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The Meaning of the Lived Experience of Lifestyle Changes for People with Severe Mental Illness

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ABSTRACT

The aim of this study was to elucidate the meaning of the lived experience of lifestyle changes as perceived by people with severe mental illness (SMI). People with SMI who have experience in managing lifestyle changes were interviewed (n = 10). The interviews were analyzed with a phenomenological hermeneutic approach. The findings reveal three themes: (1) struggling with inner and outer limitations, (2) on one’s own but together with others and (3) longing for living a life in harmony. The meaning of lifestyle changes can be understood as a person’s internal and external endeavors to make well-considered decisions about lifestyle changes. Support should focus on strengthening the person’s self-efficacy and should be based on the person’s experiences.

Introduction

People face a number of challenges and choices throughout life. The choices made are based on the individual’s needs and prerequisites. For people with severe mental illness (SMI) such as schizophrenia and other psychotic disorders, the choices available can be limited and making changes in life can be difficult. Lifestyle changes have been recognized as important for developing healthy lifestyle patterns that enhance physical health (World Health Organization, 2014) and are important for mental health (Walsh, 2011). However, lifestyle is a concept that includes many varying aspects, and lifestyle changes are complex processes involving both individual aspects and external factors. Lifestyle changes are used in this study as a concept of understanding people’s individual experience of changing unhealthy patterns as well as experience related to a broader perspective of lifestyle changes and how the meaning of these changes is perceived through a lifeworld perspective.

People with SMI often have poorer physical health compared with the general population leading to an increased risk for premature death (Pack, 2009; Robson & Gray, 2007; Scott & Happe, 2011; Seeman, 2007). SMI is associated with an increased risk of developing metabolic syndrome (Kraemer, Minarzyk, Forst, Kopf, & Hundemer, 2011; McDaid & Smyth, 2015), which can lead to cardiovascular diseases (Fusar-Poli et al., 2009; Lahti et al., 2012) and diabetes (Stubbs, Vancampfort, De Hert, & Mitchell, 2015). This greater risk of physical ill health appears to be related to unhealthy lifestyle patterns such as poor diet, low physical activity (Malhotra, Kulhara, Chakrabarti, & Grover, 2016) and smoking and alcohol consumption (Fusar-Poli et al., 2009). In addition to unhealthy lifestyle patterns, antipsychotic medicine also increases the risk of metabolic syndrome (McDaid & Smyth, 2015). The World Health Organization has a goal of reducing inequalities in health among people (World Health Organization, 2013). The Government Offices of Sweden (2012) emphasizes that people with mental ill health should have the same access to health care as people with physical ill health. Interventions focusing on promoting and preventing physical ill health have thus been highlighted as important in mental healthcare.

Research focusing on the experience of people with SMI participating in lifestyle interventions reveals both incentives for and barriers to lifestyle changes. Factors related to the disease together with the lack of motivation (Kristiansen et al., 2015; Roberts & Bailey, 2011), low self-esteem (Roberts & Bailey, 2011) and a negative attitude from healthcare workers such as disrespectful behavior and mistrust (Chadwick, Street, McAndrew, & Deacon, 2012; Roberts & Bailey, 2013) are described as barriers that can affect the outcome of the intervention. People with SMI emphasize that knowledge about lifestyle patterns and how they affect health is helpful for motivating lifestyle changes (Forsberg, Lindqvist, Bjorkman, Sandlund, & Sandman, 2011; Roberts & Bailey, 2013). Another aspect that is revealed as being important for accomplishing lifestyle changes is the opportunity of being part of a social context with social interaction and support (Forsberg et al., 2011; Jormfeldt, Rask, Brunt, Bengtsson, & Svedberg, 2012; Kristiansen et al., 2015; Roberts & Bailey, 2013). The experience of greater proximity and equality with health care workers (Forsberg et al., 2011) and the experience of personal development and courage to make decisions are also emphasized as meaningful by people with SMI as a result of participating in lifestyle interventions (Jormfeldt et al., 2012).
The Transtheoretical model (TTM) describes the process of change as an individual progression over time consisting of five stages: precontemplation, contemplation, preparation, action and maintenance (Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992). The TTM was initially used in addiction research but has more recently also been used for research about lifestyle changes (Percival, 2014; Prochaska, 2008; Zhu, Ho, Sit, & He, 2014). However, beyond the individual aspect of change, it is important to be aware that a person’s prerequisites for choosing lifestyle and to make lifestyle changes are affected by various living conditions that the person needs to adapt to. A person can thus face a number of choices but the possibility of choosing can be limited due to the person’s different prerequisites (Cockerham, 2005; Giddens, 1999).

