis and then shared them with the participants, rather than the participants creating their own stories and selecting music. *Quality of the research process* was enhanced across data collection and data synopsis to ensure that the design accomplished the aims of the study consistent with life pattern contextual representations of knowledge. The *usefulness of findings* was addressed through specific attention to issues and concerns of participants viewed as contributing to bettering their lives.

FINDINGS: EXEMPLARS

Three cases are presented as exemplars to convey the knowledge discovered from using the case study method of unitary appreciative inquiry. These exemplars demonstrate the placement of despair within a unitary pattern context reflecting unique contextual elements. Summary statements and samplings are presented from the context of despair for the woman, the unitary pattern profile, participant's response to the profile, a conceptualization of despair, and general information about despair. Pseudonyms are used for each of the exemplar participants. For all participants, the pattern profiles, not presented in their entirety here, were written in a lyrical prose style with phrases rather than sentences evoking the rhythms, qualities, and intensities of each person's life pattern story. Each profile incorporated music and described a central image.

Elaine

Context

Elaine responded to the advertisement in relation to the context of infertility. Additionally, she said tangentially that loss of a loved one was a context because of the negative effect the despair had on her relationship with her husband. She had wanted to have a child with her husband, but physical conditions beyond her control blocked the realization of this desire. She could not get away from her despair because everywhere she went she was confronted with the presence of babies that evoked a deepening of her despair. She was in her early thirties and her husband was in his fifties and had a vasectomy in a prior marriage. Her husband was not as desirous of a baby having had one previously. An attempt to surgically reverse the vasectomy had failed. At first, Elaine accepted the situation but then she became increasingly sad and demoralized by the loss of the possibility of having a child with her husband. Her husband could not understand why she was so despondent about the vasectomy failure and they sought counseling together. The counselor aligned herself with the husband, being of the same age, and suggested that Elaine was overreacting to the situation. Elaine feared that if she continued to desire a baby, much less pursue avenues for having a baby, she would jeopardize the relationship with her husband that she experienced as deeply loving, intimate, and supportive. Her generally supportive friends could not understand why Elaine would not be happy to adopt a child. It was my impression from being with Elaine that her despair went beyond not having a baby to not having a baby with the person she loved most deeply. This was most profoundly represented in her own words, "I have been devastated by this and am trying to cope. I used to be able to share my deepest feelings with my husband,

but I am afraid to show my real despair because I am afraid that would push him away. So now I am very fearful of sharing my feelings with the very person with whom I had the deepest relationship."

Pattern profile

The title of Elaine's pattern profile was *Babies All Over the Place* to represent her voice when she came to the first interview. A few lines from the story convey the general sense of Elaine's life pattern. "There are babies all over the place and I can't have one . . . I can't have the baby I want—the one I would have with him, my love, my husband . . . and the more I want one, the more I risk the loss of the one I love . . . the one I would have my baby with . . . our baby . . . if only we could have a baby . . . our baby . . . it's our baby I cannot have . . . and there's still babies all over the place . . . not our baby . . . their baby." The image that was included with the story was of a woman dreaming as babies float by in her dream and her husband is nestled beside her. The music that was included with the story was Sarah McLachlan's *Wait*,[37] which describes a dream state under a blackened sky, empty dreams, with vultures lying in wait, and someone lying next to the dreamer so close that his breath could be felt. The lyrics refer to wanting the dream of holding some precious thing and simultaneously wanting sympathy but not wanting to be consumed by it. Last, it gives voice to a love characterized by an inherent blindness of deception and a sense of a forbidden joy. The music has refrains of "when all I wanted was a dream."

Response to profile

When the pattern profile was presented to Elaine she said she thought the story portion was an accurate representation of her experience. She felt that the song did not really fit her despair, although she said that the lyrics of the chosen song pretty accurately reflected her experience: "it's about as close as you can come . . . in this particular one with infertility you see the flip-flop between the panicky, kind of anger, versus this as being dominant and emotional . . . it's just the bleakness." She went on to say that the life pattern might be better expressed with 2 different pieces of music—one more agitated and one without lyrics—more depressing. Interestingly, she also stated that she was not a fan of Sarah McLachlan and this affected how she viewed the music. In regard to the researcher's image, she described an alternative image that would have been of a "couple in a very dark shadowy room . . . and there's nothing on the wall, very bare, black and white . . . with a little distance between them with their heads down . . . a window in the background with bars on it and has light on the other side and you can see children on the other side."

