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Uncovering hope in adults with mental health conditions: Techniques for music therapy clinicians derived from a descriptive overview

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Abstract

Hope is a future-oriented and malleable precursor to change. Although considered a positive motivational construct, hope is underrepresented in the music therapy literature. As such, there is a lack of understanding of hope in music therapy contexts that may hinder clinicians from integrating this important construct into their practice. Therefore, the purpose of this descriptive overview was to 1) provide theoretically and clinically informed understandings of hope and 2) derive techniques for uncovering hope for music therapy practitioners working in adult mental health settings. This paper thus provides a descriptive overview of hope from a clinical viewpoint as well as how to uncover hope for music therapists working with adults with mental health conditions. Findings indicated that hope is a theoretically grounded construct that can be associated with a plethora of positive health-related factors. Although numerous scholars outside the music therapy profession have described hope and how to uncover it specific to adults with mental health conditions, hope has been rarely used as a primary dependent measure in the music therapy literature. Focusing on implications for integrating hope into clinical practice, limitations and suggestions for future research are also provided.

Keywords

hope,
music therapy,
mental health,
mental illness

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Introduction

As a malleable precursor to change, hope is a future-oriented and positive construct. Although scholars have conducted systematic reviews on the effectiveness of interventions to address hope in palliative care (Salmanca-Balen et al., 2021) and with older adults (Hernandez & Overholser, 2021),

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there is a lack of clinical literature specific to how practitioners might facilitate uncovering hope in adults with mental health conditions (MHC)[1]. To date, there is a scoping review of music therapy interventions that foster hope (Wilson, 2025), but there is lack of music therapy literature regarding clinical applications of hope. Therefore, this descriptive overview provides music therapy clinicians with practical and applicable ways to help adults with MHC uncover hope. To provide a clinically grounded and theoretically informed viewpoint of hope for music therapy practitioners, this paper defines hope, describes theoretical underpinnings of hope, highlights associated constructs of hope, describes hope's relationship with recovery, explains hope in communities that have been marginalised, identifies ways to measure hope, applies hope to music therapy, and highlights potential ways for music therapists to help uncover hope.

As the paper is intended for clinicians to apply to their own music therapy contexts and settings, this paper is purposely not prescriptive, nor does it constitute a systematic review of hope (see Wilson, 2025). Rather, this paper is intended to provide clinicians with ideas that they can incorporate into their clinical practice to help service users uncover hope within their situated contexts. This manuscript is also influenced by my experiences: I specialise in acute care mental health settings wherein I provide single-session therapy. I often find that my goal is to help the people I am privileged to work with uncover hope for themselves. These experiences led me to consider hope and dedicate the time to research it. In this paper, I integrate hope-based literature specific to adults with MHC with over 25 years of clinical experience as a music therapy clinician.

Defining hope

Within a mental health context, there is not a single theory nor definition for hope (Redlich-Amirav et al., 2018). Sometimes conceptualised as an attitude, hope can be considered a multidimensional positive life force (Kylmä et al., 2006) with the expectation that a person can improve their situation (Acharya & Agius, 2017) and potentially meet their goals (Lagger et al., 2018). Hope can also be considered an awakening after despair or relying on change a person sees within themselves or others (Ridgeway, 2001; White et al., 2002). As a malleable, motivational, and future-oriented precursor to change (Hanna, 2002; Reiter, 2010), hope can encompass meaning, positive identities, and optimism (Shumway et al., 2014). Hope is often considered a resource (Kylmä, 2005) and may involve cognitive, affective, behavioural, contextual, emotional, relational, spiritual, and temporal components related to future fulfilment of something a person finds meaningful (Redlich-Amirav et al., 2018). Specific to mental health in an oncology context, Eliott and Over (2002) contended that individuals should have the agency to determine the meaning of hope for themselves instead of focusing on empirical models or definitions. Although this person-centric conceptualisation of hope is empowering, it may be challenging for researchers seeking operational definitions and psychometric inventories to measure hope.