In a lifeworld perspective (Husserl, 1995), the aim is to understand people’s experiences in the world. Lifestyle changes are conducted in people’s lifeworld. The lifeworld is the reality people live in everyday and consists of a person’s subjective experiences in different phenomena. Although the lifeworld is unique to each individual, it is shared with other people. With a lifeworld perspective, the relationship between the individual and the world is important for the understanding of a person’s unique experiences from a holistic approach (Husserl, 2002). The everyday lifeworld described by Schütz (2002), further developed from Husserl’s ideas, consists of a practical world as well as a social and cultural world that affects the individual’s way of relating to their lifeworld and how phenomena are perceived and experienced in everyday life. The individual is described as a living body that with consciousness and active attention can act and make changes in life, but there is also a passive attention where experiences are vague and unconscious (Schütz, 2002).

Although research has been carried out that focuses on patients’ experience of participating in health-promoting lifestyle interventions, few of them have focused on the meaning of lifestyle changes as experienced by people with SMI. Exploring the individual experience of making lifestyle changes and how it is perceived in everyday life can thus shed more light on what is important for people with SMI when lifestyle changes are made. The aim of this study was thus to elucidate the meaning of the lived experience of lifestyle changes as perceived by people with SMI.

**Methods**

**Design**

This interview study focuses on lifestyle changes and how they are perceived by people with SMI and is a part of a larger project based on a person-centered lifestyle intervention for people diagnosed with schizophrenia or other psychotic disorders. The intervention consists of Motivational Interviewing, Physical Activity on Prescription, Dietary Advice, Tobacco and Alcohol Prevention and Health Education in group settings.

Although the participants for this study participated in the intervention, the focus was the person’s experience of the meaning of lifestyle changes rather than experience of the intervention. A qualitative descriptive design was used to elucidate the meaning of lifestyle changes for people with SMI. Data were collected through narrative interviews (Mishler, 1985). In order to capture the lived experience, a phenomenological hermeneutic approach inspired by Ricoeur (1976) and further developed by Lindseth and Norberg (2004) was used. This approach combines the phenomenological lifeworld perspective with the hermeneutic perspective of interpreting narratives. The essential meaning of the lived experience can thus be studied and revealed in the interpretation of the narratives fixed in texts.

**Participants**

The participants for this study were recruited from three different psychiatric outpatient clinics in a region in southern Sweden. The participants, who had previously given their consent to participate in the larger project, were asked to participate in interviews for this study. Inclusion criteria for participation in the study were that the patient should be aged between 18 and 65 years, diagnosed with schizophrenia or other psychotic disorder (American Psychiatric Association, 2013) and had an established contact with one of the included outpatient clinics in southern Sweden. Additional criteria were that the participants spoke Swedish and that they had participated in a health education group within the project. The reason for the last part of these criteria was that the participants had started to think about health and a healthy lifestyle pattern. Exclusion criteria for participation were that if the person was hospitalized at the time. All the participants in this study have undergone health education in groups. Information about this study was given by the first author both orally and in writing in conjunction with or after completion of the health education in the group. The people who met the criteria and were interested in participating in the interview were contacted by the first author to arrange a meeting for the interview. Eleven people consented to participate in the interview, one of them did not come for the interview and did not respond to any contact after that. A total of 10 people thus participated in the interviews, seven were men and three were women and aged between 28 and 61 years (mean age 44 years).