At the time of the final interview, Elaine and her husband had been successful in having a child. She looked at her pattern profile in a retrospective way noting that it was something in her past. She described participating in the study as having some positive benefit, saying it was helpful to get things off her chest and that she did not have anyone in whom she could confide at her worst time of despair.

Despair

Elaine thought that despair captured the nature of her experience, ". . . it summed it all up." Descriptors she used for despair included intense and indescribable, having given up and facing a bleak future, nothing ever changing, deep fatigue, constant presence, wearing one down, pervasiveness, taking over entire life, and like a nightmare that includes panic, anxiety, and sense of loss of control. Despair was thought to be closely intertwined with her desire to have a baby with her husband.

General information

Despair changed Elaine's life in 2 primary ways. It had a profound effect on the quality of her relationship with her husband, which was characterized by a loss of connection. Second, it created a wide array of feelings, thoughts, and sensations characterized

by struggle, fatigue, devastation, and pervasiveness. Elaine said that despair could not be conveyed clearly or could be appreciated by any outsider.

Elaine found antianxiety medications, distraction, counseling, journaling, and taking a vacation to be helpful in varying degrees for the despair. In relation to the medications, interestingly, she said they helped by shutting down her emotions and so she would not have to reveal them to her husband. She had one very empathetic counselor and one who she felt aligned herself with her husband and conveyed to Elaine a sense of shame about her intense feelings. She found that her friends were unable to be understanding regarding her situation and the associated feelings.

Cora

Context

Cora identified loss of a loved one and addiction as the 2 major contexts of her despair from the advertisement for participants. Cora was a woman in her early fifties who was a corporate executive who was using cocaine on a nightly basis. She had experienced despair only recently when her boyfriend of 6 years died. He was an alcoholic and had gotten into a fight in a bar, throwing a bottle at someone. He had begged Cora to come and get him out of jail, but she had not been willing. He died of a heart attack while in jail. She received a letter from him after he died. She also had a message on her answering machine that "he was going to get out and get sober and the Lord would bless us and we'd have children and win the lottery . . . his heart was in the right place . . . he was one of the unfortunate few who would never come out." Cora described the despair as "wrapped around my experience of death and loss . . . it is the source of my despair . . . along with my addiction to cocaine." When asked if the cocaine helped the despair, Cora replied "not after the first line." Cora talked about all the losses she had experienced in her life, loved ones, humans, and pets. She said she wanted to die but would not kill herself because of her Catholic belief system. In addition to the primary loss of her boyfriend, she had experienced multiple losses including relatives and pets.

Pattern profile

The pattern profile for Cora was titled *I Close My Eyes and Watch My World Unfold Before Me* and was taken from a phrase of a song that she told me best reflected her world of despair. The song was *You Tell Me That I'm Falling Down*[38] written by Anna McCarrigle and C. S. Holland and sung by Linda Ronstadt on the CD *Prisoner in Disguise.* The pattern profile reflected the content of the narrative that was her description of life. Some of the phraseology included lines such as the following: "What is a sin? Is it wanting to be healed of this? Is it wanting a release? I'd rather be in that playground . . . wherever it is . . . with all of them . . . they are all dying . . . they all go to the playground . . . I am here . . . closing my eyes and watching the world—my world—unfold before me . . . I have a certain friend . . . that one line of cocaine . . . that first line . . . but then that friend turns on me." In addition to the multiple losses, the profile story focuses on the loss of Cora's particular love, Eddie. It references the sense of loneliness and longing for what might have been, the enduring nature of the despair, the fatal and morbid qualities of the despair, and the impossibility of anyone seeing inside her to the despair. "The letter came . . . and still keeps coming . . . it's here to remind me . . . along with the tapes on the answering machine . . . he's gone . . . I'm here . . . he's the lucky one . . . I am alone . . . it goes on and on and on . . . wrapping itself around my life . . . will it outlast me? . . . this fatal . . . morbid . . . fatal thing called despair . . . used to feeling sad . . . even if you don't see my tears . . . not alone . . . only lonely . . . and yes . . . I do know how to love . . . anything else would be a lie." There are recurring phrases that speak to Cora closing her eyes and seeing her world unfold before her. This conveys her sense of the despair fully within herself and untouched by

the outside world. This is an idea that comes from the song she selected to convey her life experience.