A complicating aspect of hope is that it can be a trait or state characteristic (Snyder 1994; Snyder et al., 1996). A person can be dispositionally hopeful, or an unhopeful person may have hope regarding a specific goal. As such, the person's disposition, context, and the specific goal they seek

[1] I purposely use the broad terms *mental health conditions* and *service users* throughout this paper. The paper is intended to be inclusive of a wide range of mental health conditions and not compare or exclude any specific condition.

to achieve can represent consequential factors. Although this distinction can be challenging for clinicians and researchers, it is not germane to hope. In a related example, anxiety can also be a trait or state characteristic that is situationally bound (Spielberger, 1983). Additionally, in mental health contexts, hope might even be considered a transtheoretical construct as clinicians working from a variety of theoretical frameworks may seek to augment hope. Service users may also experience increased hope as a result of therapy, regardless of the theoretical orientation of their therapists.

From a mental health perspective, hope can facilitate positive emotions and behaviours (Snyder et al., 2006). However, people with MHC tend to have less hope than people who do not have MHC (Landeen & Seeman, 2000; Landeen et al., 2000). In clinical contexts, hope can have consequential temporal implications, as service users who do not experience hope within the first three counselling sessions are more likely to discontinue treatment (Larsen & Stege, 2010a, 2010b). Hope is also relevant in clinical contexts as it can activate adaptive behaviours such as assertive coping and treatment adherence that may help service users improve their situations (Griffith, 2018).

Hopelessness is also an important construct in mental health settings. Hopelessness, or a lack of hope, can be detrimental for people with MHC, as it may lead to the *why try effect* (Corrigan et al., 2009) wherein people are unmotivated to even attempt changing their behaviours, cognitions, and emotions. Moreover, hopelessness is framed from a negative viewpoint and may lead to lower self-efficacy, a lack of motivation, and the why try effect. Framing hope negatively may have consequential clinical implications for people experiencing depression and anxiety because people with MHC who experience hopelessness are less likely to behave in manners congruent with attaining their goals (Lysaker et al., 2008). In another example of hopelessness in the context of treating MHC, Hoffman et al. (2000) wrote:

> …when the patient perceives the disorder and its consequences to be beyond his control, feels helpless, and has given up expecting to influence its course positively, thereby abandoning responsibility and active coping strategies. Thus, once established, hopelessness may become a central limiting factor in the efficacy of treatment and rehabilitation. (Hoffman et al., 2000, p. 148)

Theoretical underpinnings of hope

Music therapists can use a variety of theoretical frameworks of hope to guide their clinical practice. For example, Snyder's Hope Theory (Snyder, 1994; Snyder et al., 1998) is a popular way to conceptualise hope. According to Snyder's Hope Theory (Snyder, 1994; Snyder et al., 1998), hope is a goal-focused cognition comprised of both agency and pathways. Agency is a construct wherein people are motivated to use strategies in pursuit of their goals while pathways are goal-focused strategies people use in pursuit of their goals. As people with higher hope are more motivated to generate and implement strategies to pursue their goals, both agency and pathways are necessary to successfully attain goals. Hopeful people tend to be more flexible in producing pathways toward their goals as they change pathways when previous ones are unsuccessful (Snyder, 2002). In another example, Scioli et al. (2011) used an integrative approach to provide a more comprehensive conceptualisation of hope. These scholars noted that hope can consist of attachment, mastery, survival motives, and spiritual beliefs.

In a systematic review of psychometric inventories of hope, Redlich-Amirav et al. (2018) noted that hope can be conceptualised as a unidimensional or multidimensional construct. When conceptualised unidimensionally, hope tends to be a cognitive process. However, when conceptualised multidimensionally, hope can also involve behavioural, contextual, emotional, relational, spiritual, and temporal aspects (Redlich-Amirav et al., 2018). As such, Redlich-Amirav and colleagues (2018) critiqued Snyder's (1994; Snyder et al., 1998) unidimensional conceptualisation of hope specifically because it lacked relational and emotional aspects of hope.