**Data collection**

Narrative interviews were used for data collection (Mishler, 1985). The interviews took place between June 2015 and February 2016. The participant had the possibility of choosing where the interview was to be conducted. Six of the interviews took place at the psychiatric outpatient clinic and four of them at the participant’s home. All the interviews were conducted by the first author and lasted between 40 and 86 minutes (mean 56 minutes). All the interviews were recorded and transcribed verbatim by the first author. The interviews began with an open question about how an ordinary day could look like and then moved on to questions about lifestyle changes such as “can you tell me about a change you have made or want to make,” “can you tell me what lifestyle changes means to you,” “can you tell me about how lifestyle changes affect you in your everyday life” and “can you tell me what you need to be able to conduct and maintain lifestyle changes?” The participants were encouraged to talk freely about their experiences and only when necessary, follow-up questions were asked such as “can you tell me a little bit more about how that felt?” During the interview, a model of Stages of Change (Prochaska et al., 1992) was shown as a picture.
and was used as a basis for discussion to help the participants to talk about their own experiences and to facilitate reflection about a readiness for change over time. The intention of visualizing the model of Stages of Change was to make it easier for the participants to talk about changes they had made or wanted to make and what they need to be able to conduct and maintain lifestyle changes.

**Ethical considerations**

The study was approved by the Regional Ethical Review Board in Lund (Dnr: 2012/267). Talking about one’s own experience can reveal upsetting feelings about one’s own situation. This was taken into consideration and after the interview, the participants had the opportunity to talk about how they perceived the interview. All participants had a contact person at a psychiatric outpatient clinic they could turn to if the interviews caused any acute worries. Informed written consent was given by the participants prior to the interviews and all the participants were informed orally and in writing about the aim of the study, and that the participation was voluntary, that they could withdraw at any time and that their interviews were treated confidentially (World Medical Association Declaration of Helsinki, 2015).

**Data analysis**

A phenomenological hermeneutic method for interpretation based on Ricoeur (1976) and further developed by Lindseth and Norberg (2004), was chosen for the analysis. The interpretation was done in three steps: naïve reading, structural analysis and comprehensive understanding. The naïve reading and the comprehensive understanding have an interpretive approach, while the structural analysis has a more objective approach towards the text (Lindseth & Norberg, 2004). During the analysis, a movement among the three steps was performed in order to be able to understand and explain the meaning of lifestyle changes for people with SMI. In the first step, a naïve understanding of the text was created by reading the narratives several times in order to grasp the essential meaning as a whole. In the second step, the structural analysis, the text was divided into meaning units that described the lived experience of lifestyle changes. The meaning unit was reflected on against the naïve understanding and was then condensed. Ordinary language was used to express the essential meaning of each meaning unit. The condensed meaning units were reflected on and then sorted in terms of differences and similarities and then further condensed to form subthemes. The subthemes and the naïve understanding were compared with each other, and new reflections and analysis of the condensed meaning units were carried out. Finally, subthemes, themes and the naïve understanding validated each other. The structural analysis was performed as objectively as possible by analyzing the meaning unit separated from the text as a whole. In the third step, a comprehensive understanding was reached through the interweaving of the naïve understanding and the structural analysis. The interpretation of the whole was performed in relation to the authors’ preunderstanding and knowledge as well as relevant theories. All the steps in the analysis were discussed iteratively with the co-authors, and their reflections were contributed to the final analysis.

**Findings**

**Naïve understanding**

Lifestyle change, for people with SMI, means having the courage to leave safety behind and challenge oneself to try something new. It involves not only feelings of doubt and fear but also feelings of a growing self-confidence. Lifestyle changes have to come from within and for that, an inner willpower is necessary but still, one cannot do it all by oneself. Support and encouragement from others are needed in order to be able to accomplish and maintain the change. Decisions about lifestyle changes are made carefully and with an awareness that every step taken has a great influence on daily life. Lifestyle changes take time, and patience is essential for maintaining motivation. It is important that the time is ripe and that the changes are made step by step and not too quickly; otherwise, the risk for relapse into old habits is impending. The goal of lifestyle changes for people with SMI, as for most people, is to be able to live a life in harmony, to achieve a balance in life and to feel well both physically and mentally. Feelings of powerlessness arise when the disease or medication generates limitations in life and when demands are overwhelming. To have and create new routines in daily life appears to be important for finding a balance in life but can also be perceived as controlling and limiting. Achieved lifestyle changes nurture feelings of capability and increase one’s faith in oneself.