The music of Linda Ronstadt[38] conveys the story of a person who is told they are falling down and that they need help to take control of their situation. But the person replies that they are not alone, only lonely, and that no one can tell them where to go or who or what they should be. The person says, "I am exactly what I am and not the way you'd like to see me be." It was clear in talking with Cora that she felt most people wanted her to forget about her losses and would not help her deal with the pain. The song also has the recurring line, "I look outside long as I can, then I close my eyes and watch my world unfold before me." The music is very sad and melancholic, consistent with the lyrics. The image that was chosen by the researcher as part of the profile was of a woman standing in front of a window with her eyes closed and the window has images of her and a man floating by.

Response to profile

When the story, music, and image were shared with Cora, she responded that all these captured what it was like for her as she experienced and lived with despair and represented an accurate interpretation. Specifically, she said, "I mean I am astounded. I told a girlfriend about it, because she remembered me doing this study and I told her about it." During this final interview, Cora stated that she thought she had accepted the despair in her life but did not describe in detail what this meant. She said that reviewing the materials for the final interview brought back many feelings but that it was short lived. "They weren't positive or negative, they were just there."

Despair

In describing despair, Cora said, "It's a severe, serious word . . . that is my experience . . . I turned the page [referring to the advertisement for participants] and there it was and it just seemed to hit me." She thought despair was different from depression, with despair going on and on and depression being temporary. "It never, ever goes away . . . despair is deeper and stronger than depression . . . I think it is fatal . . . yes . . . morbid fatal." In addition to these descriptors for despair, Cora used the words aloneness, devastating, unchanging, anger and jealously toward those who left her, constant, horrible, and a sense of hopelessness.

General information

For Cora, despair changed her life in several ways. Despair created a number of feelings, thoughts, and sensations including misery, devastation, loss of concentration, loss of control, "constantly feeling down," "what might have been," "only feel pain," and "zombie." Despair, according to Cora, made her reach for cocaine and created the ongoing need for cocaine as well as increased use of alcohol and other drugs. Despair affected her relationships by limiting or constricting her social life. One example she gave was having to hide what she was feeling and her need for the cocaine. This created the conditions for a very private inner life that she felt was conveyed by the music she chose to represent her despair. Finally, despair created the conditions for her not wanting to live. Because of her Catholic faith, she said she would never kill herself.

Cora found the use of the first line of cocaine to help her despair, talking with a priest, 12-Step meetings to some extent, and one primary care physician who specialized in addiction. She did not find substance abuse counseling helpful because it did not allow her to focus on the loss of her boyfriend; it was more behaviorally oriented. She said that cocaine never really reached the pain of the loss. She had also had extensive experience in drug treatment programs and found none of them to be helpful. Cora described unresponsiveness of a group facilitator to her feelings, violation of anonymity in a 12-Step group, and lack of relating to her problems mostly by men in the drug treatment groups. She had not found antidepressants to be helpful. She

was ashamed to talk about the death of her boyfriend in jail and had one of his friends remind her that he would have been alive had she gotten him out of jail. These experiences heightened her despair.

Cora had a number of negative experiences with healthcare providers and the healthcare system in relation to her despair and felt these experiences served to worsen her despair. She said that she actually found herself doing more drugs and alcohol during the most intense phases of treatment. One of the specific problems she noted was that she had to have negative drug screens to stay in treatment, but could go only a couple of days clean because of the despair. She also felt the brief period of treatment did not provide the time needed for dealing with despair and that the treatment focused on cocaine, and not the feelings underneath her usage.

Mona

Context

Mona identified most of the contexts for her despair from the advertisement for participation in the study: loss of a loved one, terminal illness (her husband's), addiction, homelessness, chronic illness, major depression, sexual abuse, and child abuse. Mona was in her fifties and had a history of severe clinical depression that had been treated with medications. She was not taking medications at the time of the first and subsequent interview. She had a history of being sexually molested by a number of men in her family. She remembers being very small when her grandfather molested her but cannot remember her age. She was sexually molested by a number of men including a brother-in-law up until she was the age of 17. At that time she married a man to get away from the household where the molestations had occurred. Her first husband was a window cleaner and he fell 7 stories to his death 2 years after they were married. When she returned home, her brother-in-law started sexually abusing her again and her mother died of a massive coronary disease within 2 years of her husband's death. In addition to the sexual abuse, she suffered from verbal and emotional abuse throughout her childhood and into her early adult years. Her second marriage ended in divorce after 8 years. She cared for her father for 10 years after the death of her mother. He was a diabetic patient and eventually had both his legs amputated.