In clinical contexts, hope can be a practice in that it is something that a person does. As such, Weingarten (2010) emphasised that hope is a behaviour instead of an affective component, as hope involves forward momentum toward a self-determined goal. Therefore, practicing hope may involve "facing, embracing, and engaging adversity, rather than avoiding, submitting, or withdrawing" (Griffith, 2018, p. 136). Weingarten (2010) described *reasonable hope* as an accessible and active process wherein the goal is "working not waiting" (p. 7). Clinicians can emphasise reasonable hope as it may work against *false hope*, wherein hope is considered irrational. Weingarten (2010) described five characteristics of reasonable hope:

1. Reasonable hope is relational;
2. Reasonable hope consists of a practice;
3. Reasonable hope maintains that the future is open, uncertain, and influenceable;
4. Reasonable hope seeks goals and pathways to them; and
5. Reasonable hope accommodates doubt, contradictions, and despair.

Hope and associated constructs

Hope is clinically consequential for adults with MHC as it can be associated with a plethora of positive constructs. For example, Werner (2012) examined the relationship between hope and subjective wellbeing in 172 adults with MHC, and found that hope and needs predicted 40% of the variability in subjective wellbeing, with hope being a stronger predictor than needs. Based on these results, Werner highlighted the importance of hope for improving subjective wellbeing and recovery in adults with MHC. In a study of adults with schizophrenia, Oles et al. (2015) found that hope was related to patient activation[2] at baseline, nine months, and 18 months into participating in an illness management and recovery program (Oles et al., 2015). These results were similar to those of Green et al. (2010), who found positive associations between hope and patient activation in adults with MHC.

Hope is associated with various positive constructs specific to adults with MHC including self-esteem, empowerment, social support, and self-efficacy (Lagger et al., 2018; Schrank et al., 2008), quality of life (Hasson-Ohayon et al., 2009; Hayes et al., 2017), insight regarding MHC (Lysaker et al., 2005), symptoms (Waynor et al., 2012), and resilience and subjective health (Schrank et al., 2008). In addition, hope is inversely associated with negative constructs specific to MHC including depression, anxiety, and family problems (Arnau et al., 2007; Lagger et al., 2018; Schrank et al., 2008), maladaptive coping strategies (Lysaker et al., 2005), avoidant coping (Lysaker et al., 2008), symptom

[2] In this context, patient activation was operationally defined as the knowledge and skills to manage MHC.

severity (Waynor et al., 2012), and psychiatric symptoms (Hayes et al., 2017). As such, researchers typically may not focus on hope as a primary dependent measure, but hope represents an important construct that is associated with a plethora of consequential aspects of mental health.

Hope and mental health recovery

Given hope's relationship with a host of positive and negative constructs related to MHC, including substance use, hope has a consequential role in recovery (Acharya & Agius, 2017; Roe et al., 2004; Schrank et al., 2011). Although recovery can be challenging to operationally define in mental health contexts, definitions of recovery often include hope as a component. For people with mental health and substance use conditions, hope can be conceptualised as both a catalyst for change and a means of maintaining momentum towards recovery (Acharya & Agius, 2017; Andresen et al., 2003; Yeung et al., 2020). Without hope, people with MHC may not be motivated to engage in recovery processes (Park & Chen, 2016). Shumway et al. (2014) reviewed the literature and conducted a principal components analysis of recovery factors germane to mental health and substance use conditions and identified hope as a central construct. Similar to how recovery is considered both a process and product for adults with MHC, hope can also be conceptualised as both a process and product (i.e., outcome measure; Schrank et al., 2008). However, there is a need for literature investigating how hope might impact the process and product of recovery (Schrank et al., 2011).

Leamy et al. (2011) conducted a systematic review and narrative synthesis on recovery specific to MHC. These scholars developed five recovery processes and the CHIME acronym: connectedness, hope and optimism about the future, identity, meaning in life, empowerment (Leamy et al., 2011). As such, hope is a principal aspect of the popular CHIME model of mental health recovery.