**Structural analysis**

Three themes and eight subthemes emerged from the text that explains the lived experience of lifestyle changes for people with SMI. The themes were as follows: (1) struggling with inner and outer limitations with the subthemes, feelings of powerlessness and feelings of doubt; (2) on one’s own but together with others with the subthemes, finding the inner strength, feelings of being capable and being in companionship; and (3) longing for living a life in harmony with the subthemes, striving for wellbeing, seeking balance and needing to be patient (Table 1). The result of the structural analysis is presented below each theme. Quotations are used to illustrate the lived experience of lifestyle changes among people with SMI.

**Struggling with inner and outer limitations**

The theme includes feelings of powerlessness related to things that are difficult or even impossible to affect and feelings of doubt that the people have to deal with prior to and during the changes.

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The subtheme feelings of powerlessness reveals a sense of hopelessness due to how the disease affects the possibility of changing lifestyle. The disease was described as a prison that kept the person locked up in his/her home and had an impact on the person's ability to get a job or to create new routines in daily life. There was a desire for living a normal life like everybody else, being able to feel free and to live a life without restraints.

It's become my own hell ... I want to feel free like I used to and don't want to have any problems with external factors ... but sitting at home all the time ... it's become a prison in some way ... there's so many things to do that are fun that can't be done because of these mental problems. (A)

Getting a job ... I think it's impossible for me ... it's difficult to change when you hear voices. (D)

Another issue that is difficult for the person to have power over is the accessibility to facilities. Living out of town or in another way having problems to get to the store or training center limits the choices available.

It's a bit hard for me to buy food and bring it home, because I live far from the store ... it's difficult for me to go there. (H)

Feelings of powerlessness arise when the need for daily routines feels like a restriction in life. Routines may become so imperative that even the smallest change in life feels like an intrusion in an otherwise well-planned life. There is also a fear for overwhelming demands on having to perform. Overwhelming demands reveal feelings of inner stress, a fear of relapse and sadness when not achieving what is expected from them. Inner stress is not visible and when the strength to say no is limited, there is a risk that demands become too much to manage. When changes are persuaded or forced, the risk of failure increases and thus the plans for change are not always revealed in case they do not succeed.

And it doesn't show ... after all I do things ... and I'm not that person who speaks out about how I feel, that I feel stressed and not strong ... I can't handle that and instead I do more and more and more ... (J)

Feeling that pressure ... therefore I don't say anything ... instead I plan it myself so that the pressure doesn't become too big for me. (B)

The subtheme feelings of doubt referred to having conflicting emotions about lifestyle changes. On the one hand, it is safe to carry on living one's life as usual but on the other hand, there is a wish for something new, something better. It means a lot to be able to make changes in life but it also leads to concerns and dubiety. The uncertainty about change is due to the fear of failure, something the persons have experienced before.

Thus, this pattern of life that's been going on for so many years ... it's really hard ... I'm not sure what I'm doing when I go outside the box in my little life, so I'm rather ambivalent I think. (A)

The feelings of doubt means constantly struggling with one's own doubts such as when standing at a crossroad. It can be difficult to choose the right way in the broad choice of health advice. It is important to find out what is positive for oneself when difficult choices have to be made. Warning examples raise doubts about one's lifestyle that can increase the motivation and make it easier to resist temptations. However, resisting temptations entails a great deal of willpower and sometimes leads to failure.

When you came home alone with all this information about a healthy diet and try to do it ... it wasn't easy. (F)

Mm, chocolate drinks and those delicious buns filled with calories just lying there ... I try to walk past and not be tempted ... it's harder than you think ... sometimes I can handle it and sometimes I can't. (C)

This exposure to temptations in daily life is heavily aggravated by the fact that most shops have their candy close to the pay desk. In such a case, the accessibility becomes an obstacle instead of a prerequisite.

On one's own but together with others

The theme refers to the need for finding an inner strength and gives attention to the essential aspect of the need for feeling capable when conducting lifestyle changes. However, it is difficult to carry out these changes entirely alone; support and company from others are required.

The subtheme finding the inner strength involves experiences of the need for willpower and an inner change where patterns of thoughts need to be changed. There is a will to solve things without having to rely on others. This is based on feelings of no longer wanting to be a burden, but also includes the belief that a willingness for change must come from within the person. This willingness depends on the ability to change one's own thoughts and attitudes towards the lifestyle changes that are needed. It is important to keep in mind what the reason was for making changes in order to be able to motivate oneself and for the changes to be sustainable.