She started drinking heavily when she was 30 years old. She married another alcoholic who drank heavily. She described this relationship as "he was so very different in terms of allowing me to make my own decisions and think for myself and learn and work even though he would get drunk and beat the daylights out of me . . . I would rather be physically beaten than mentally and emotionally destroyed by another person . . . I value my freedom very highly." She finally confronted him and threatened to kill him if he ever beat her again, and he stopped, and never hit her again. Eventually Mona's husband went into rehabilitation for alcoholism and they both got involved in Alcoholics Anonymous. They both practiced sobriety very successfully and their marriage improved. Mona described it as "a year of absolute, total bliss . . . I've never been happier in my life." Then, after this period of time, her husband was diagnosed with cancer, having 3 tumors on his spinal cord. He was diagnosed in June and died in August of that same year. Her first grandson was born the evening of his death.

Severe clinical depression ensued and Mona was involved in counseling and antidepressant pharmacologic interventions during most of the 90s. She described herself as having "psychotic tendencies" and some hallucinations during this time period. She went through periods in which her depression was so severe that she slept constantly on a sofa and often drank heavily. She said that for 2 years she was almost vegetative. During this time she also cared for her brain-damaged granddaughter while living with her daughter. Mona said that caring for this child prevented her from killing herself. This child died less than a year before our first interview. Two weeks before her granddaughter died, her

depression lifted completely. She described it as "the depression just suddenly was gone, suddenly . . . I'm talking about going to bed feeling doom, despair, I want to die . . . I don't want to wake up . . . and getting up the next morning and hey I feel good." This sustained through the death of her granddaughter and 2 years subsequently when I did the final interview.

During Mona's depression in the 1990s, she discovered the heavy metal rock band Nirvana. She first saw them on MTV singing *Teen Spirit* and she pursued everything she could read about the lead singer, Kurt Cobain, and listened to all their music. She said that she related to Cobain because she thought he was in despair too. She originally got interested in heavy metal music through her 16-year-old son. While married to her second husband, he would not let her listen to anything but country music. She found heavy metal music to be freeing.

Pattern profile

The title of the pattern profile story was *Crack*, in part derived from the song *Lithium*[39] written by Kurt Cobain and performed by Nirvana on their album *Nevermind*. The basic storyline was that in spite of all that happens to a little girl as she becomes a teenager and then a young woman and finally as an adult she refuses to crack. Even when she fights back after they take her soul she refuses to crack; through all her trials and tribulations and her eventual triumphs she does not crack. Examples of the phraseology in the profile story are as follows: "I was a toy for these men . . . I paid the price for their sins . . . afraid I ran to escape . . . wanted freedom from the pain, the sorrow, the shame, the slap my mother gave me in the face . . . I'm not gonna crack . . . God don't let me crack" and "the beatings, the rage . . . body . . . mind . . . soul . . . all bruised and battered and torn . . . the task was complete . . . I'm not gonna crack . . . no, I'm not gonna crack." The story intermingles events, contexts, and the inner experiential world of Mona throughout her life and culminates with her present experience. In the story, Mona realizes that to transform, cracking is necessary and it does not break her into pieces but increases her sensation of being whole; ". . . maybe I have cracked open . . . and cracking is okay . . . and all this time I wanted and need to crack . . . and now I am finally, finally free . . . I cracked open and the light came pouring in . . ."

The music that was given with the story was the music of Kurt Cobain, *Lithium*,[39] mentioned previously as the source for the metaphor of cracking open. It describes ugly friends in your head and being in a daze and yet not being scared. It also illuminates a wide array of emotions and thoughts associated with Mona's despair including blame, loneliness, love, missing someone, being horny, killing someone, and finding God. There is a refrain of "I'm not gonna crack" throughout the song. The image part of the profile was of Mona rising above all the pain and suffering of the world, much like the baby that is floating in water on the cover of the Nirvana album from which the song is taken. In this case, Mona was coming out of a dark shell that had cracked open and she was smiling and there were angels floating beside her.