Hope and people from communities that have been oppressed

People from communities that have been marginalised and oppressed may experience less hope because of the sociocultural and political systems wherein they exist. Arguing that hope, truth, freedom, love, and power are basic existential rights, Gupta (2022) noted that sociopolitical oppression can deny access to hope in people who are from communities that have been marginalised. Additionally, Gupta (2022) contended that hope, truth, freedom, love, and power can be guiding frameworks in therapy, research, and pedagogy. Specific to hope, Gupta (2022) noted that hope does not imply situations should be downplayed but rather that people need to be aware of future possibilities including opportunities to address trauma and oppression through collective activism.

MHC can represent an intersectional aspect of people's identities. As such, people with MHC often experience marginalisation and oppression because of this aspect of their identity. Yanos et al. (2010) proposed that people with MHC may be treated as if they were incompetent and inadequate, and how this treatment can negatively impact hope and self-esteem. When hope and self-esteem are compromised, it can have detrimental impacts on suicide risk, social interactions, symptom severity, and vocational success (Yanos et al., 2010). Hope therefore has consequential implications for music therapy clinicians working with people with MHC.

In their systematic review and narrative synthesis on recovery specific to mental health, Leamy et al. (2011) found that in recovery-oriented studies on people from communities that have been marginalised, people with MHC tended to emphasise spirituality and stigma. As spirituality can be considered a component of hope (Scioli et al., 2011), this has implications for mental health practitioners. Perhaps spirituality can function as an aspect of hope that practitioners may be hesitant to consider in clinical settings. Moreover, collectivist norms of recovery and culturally specific factors should be reflexively considered for people from communities that have been oppressed and disenfranchised (Scioli et al., 2011). Therefore, music therapy clinicians attempting to influence hope in adults with MHC might work through collectivist, spiritual, and culturally-informed frameworks to best support their service users.

Measuring hope

For people with MHC, hope can be overlooked as a primary construct or dependent measure (Silverman. 2023). For example, Schrank et al. (2012) reviewed hope-instilling interventions for people with MHC and found hope tended to be a secondary outcome with no intervention specifically focused on hope. As previously noted, hope can be conceptualised as both a dispositional construct, which is relatively stable over time, and a state-dependent construct, which varies across time and context. Therefore, state hope may be an optimal construct and measure in acute care and short-term settings, while dispositional hope may be more appropriate in longer-term settings. Another complication when studying hope is that many scholars developing psychometric inventories to measure hope have focused on various clinical and nonclinical populations (Kylmä et al., 2006). For example, Redlich-Amirav et al. (2018) conducted a systematic review of the psychometric properties of hope inventories and identified hope scales that can be used in psychology, nursing, psychiatry, theology, and management contexts. Additionally, results from studies measuring hope in people without MHC as participants may not generalise to other groups.

Snyder et al. (1991) conceptualised hope as a general cognitive disposition or trait characteristic and created the eight-item dispositional Hope Scale (Snyder et al., 1991). The ensuing six-item State Hope Scale (Snyder et al., 1996) was based on the 12-item Hope Scale (Snyder et al., 1991). Researchers often use the State Hope Scale (Snyder et al., 1996), but this inventory does not include relational or emotional aspects of hope (Redlich-Amirav et al., 2018). Therefore, clinicians and researchers measuring hope via self-report inventories might consider using The Comprehensive Hope Scale (Scioli et al., 2011), the Hope Index (Staats, 1989), or the Integrative Hope Scale (Schrank et al., 2011). In another example, the Beck Hopelessness Scale (Beck & Steer, 1988) contains 20 positively and negatively phrased statements to which persons mark as true or false. However, measuring hopelessness and other negatively framed constructs in adults with MHC may negatively impact people's affective states. Other scales may not focus on hope as a primary construct but include it as part of a subscale. For example, the Recovery Assessment Scale-short (Corrigan et al., 2004) contains a *personal confidence and hope* subscale.