A change in attitude ... I can't rely on support all the time, I must change my own attitude. (C)

You have to decide both mentally ... and perhaps physically as well ... and it's easy to go back to old habits ... so you have to decide for yourself, now I want to change ... because no one can do it for you. (K)

Finding an inner strength is also related to the need for self-respect, pride and having faith in oneself. Feelings of guilt and shame lead to self-loathing, and it is important that such feelings can be turned into pride instead. To be able to feel proud of oneself is of great importance but it takes time to rebuild a wounded self-esteem. To compare oneself with others often leads to feelings of not being good enough which further leads to uncertainty about one's own ability. To feel satisfied with what has been achieved is essential in lifestyle changes.

Its means a lot (to feel pride) ... I mean I'm not a guy with ... I really don't have any self-confidence but I'm going to work at it ... and I believe that when you feel that you have something to do, when you have a function in life ... to build up one's confidence and structure in life again as I once had would make me feel so much better. (A)

You compare yourself to others ... and think they are more proficient ... you get paralyzed ... but some things you can do ... things that I thought would be difficult, but I did ... sometimes you can manage more than you thinks. (E)

Finding an inner strength requires courage in order to challenge oneself, to face one's fears and have the courage to enter into the unknown and try something new. To challenge oneself is important for self-esteem and gives a sense of hope that change is possible although it sometimes feels overwhelmingly hard. To
change is to be brave and there is a wish for the courage to face one's fears instead of escaping them.

Even if it's difficult and you are having a hard time with thoughts etc. … so having a goal … you have to try if it's important for you, it's my opinion absolutely … because it has to start from within and even if you had a hard time … you must dare … (J)

The subtheme feelings of being capable showed that increased knowledge had a significant meaning for lifestyle changes. Increased knowledge about how healthy diets and physical activity may have an impact on health was described as useful. It felt important to have the opportunity to discuss living habits and to get advice about how to make lifestyle changes. When making changes, new routines were created and it was necessary to find one's own strategies to make it work. These strategies were based on previous experience and were made with an awareness of the individual situation and abilities in daily life. Changes that appear to be incomprehensible for those around can for the person be a strategic decision for dealing with everyday life.

I've started to move less … it was several years ago … I had an idea that it would work if I moved less … maybe it sounds a little peculiar but … I know that I have to move slowly to make it work and to spare my joints. (H)

Feeling that it is possible to regain previously held skills and feeling that one can is important for being able to feel capable. Lifestyle changes do not always concern new skills and habits; it can be a case of regaining old ones. It is important that the person has earlier positive experiences of their efforts when changes are made in order to retain the motivation and maintain the new habit.

I used to work with quite big machines and had a great responsibility and there were no problems then I'd like to get back to that a little … (A)

I need to see that I feel better, you need to be motivated in that way, seeing the result makes you go on … when I discovered … oh my god … that I've lost two, three and four kilos, that is an incentive to keep on struggling. (J)

In the subtheme being in companionship, the importance of being together with others emerged. Others include relatives, friends, professionals, colleagues, trainers and pets. To be in companionship includes a paradox; on the one hand, the need for support and the company of others are a prerequisite for lifestyle changes but on the other hand, it can be inhibitive to be dependent on others.

You share your worries with others … we can support each other about diet and exercise … share sorrows, concerns and joy. (G)

Being able to support each other in an interpersonal relationship and not just be a recipient of support was emphasized as meaningful.

He (health care worker) was very supportive for me although we just sat and drank coffee at home, we could talk and discuss things and he said what he thought about things … I miss that. (A)

Longing for living a life in harmony

The theme involves the person's striving for wellbeing and the need for being patient when lifestyle changes are to be carried out. In order to be able to live a life in harmony, it is necessary to find a reasonable balance between one's needs, ability and desires.

In the subtheme striving for wellbeing, it emerges that the prerequisites for lifestyle changes are that these have to be perceived as meaningful and enjoyable if they are to be feasible. The goal is to make lifestyle changes a part of the daily life and thus need to be based on the person's needs to make the changes meaningful. Feelings of enjoyment and pleasure are important for having the strength to carry out and maintain lifestyle changes.