Response to profile

In the final interview, Mona's response to the pattern profile was that she listened to the music and read it and listened to it again and sang along with it. She said ". . . I think this is totally correct . . . this is what happened to me and I did cry and that's a good thing." She went on to say that one part was very moving to her; "I ran into the woods to play freedom." She described having been involved in pastoral counseling therapy and that the counselor had told her she needed to go to the woods; "not just the woods where trees are, but the woods of life and I am going slowly." Mona described the participation in the study as having a positive influence on her because of the reflection involved. At the time of the final interview, she had been living on her

own, was off disability, and was working a full-time job. She described her situation as keeping too busy and not living life fully. She was involved in counseling and intended to continue to process what had happened and release it so that she could live more fully. She had plans to continue her education. As I was preparing this manuscript, she called to tell me that she had started working on her bachelor's degree in social work.

Despair

Of all the participants, Mona gave the most detailed description of her despair and how it had impacted her life even though she noted that it was indescribable. I had 2 interviews with her before developing the pattern profile because of the depth of her responses. She described depression as despair, "the most total awesome despair I have ever encountered." She said there were no words to describe it fully, "it's the blackest of nights . . . it's the pits of hell." More specifically, Mona stated, "It's hard to describe what despair is like. It's so deep and dark and foreboding, so ominous, so awesome, so indescribable . . . I felt it deepest in my depressive episodes." She went on to compare the experience of despair to the Holocaust and also what was happening at the current time with the Albanians and Serbs; "I see the despair written on their faces, in their eyes." Qualitative features of despair that Mona noted were sense of total hopelessness and total inability to change it; no control; having no freedom; feeling like a zombie; sense of disconnection from everyone and everything; lack of energy; inability to think clearly; and lots of anger. She used the images of being stuck in a bottomless pit, the pits of hell, or being in prison. She felt no one could possibly understand what it was like to experience despair from the outside looking in.

General information

Despair had affected Mona's life in negative and positive ways. Most of the negative effects were related to the feeling states, the physical lack of energy, anger, and thoughts of killing herself. In addition, she said that it made her feel as if she had to prove herself sexually to every man, implying that despair was present before her depression. She attributed her alcoholic drinking to the despair. In terms of relationships, Mona thought that in some way it had negatively influenced her relationships with men and with her family. On the positive side, Mona felt that despair had made her feel more compassion and understanding toward anyone who was depressed. She thought that going through it had given her a useful sense of humor; had strengthened her will not to accept abuse and to be free; created a special bond with animals; and deepened her relationships with men.

Mona had found many helpful things to deal with despair. The vast majority of these were interpersonal, having to do with special relationships with her children, grandchildren, friends, and pets. She found some counselors and therapeutic interventions to be helpful. She described one nurse in a mental health clinic who was "totally understanding, very confident, self-assured, open, kind, genuine, and loving." She described antidepressant treatment as having varying effects and as a course of trial-and-error in determining what would work. Mona described reading Stephen King and Jonathon Kellerman as distracting her from despair and listening to heavy metal music as influential in helping her get in touch with and find relief from despair. In addition, she said that her spiritual beliefs helped her survive.

Mona described several things that were not helpful in relation to despair that happened to her. At one time, a medication she was taking caused her to shoplift. This was verified by a court-appointed psychiatrist. She had undergone electric shock treatments with no benefit. At one point when she was diagnosed with depression, it took her 2 months to get an appointment at a mental health clinic. Commonly, most of her friends and relatives did not want to discuss her despair generally and her abuse in particular; some even distanced themselves from her, which heightened her sense of shame

and despair. She did not feel that any therapies she tried had been helpful. She did think medications were useful but not any therapies that involved talking. This perception changed when she used pastoral counseling after the first 2 interviews.

Mona had experienced 3 psychiatric hospitalizations for depression. Two of these were negative experiences. In one situation she felt totally abandoned and said that the staff would not engage her in conversation because she wanted to leave. This hospitalization lasted only 2 days. During another hospitalization she feared being harmed by other patients and "played the good girl to get out," never telling the psychiatrist her thoughts of committing suicide. The hospitalization that was positive was a 2-week experience. Mona described being monitored and having someone present with her every half hour. She said that the person wrote down what she was doing and talked with her and she found that to be reassuring and comforting. She was also able to go out and walk with staff members even though she was on a locked unit.