Hope and music therapy

Wilson (2025) conducted a scoping review of music therapy interventions that foster hope and identified a dearth of literature. Based on the analysis, Wilson concluded that music-based interventions such as music therapy may have promise for addressing hope. Although other music therapy scholars have written about hope in various clinical contexts (Aldridge, 1993, 1995; Iliya, 2011), the author was only able to locate two studies is wherein researchers measured the effects of music therapy on hope in adults with MHC. In a single-session cluster-randomised effectiveness study with adults on an acute mental health unit, Silverman (2016) used the State Hope Scale (Snyder et al., 1996) and found that adults who received a single educational lyric analysis or songwriting group session tended to have higher agency, pathway, and total state hope than control participants. Although the between-group differences did not reach significance, descriptive statistics favoured both music therapy conditions despite the temporal limitations of the single session design necessitated by the acute care mental health unit. Descriptive statistics from lyric analysis and songwriting conditions were similar, indicating that participants receiving music therapy had higher mean state hope when compared to participants in the control condition. However, this study is limited because it used a between-groups design wherein the researcher did not collect data at both pre- and post-tests. In another music therapy study using the State Hope Scale (Snyder et al., 1996) as a dependent measure, Silverman (2025) found that songwriting and recreational music therapy were able to have a significant positive impact on state hope in adults with alcohol use conditions within a single treatment session. Moreover, songwriting was more effective than recreational music therapy in measures of pathways and total state hope. To advance the literature, researchers could investigate the effects of multiple music therapy sessions on hope and measure hope using between- and within-group designs.

The music therapist's role in uncovering and promoting hope

Because hope is a critical aspect of recovery for people with MHC, clinicians providing psychosocial interventions have a role in uncovering, instilling, and promoting hope (Kylmä et al., 2006; Park & Chen, 2016), even in inpatient mental health settings (Bradshaw et al., 2014; Gutierrez, 2019). As such, music therapy practitioners might conceptualise state hope as a malleable construct that can be influenced relatively quickly. For example, in a meta-analysis of hope in clinical and community settings, researchers found single-session interventions to have a larger effect size (d = 0.40) than multi-session interventions (d = 0.19; Weis & Speridakos, 2011). Therefore, clinicians can have an immediate impact on hope, even within single-session contexts.

The remainder of this paper provides recommendations for music therapists based on a descriptive review of how practitioners can instil hope in adults with MHC. As there is limited literature on music therapy and hope in adults with MHC, this review draws from related helping professions. Readers can apply these findings to their own situated contexts. For example, Miller and Powers (1988) noted that hope was a multidimensional construct and listed 10 elements of hope:

1. Achieving goals: Setting and attaining realistic goals.
2. Anticipation: Looking forward to a better future
3. Avoidance of absolutising: Avoiding rigid and absolute assessments of situations.
4. Freedom: Not feeling trapped and believing there is a way out of difficult situations.
5. Mental and physical activation: Having the energy to deal with apathy.
6. Mutuality affiliation: A sense of belonging and being needed and loved.
7. Psychological wellbeing and coping: Mobilising energy to maintain hope.
8. Purpose and meaning in life: Having something for which to live.
9. Reality-surveillance optimism: Searching for items that maintain hope.
10. Sense of the possible: Avoiding a futile attitude.

Darlington and Bland (1999) interviewed people with MHC and staff to identify strategies for encouraging and maintaining hope. These strategies are depicted in Table 1.

Service user perspectives: The role of mental health workers in hope	Mental health worker perspectives: Fostering hope in service users
• Using knowledge of mental illness to help service users • Helping service users understand their illnesses • Understanding the importance of achievement • Being genuine • Being realistic about what can be achieved • Holding on to hope when the service has none	• Working within the service users' frames of reference • Focusing on service users' strengths • Making links to past gains • Being human • Having hope that change is possible

Table 1: Strategies for encouraging and maintaining hope (Darlington & Bland, 1999)

Within a mental health context, McCann (2002) recognised that nursing involves more than managing symptoms and highlighted the importance of a holistic perspective to encourage hope. This scholar interviewed adults with MHC as well as parents, partners, and mental health nurses to understand how to help uncover hope. Based on these interviews, McCann (2002) described how hope can be uncovered from an internal perspective as well as instilled from an external source. McCann (2002) recommended that clinicians partner with service users to uncover services user's philosophies of life, understand what gives them purpose, meaning, and hope, and develop realistic goals and strategies for achieving them. These hope-instilling concepts may be particularly relevant for music therapists in adult mental health settings, as they focus on what brings the service users self-directed meaning and purpose.