Training that is fun … enjoyable … something you like and find enjoyable to do … pleasurable … meaningful … (G)

Striving for wellbeing also involves awareness of the fact that one's body and mind are incorporated so that physical activity can give peace of mind and contribute to better sleep. There is a yearning for better health and joie de vivre and this yearning makes them expose themselves to an ordeal despite all the agony. The desire for living a healthier and longer life motivates lifestyle changes. An awareness occurs over time that everything may not be possible to change and feelings of gratefulness and satisfaction are instead developed about what has been accomplished.

When they said that people with schizophrenia live 20 years shorter than everyone else I thought I must make some changes … so it just took one day to decide. (D)

The subtheme needing to be patient showed that letting the process take its time was important for lifestyle changes. Patience is required from others, but above all, patience within oneself, to be able to feel when the time is ripe for changes, is required. The need for taking it step by step and not rushing into things clearly emerged. Support and constant reminders are needed over a long period of time in order to be able to maintain lifestyle changes and avoid relapsing into old habits.

I think it's going to be like hell the first six months because it takes me quite a long time to feel safe with other people … after that I think it's going to be so much better. (A)

It'll be too much if you're going to change everything at the same time … then it becomes difficult, so you have to take it at a reasonable pace. (F)

The subtheme seeking balance reveals the difficulty of finding a balance in life. This concerns the balance between medication and health, activity and rest, will and ability and between routines and freedom. There is a fear of doing too much or too little. Daily routines appear to be important for feeling safe and secure and when changes are made, they are done with caution. Experience from previous unsuccessful attempts to change leads to a need for living a cautious life.

It's hard to find the balance … how much and what kind of medication I should have, but then the medication itself makes it complicated if I were to, let's say, start working … then it would be very difficult for me, partly due to my illness but also because of the medication that makes it difficult to concentrate. (B)

But now comes a villain of the piece … vacation from my daily occupation … yes things can really get out of control during the holiday. (C)

I've been that sort of person who's been easily deceived in different situations … I was easy to influence … and that's affected me … I'm afraid of many … I've tried so many things. (H)
Despite the effect of the disease on body and mind, it is possible to feel satisfied with daily life. However, wellbeing is not taken for granted and lifestyle changes must be made with patience and cautiousness.

**Comprehensive understanding**

In this study, the meaning of lifestyle changes for people with SMI was elucidated as a struggle that takes place both within and without the person. The struggle within the person involves strategic decision-making based on cautious considerations and the decision is made with an awareness of the risk at stake. The risk of relapsing into ill health or into old habits brings feelings of uncertainty, fear and doubts, and thus the time needed to think it through is essential when lifestyle changes are to be made. The insight that a balance in life is fragile makes the person become cautious when taking a step towards change and every step taken demands courage, an inner strength and a belief in one’s own capability. The struggle outside of the person involves feelings of powerlessness, which are related to things that are difficult or impossible to affect and when demands from the surrounding environment become overwhelming. To be together with others appears to be important for lifestyle changes. Even if lifestyle changes are something one has to take responsibility for on one’s own, others can bolster that process by being supportive or just being there. Despite the awareness that lifestyle changes are something not easily done, the yearning for well-being makes the effort worthwhile in order to live a life in harmony. The meaning of lifestyle changes was also elucidated as a desire to return to the person they had previously been, or find new sustainable ways of living. For lifestyle changes to be sustainable, the change has to be perceived as meaningful, satisfying and adjusted to the person's ability. The comprehensive interpreted meaning of lifestyle changes for people with SMI could thus be expressed as an internal and external endeavor to make well-considered decisions about lifestyle changes and that the changes have to be perceived as meaningful, manageable and comprehendible for the changes to be sustainable.

**Discussion**

**Reflections on findings**

The reflections are based on the comprehensive understanding of the findings (Lindseth & Norberg, 2004). A change of lifestyle takes place in people’s lifeworld. The experience of lifestyle changes entails an inner struggle with feelings of powerlessness and doubts, which can be affected by the person’s beliefs about how things should be in the real world. How the real world is perceived depends on experiences of the everyday lifeworld, one's own and others. These experiences constitute the “knowledge at hand” of the world that can be seen as the framework for everyday life (Schütz, 2002). The desire to live as everybody else does and have a normal and healthy lifestyle can be a strong motivating factor for people with SMI to change lifestyle patterns (Wärdig, Bachrach-Lindström, Foldemo, Lindström, & Hultsjö, 2013). However, in this study, the desire for living a normal life as everybody else does has to be seen in the light of how the person relates to what is normal in the context the person lives in.