Mona wanted to give advice to doctors and nurses who care for people who are depressed. Her advice to nurses or anyone in a position to help someone depressed was related to making contact with them. Although questionable in regards to professional behavior, she said she wanted someone to hug her and kiss her and say she was worthy of love . . . "I wanted that so desperately." She went on to say, "tell doctors and nurses not to be afraid of people who are depressed . . . they won't hurt you—they need you . . . don't say you can understand because you really can't—and you can't make it go away."

CONCLUSIONS

There are several conclusions that can be drawn from examination of the 3 exemplar cases presented. Despair was closely connected and intertwined within each woman's life pattern or life course. For each woman, despair was related to a wide array of aspects of her life. It was as if despair infused the life course of each of these women, some more profusely and consistently than others. The contributions and consequences of despair were evident in a variety of life course dimensions. Despair expressed itself through inner-world experiences and through relationships with others.

Understanding despair within the context of each woman's life pattern shifts the focus of inquiry and the knowledge discovered and has implications for the science and practice of nursing. These exemplars of unitary appreciative inquiry case study demonstrate a natural shift from a focus on essentializing despair *to* the life pattern of despairing women. This shift meant that knowledge discovered and derived from this study offers an understanding of the wholeness and uniqueness of each person's life pattern using despair as a window into something much broader and deeper than despair alone. The stories, metaphors, music, and images for each woman provide a synthesis and synopsis of the life pattern that can be a foundation for understanding and helping women beyond the "despair as symptom" perspective. The use of pattern profiles for each individual woman appears to be a meaningful and useful construction of knowledge for participants.

Despair shares some common features across these 3 women's life patterns but these features do not fully account for the depth and breadth of despair in each woman's life. The features of despair that are shared in common are (1) lack of hope and sense of futility; (2) sense of powerlessness and lack of control; (3) feelings of isolation and aloneness; (4) a sense of fragmentation and lack of coherence; (5) a sense of life constriction and a narrowing or elimination of options; (6) an inability to fully express inner experience or to be understood by others; and (7) a sense of pervasiveness and constancy of despair. However, each woman's experience, perceptions, and expressions of despair are unique within her life course or pattern. The common features

only partially account for the picture of despair within each woman's life. The contextual features of despair that account for its intensity and its nature relative to the individual life of each woman are contrasted sharply across the lives of Elaine, Cora, and Mona.

The study findings support pattern-focused nursing practice as opposed to symptom-focused nursing practice. It demonstrates that a pattern-focused method for praxis, combining research and practice ideals, allows for expanding the scope of knowledge of individual contexts of despair.[9] This study does not contribute to the development and refinement of a universal conceptual definition of despair; rather, it suggests that despair is most meaningfully explored and understood within a pattern context that reflects the unique and whole expression of life consistent with individualized care. This study supports the development of morphogenic knowledge as described by Allport, that is, derived from the unique world and experience of the individual in spite of commonalities or trends across individuals.[40]

The voice of each woman can be uncovered and heard clearly and distinctly through a unitary appreciative orientation to inquiry. The unitary appreciative case study method provided an opportunity for women to share their stories fully and express their voices. It was important to provide the listening space for each story to be told. The method included a participatory dimension enabling each woman to focus the dialogue about despair and to shape the processes used for the study. The pattern profile used phrases literally from the interviews and dialogues. Each woman was asked directly whether her voice was in the profile and whether or not the profile reflected her life experience.

The voices heard within this inquiry offer insights and possibilities for enhancing the practice of nursing related to despair. The voices share experiences that were helpful and not helpful in relation to living with despair. The voices describe experiences with the healthcare system and with healthcare providers that suggest the potential for changes in nursing practice. Simple strategies related to caring appear to have deeply positive consequences. These despairing women felt that no one reached underneath their symptoms to the despair. Their insights about this include both the possibility that despair is unreachable and that the healthcare system as currently constructed does not have the time to see and know despair, much less to intervene. The voices of these women provide information that could be useful in creating nursing strategies that are pattern-focused, rather than symptom-focused, in relation to despair.

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