Edey and Jevne (2003) described how hope can function as a "silent factor in counseling" and may have a "subordinate role to the discussion of the problem" (p 44). As hope is a malleable construct, these scholars advocated that hope can also be contagious and thus transferred from the practitioner to service users (Edey & Jevne, 2003). However, hope transmission can only occur in trusting relationships wherein service users are empowered. Because seeking and instilling hope is a learning process, Edey and Jevne (2003) suggested that making hope an explicit factor in clinical practice may facilitate engagement and motivation for goal-directed behaviours. Hope instilling

statements may include: “I believe there is hope for this situation in which you find yourself” or “When I hear you talk, I am hopeful” (Edey & Jevne, 2003). Music therapists can integrate verbal techniques from these scholars, who described ways to in still hope by using the *When, Yet, I believe* format:

1. When: *People will be more likely to trust and befriend you again when you are able to maintain your recovery and follow-through on your commitments and responsibilities.*
2. Yet: *Successfully managing substance addiction is possible but it is understandable that you may not be totally confident in your ability to do that yet.*
3. I believe: *I believe that you can gain control of your addiction and live a life that brings you purpose and meaning. I have seen other people accomplish this and I believe in you.*

In an integrative review of hope in schizophrenia, Kylmä and colleagues (2006) provided suggestions to augment hope. These suggestions are depicted in Table 2.

Factors contributing to hope	Factors contributing to hope in staff	Barriers to hope in staff	Hope engendering interventions
• Relationships with other people: being there, encouraging, understanding, supporting, being kind, being honest • Experiencing success: setting realistic goals, accomplishing tasks, achieving knowledge of successful peers • Taking control: medication, recognising prodromal symptoms, wellbeing, holistic health • Finding meaning: spirituality • Future: hoping for a better future	• Relationships with clients: client success, realistic expectations, hopeful life outlook, focusing on the person instead of the illness • Work environment: hopeful coworkers, support groups, planning fun staff activities, respect for service users, research, learning from staff, being recognised for work • Non-work environment: personal religious beliefs, contacts with hopeful people, positive outlook, music	• Relationships with service users: not keeping appointments, not being motivated, not taking medications as prescribed, not taking responsibility for self • Work environment: negative and hopeless coworker attitudes, lack of resources • Non-work environment: negative attitudes toward people with MHC	• Help find meaning and motivation: uncover service user’s life philosophy, identify what gives meaning • Helping to connect with other people: connecting to successful role models, building relationships • Help managing the illness • Help orienting toward goal achievement: planning for future, helping set realistic and attainable goals, facilitating success • Educating service users and the community

Table 2: Suggestions for augmenting hope (Kylmä et al., 2006, pp. 659-661)

In their review of hope inspiring interventions, Schrank et al. (2012) provided recommendations to include in interventions for adults with MHC to instil hope:

1. Collaborative strategies for promoting management of the MHC;
2. Developing relationships with mental health professionals and people outside the mental health profession;
3. Developing peer connections and support;
4. Facilitating appropriate and attainable goals; and
5. Supporting service users' self-efficacy, spirituality, wellbeing, and self-esteem.

Yeung et al. (2018) used constant comparative analysis to analyse hope-promoting experiences of people with MHC. Table 3 depicts the results of this study. Therefore, music therapists can instil and promote the hope of people with MHC by being aware of the quality of their interactions and facilitating connections with families, peers, and friends.