Schütz (2002) emphasizes that people in their everyday life constantly make choices with a total attention to life and its demands. He calls this attention “wide awake” and believes that people have goals in their life and that they constantly strive to realize them. This perspective of people's ability to act in an attentive way in their everyday life concurs with the finding from this study where people with SMI make well-considered decisions about lifestyle changes. The decisions are made with caution and are reflected in relation to the risk at stake. Mathisen, Lorem, Obstfelder, and Máseide (2016) emphasize the importance of recognizing the patients' rights for participation and shared decision-making in mental healthcare. The patients need to be recognized as competent to make choices about their healthcare and the experiential expertise should be highlighted. In this study, the participants spoke about the need for caution when lifestyle changes are to be made due to previous unsuccessful attempts at changing. This caution should not be mistaken for an unwillingness or inability to make changes but as a well thought-out strategy for managing future challenges and demands in order to find balance in everyday life. According to Antonovsky (2005), life consists of various changes. In order to be able to manage the changes one faces, there needs to be a balance between a person's resources and stressors. It should thus be of great importance to strengthen the person's resources in order to be able to find balance in everyday life when lifestyle changes are made.

The findings reveal that although lifestyle changes are expressed as unique experiences, they are also linked with other people in a “face-to-face relationship.” Other people, who are a part of the person's lifeworld, can be seen as co-players in the creation of the environment that the person has to adjust to (Schütz, 2002). Being in companionship is revealed as important for lifestyle changes for support and for being there for each other. This is consistent with findings from Lassenius, Arman, Söderlund, Åkerlind, and Wiklund-Gustin (2013) where companionship was experienced as important for faith, hope and not giving up among people with psychiatric disabilities when being physically active. Blomqvist, Sandgren, Carlsson, and Jormfeldt (2017) also emphasize the importance of support from significant others as essential for enabling healthy living for people with SMI. The importance of being in companionship can be related to the Generalized Resistance Resources (GMRs) in the salutogenic theory. One of the GMRs has an interpersonal–relational characteristic, and thus social relationship is recognized as one of the most required resources for developing a strong sense of coherence (Antonovsky, 1979).

The findings reveal inner strength and capability as resources that are expressed as being significant for people with SMI to be able to perform lifestyle changes. The participants spoke about that changes have to come from within and for that an inner strength is needed. In order to find and develop the inner strength, there is a need for a strong belief that change is possible and for that, one’s own willpower, self-efficacy, self-confidence and self-respect are expressed as prerequisites. For people with SMI, it can be difficult to regain these inner feelings out of a belief in oneself and what one is capable of. Experience of
achieved goals, beneficial consequences and that one's knowledge and experiences can be used to find sustainable strategies and new routines can increase the person's sense of self-efficacy. This experience can also be referred to “to master something” by Lassenius, Arman, Söderlund, Åkerlind, and Wiklund-Gustin (2013), where people with psychiatric disability emphasized that gained skills generated self-confidence, which was important for the feeling of strength. Wärdig, Bachrach-Lindström, Hultsjö, Lassenius, Arman, Söderlund, Åkerlind, and Wiklund-Gustin (2013) also emphasize the meaning of experiences of being successful for the perception of oneself as being capable among people with psychosis. The need for self-efficacy and self-esteem is highlighted by Antonovsky (1987) as important for contributing to a meaningful world.

The participants discussed regarding longing for living a life in harmony. Despite the awareness that changes were necessary in the endeavor to attain wellbeing, it was essential to let it take its time. The need for balance in life makes them cautious when changes are to be made and create ambivalence. Prochaska and DiClemente (1982) emphasize that the process of change is highly individual and therefore it is important to meet the person where she or he is in the process. It is thus essential that the person himself/herself and others are patient so that the person can feel ready for the next step, from the stage of contemplation to the stage of preparation. The participants in this study had experiences of doubt and ambivalence when making lifestyle changes related to a fear of relapsing into ill health or a fear of failure, which can affect the process of change. Having support and feeling hope is of great importance for not being caught up in feelings of not being able to manage lifestyle changes. The participants emphasized that body and mind are integrated and not possible to separate. The physical and mental health are thus interdependent for experiencing health and wellbeing in everyday life.

Methodological considerations

There is always more than one possible interpretation of a text and thus a text can have more than one meaning (Riceour, 1993). According to Lindseth and Norberg (2004), the intention of using phenomenological hermeneutic methodology is not to find the absolute truth, but to search for possible meaning of being in the lifeworld. The interpretation process has consisted of an open-minded seeking of the essence of the text and nothing has been taken for granted in the search for the meaning of lifestyle changes. This has been facilitated by the dialectic movement between explanation and understanding, a movement between what the text says and what it is about (Riceour, 1993). The naïve understanding, the structural analysis and the comprehensive understanding were constantly compared with each other throughout the analysis and the text as a whole is compared with its parts, which together contribute to trustworthiness. Furthermore, trustworthiness was established through the first author together with the other authors' reading, rereading and discussing the text, the analytic process and finally the findings. The method was suitable considering the aim of the study and the number of participants and gave a deeper understanding for the meaning of lifestyle changes for people with SMI. The first author and three of the co-authors have a preunderstanding as psychiatric nurses that may have influenced the interpretation. However, according to Riceour (1981) a text cannot be completely objectively interpreted. Instead he emphasizes that a preunderstanding is necessary and a resource as long as one is aware of it. All the co-authors, with their different preunderstanding, contributed in a complementary way by deepening the interpretation of the findings.

The participants in this study consisted of people who have participated in a health education group and thus have specific knowledge of what lifestyle changes mean to them. This might have affected the result because the participants may have represented a group of persons that have a specific interest in discussing lifestyle changes. Furthermore, people who have not participated in a health education group might have different experiences of lifestyle changes, and therefore the findings from this study might not be transferable to all people with SMI. People with the most severe mental illnesses may have been excluded from participating in the intervention and thus also from this study. Nevertheless, the findings reveal experiences from people with SMI about the meaning of lifestyle changes that can generate important knowledge. People with SMI can be seen as a vulnerable group when participating in research. However, because of this, it is particularly important to highlight their experiences of managing lifestyle changes so that support can be suitably arranged. The participants consisted of people who were diagnosed with schizophrenia or other psychotic disorders. However, the difficulties in everyday life described by the participants are most likely to be similar to those for people with other psychiatric diagnoses when managing lifestyle changes. The findings could thus be transferred to other people, irrespective of their diagnosis, with psychiatric disabilities, who want to manage lifestyle changes in their everyday lives.

Conclusions and implications for mental health nursing

In this study, the meaning of lifestyle changes for people with SMI was interpreted as a person's internal and external endeavors to make well-considered decisions about lifestyle changes. The changes have to be perceived as meaningful, manageable and comprehensible for the changes to be sustainable. The findings reveal that it is of great importance that the people are given the opportunity to participate in the whole process of change, from the planning to the implementation and then maintenance phase. It is important to pay attention to the person's reasons for making changes and to use their experiences of previous attempts. Mental health nurses have to ensure that the person's thoughts and dreams about how they want to live their lives are listened to and that their needs for caution when making lifestyle changes are respected. The goal of lifestyle changes must thus be consistent with the person's wish rather than what the environment demands. In addition to acknowledging the person's inner endeavor, it is also important to take into account the person's different prerequisites in life and to understand that his/her environment, living conditions and social relations affect the opportunities to make lifestyle changes. The support should be focused on strengthening the person's self-efficacy and self-confidence so that he/she can make their own choices about
lifestyle changes in their everyday life. The findings emphasize a need for a salutogenic approach when lifestyle changes are made in order to support the person’s resources. This knowledge about the meaning of lifestyle changes for people with SMI can be used for finding the person’s individual as well as environmental prerequisites for lifestyle changes. Together with further research into how people with SMI experience lifestyle changes, future research could also focus on the perceptions of mental health nurses and the next of kin about lifestyle changes for people with SMI.

Declaration of interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

References