Interactions and experiences involving others	Personal or internal insights and actions
• Knowing I am loved or cared about • Feeling supported • Knowing others believe in my ability to recover • Feeling respected, listened to and believed • Witnessing and hearing stories of recovery • Learning helpful strategies and information • Connecting and belonging • Contributing or helping others	• Finding and using helpful services and medications • Finding effective self-help strategies • Self-acceptance and love • Recognising my progress • Finding a spiritual connection • Doing things I love and am good at • Connections with an environment

Table 3: Hope promoting experiences (Yeung et al., 2020, p. 1048-1049)

In surveying the hope and MHC literature, other methods for uncovering hope for music therapists in mental health settings may include but are not limited to:

- Using hope theories to guide clinical work with service users with MHC (Cheavens et al., 2006; Schrank et al., 2011).
- Facilitating social interactions and connectedness, because interactions with peers, role models, friends can initiate and maintain hope (Price-Robertson et al., 2017).
- Including families, as they have a role in promoting hope for people with MHC (Aldersey & Whitney, 2015).
- Helping service users find multiple pathways/solutions for goal attainment (Cheavens et al., 2006).
- Promoting hope by using strength-based and creative problem-solving approaches, and dispelling stigma regarding mental health (Niebieszczanski et al., 2016).
- Understanding that mental health symptoms can lead to decreases in hope (Waynor et al., 2012).
- Having service users make lists of goals and rank them in order to determine a focus (Snyder et al., 2006).
- Breaking goals into smaller objectives and clear sub-goals that are more attainable in the short-term (Weis & Speridakos, 2011).
- Focusing on positive aspects of hope instead of negative aspects of hopelessness.

- Encouraging positive self-talk through reinforcement while discouraging self-defeating comments.
- Praising effort in working toward goals instead of goal attainment.
- Praising improvements instead of goal attainment.
- Encouraging self-improvement instead of social comparisons.
- Providing data regarding the prevalence of mental health conditions to normalise mental health, and providing statistics on recovery can instil hope.
- Recognising that hope can take time. Some problems can be solved with information gained later, when people are thinking more rationally, or with another person's help to determine a different pathway.

Clinical applications for music therapists

As many lyrics and music can be interpreted to be hopeful, music therapists can focus on hopeful aspects of both lyrics and the music to help service users uncover hope. Sharing hopeful songs and identifying hopeful musical elements may facilitate hope-based conversations. Although hope is an important goal-related construct, music therapy clinicians might first consider if people's basic needs are met. For example, providing housing was an integral component for instilling hope and subsequent recovery in an interpretivist study of people with MHC experiencing housing insecurity (Kirst et al., 2014). These scholars recommended helping service users first transition to housing, and then using hope-inspiring strategies including goal setting, illness management, finding meaning, developing self-esteem, and fostering relationships. As such, Kirst et al. (2014) noted that hope constituted a complex and multidimensional construct in the context of people experiencing basic living needs such as housing insecurity. For music therapy clinicians, it may be helpful to recognise that uncovering hope may not be possible when people do not have their basic needs met.

The music therapist's viewpoint and dialogue within sessions may also impact hope. For example, service users may sense the music therapist's positive or negative expectancy about hope. As such, music therapists have the potential to help uncover hope, instil false hope, or augment hopelessness in adults with MHC.

There are numerous potential applications of hope in clinical music therapy contexts. Hope may represent a broad, positive, and recovery-oriented construct that makes it an ideal topic in group therapy sessions for people with MHC. Moreover, hope is a construct that can be applied in other clinical settings. For example, Noh et al. (2008) interviewed 25 adults living in South Korea who were diagnosed with schizophrenia about hope and identified three themes: the meaning of hope, what is hoped for, and sources of hope. These scholars then reflected on the results:

> Through this research, the researchers realized the simple but important fact that hope in people with schizophrenia is not different than that of people in the general population. People with schizophrenia want to love and be loved in close interpersonal relationships. They have strong desires to live their life happily through interaction with others and to have bright expectations of their future. That they are able to sustain themselves through daily life despite their adversities implies that the study participants have hope. (p. 75).

Limitations

Limitations of this descriptive and clinical overview include a purposeful focus on hope but not on hopelessness or false hope. In addition, this overview is limited as people may have hope but may not necessarily act upon or behave in manners that are congruent with their hope because of systems that disadvantage them. This overview is also specific to adults with MHC and there is some medical music therapy literature regarding hope (Killmer & Silverman, 2026; Verstegen & Silverman, 2017). Finally, because the purpose of this descriptive overview was to develop a theoretically and clinically informed understanding of hope and derive techniques for how to uncover hope for music therapists working in adult mental health settings, a systematic review was not conducted.

Suggestions for future research

Suggestions for future research include addressing hope as a primary dependent measure in music therapy studies. As music, lyrics, and therapy all have the potential to convey hope, perhaps music therapy may be an ideal psychosocial intervention to address hope. Researchers can use the interpretivist paradigm with service users and music therapists to gain a more nuanced understanding of how music therapy interventions might impact trait and state hope.

Conclusion

Hope is a consequential construct for people with MHC. As a future-oriented malleable construct, hope may be especially important for people in short-term and acute care mental health settings. Although hope is related to numerous recovery-oriented constructs in adults with MHC, it is often not a primary dependent measure in experimental research. More specifically, there is a dearth of research in the music therapy literature regarding hope. Resultant of using music as a therapeutic medium, music therapists may have strategic advantages in uncovering hope in adults with MHC. Future research is warranted.

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Author contributions

Michael J. Silverman was responsible for conceptualisation, resources, writing – original draft, and writing – review and editing.

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AI was not used in this article.

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Ελληνική περίληψη | Greek abstract

Ανάδειξη της ελπίδας σε ενήλικες με παθήσεις ψυχικής υγείας: Τεχνικές για τους επαγγελματίες μουσικοθεραπευτές που προκύπτουν από μια περιγραφική επισκόπηση

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Περίληψη

Η ελπίδα είναι ένας προάγγελος της αλλαγής, προσανατολισμένος στο μέλλον και εύπλαστος. Αν και θεωρείται θετική έννοια που σχετίζεται με το κίνητρο, η ελπίδα υποεκπροσωπείται στη βιβλιογραφία της μουσικοθεραπείας. Ως εκ τούτου, η κατανόηση της έννοιας της ελπίδας στο πλαίσιο της μουσικοθεραπείας είναι ελλιπής, γεγονός που ενδέχεται να εμποδίζει τους επαγγελματίες να ενσωματώσουν αυτή τη σημαντική έννοια στην πρακτική τους. Συνεπώς, ο σκοπός αυτής της περιγραφικής επισκόπησης ήταν: 1) να προσφέρει θεωρητικά και κλινικά ενημερωμένες κατανοήσεις της ελπίδας και 2) να αναπτύξει τεχνικές για την ανάδειξη της ελπίδας, απευθυνόμενες σε επαγγελματίες μουσικοθεραπευτές που εργάζονται σε πλαίσια ψυχικής υγείας ενηλίκων. Το παρόν άρθρο παρέχει, συνεπώς, μια περιγραφική επισκόπηση της ελπίδας από μια κλινική σκοπιά, καθώς και τρόπους ανάδειξης της ελπίδας για τους μουσικοθεραπευτές που εργάζονται με ενήλικες με παθήσεις ψυχικής υγείας. Τα ευρήματα έδειξαν ότι η ελπίδα αποτελεί μια θεωρητικά θεμελιωμένη έννοια, η οποία μπορεί να συσχετιστεί με πληθώρα θετικών παραγόντων που σχετίζονται με την υγεία. Αν και πολλοί ερευνητές εκτός του κλάδου της μουσικοθεραπείας έχουν περιγράψει την ελπίδα και τους τρόπους ανάδειξής της ειδικά σε ενήλικες με παθήσεις ψυχικής υγείας, η ελπίδα έχει χρησιμοποιηθεί σπάνια ως κύρια εξαρτημένη μεταβλητή στη βιβλιογραφία της μουσικοθεραπείας. Εστιάζοντας στις επιπτώσεις για την ενσωμάτωση της ελπίδας στην κλινική πρακτική, παρουσιάζονται επίσης οι περιορισμοί και προτάσεις για μελλοντική έρευναψ.

Λέξεις κλειδιά

ελπίδα, μουσικοθεραπεία, ψυχική υγεία, ψυχική ασθένεια