

# Relationship between Insight, Self-Stigma and Level of Hope among Patients with Schizophrenia

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## Abstract

**Introduction:** The relationship between insight, internalized stigma, and level of hope in patients with schizophrenia is imperative because of its close association with patients' readiness to seek treatment for their mental illness.

**Aim:** The present study examined the independent and interactive effects of insight and internalized stigma on level of hope among patients with schizophrenia.

**Design:** A descriptive correlation design was utilized in the present study.

**Settings:** The study was conducted at two settings; inpatient psychiatric department of Tanta university and Neurology, Psychiatry, and Neuro-surgery center. Both hospitals are under the supervision and direction of the ministry of higher education.

**Subjects:** A convenient sample of 120 patients with schizophrenia. Tools: Three tools were used to collect data for this study; Refined insight scale, Internalized Stigma of Mental Illness Inventory (ISMI), and Dispositional Hope Scale.

**Results:** There was a statistical significant positive correlation between insight and hope, while a negative correlation between stigma and hope was found among patients with schizophrenia. Moreover, stigma didn't interact with insight to affect hope among patients with schizophrenia.

**Recommendation:** Psycho educational programs can be offered to decrease stigma and improve insight while increasing level of hope among patients with schizophrenia which it is considered as an important aspect of recovery.

**Key words:** Internalized Stigma; Mental Illness; Hope; Insight

## Introduction

Insight is defined as the ability to recognize that one has a mental illness and in need for treatment [5,6]. There is a discrepancy in the literature regarding the ways in which insight into mental illness affects functioning. On the one side, there is evidence indicating that high levels of insight are related to treatment adherence and functioning [7,8]. On the other side, there are also findings showing that high levels of insight into one's mental illness can impair hope of patients with schizophrenia [9, 10].

Possible explanation for these findings is that approval of having schizophrenia may impact on outcomes in a different way depending on the meanings the patients attaches to this approval, specifically whether they accepts stigmatizing beliefs about mental illness [11]. From this viewpoint, self-stigma may be considered as a moderating variable that can decide whether more insight leads to better or worse outcome [12,13].

Indeed, patients with schizophrenia have to struggle with the negative thoughts and societal notions, as well as the problems caused by the disease itself. These cultural stereotypes are one of the most important factors that cause patients to internalize stigma [14, 15]. Some authors believe that patients with insight tend to have higher self-stigma, while other authors do not support this conclusion [16, 12].

The World Health Organization has defined stigma as a sign of humiliation and disgrace that leads to rejection, discrimination, and exclusion from participating in different areas of society [17]. It is composed of three constructs: problem in knowledge (ignorance), problem in attitudes (prejudice), and problem in behavior (discrimination) [18]. There are two main types of stigma: public and self-stigma. Public stigma is the phenomenon of large social groups endorsing stereotypes about, and subsequently acting against, a stigmatized group. Self-stigma is defined as an individual's internalized attitudes and understanding concerning serious mental illnesses and may have a toxic effect on the onset of illness as well as its course [19, 20].

Stigma leads patients with schizophrenia to suffer many psychosocial problems, such as a reduction in the level of adjustment to treatment, self-esteem, empowerment, self-efficacy, social support, quality of life, and social functionality. Studies have also shown an increase in depressive symptoms, longer hospitalization stays, and ineffective coping skills in schizophrenic patients [21, 22]. Moreover, internalized stigma causes a remarkable loss of hope, which plays an imperative role in recovery process and rehabilitation [12, 23]. Most studies that have found hope to be significantly associated with internalized stigma were conducted in western countries, which proposes that there may be variances across ethnicities or cultures. For that, more researches are needed to investigate the relationship between internalized stigma and hope among patients with schizophrenia [23, 24].

Hope is in general acknowledged as a power that generates a sense of positive expectation about life and allows individuals to acknowledge and utilize their resources in order to achieve their goals [24]. Hope is considered a critical factor that may motivate people with schizophrenia to become engaged in treatment and promote recovery process [23]. It has been found to improve depression, anxiety, wellbeing, coping and even immunity [25]. Moreover, hope has also been associated with reduced symptoms, improved social functioning, and better quality of life in patients with schizophrenia [26, 27].

Most patients with schizophrenia are hopeless for several reasons, such as treatment process difficulties, social stigmatization, inability to marry, little social support, and economic problems [14]. The literature on hope in schizophrenia is still narrow. The significance of hope as a basic resource of life suggested further examination of the experience of hope in the lives of patients with schizophrenia [28].

Although insight is an important focus of intervention for patients with a variety of mental illnesses, most research in this area has focused on its importance to schizophrenia [29]. According to the previous research, increased insight has been correlated with decreased psychiatric symptoms, both increased and decreased hope, and levels of self-stigma [30,12]. Therefore, before possibly proposing that insight must be encouraged, more researches are needed to investigate potentially negative implications of gaining insight in order to develop the appropriate psychosocial intervention in this area.

## Aim of the Study

Aim of the study was to:

Assess the relationship between insight and level of hope among patients with schizophrenia

Assess the relationship between stigma and level of hope among patients with schizophrenia

Assess the interacting effect of insight and stigma on the level of hope among patients with schizophrenia

## Research Questions

What is the relationship between insight and level of hope among patients with schizophrenia?

What is the relationship between stigma and level of hope among patients with schizophrenia?

Does the insight interacting with stigma to affect the level of hope among patients with schizophrenia?

## Research Hypothesis

Insight and internalized stigma independently would decrease level of hope among patients with schizophrenia.

Insight and internalized stigma might be interacting to decrease level of hope among patients with schizophrenia.

## Subject & Method

### Research design

Descriptive correlation design was utilized in the current study.

### Setting

The study was conducted at two settings:

1. The inpatient psychiatric department of Tanta University with a capacity of (31) beds divided into two wards for male (17beds) and two wards for female (14beds)
2. The Neurology, Psychiatry, and Neuro-surgery center with a capacity of (28) beds divided into one ward for male (18beds) and one ward for (10beds). Both hospitals are under the supervision and direction of the ministry of higher education

## Subjects

A convenient sample of 120 patients with schizophrenia (60 from each setting) who were available during the time of data collection.

## Inclusion Criteria

1. Have 21 years old or above.
2. Diagnosis of schizophrenia according to DSM-5 criteria.
3. Agree to participate in the study
4. Communicate in a relevant & coherent manner.

## Exclusion Criteria

1. Any evidence of organic brain disease, mental retardation, substance use disorder, and or other psychiatric comorbidity.
2. Presence of a severe physical illness

## Tools of the Study

Three tools were used to collect data for this study

**Tool I:** Consists of two parts

### Part 1: Refined insight scale

The Refined insight scale developed by Ivana Markova et al (2003) (second version) based on the original insight instrument (Markova' and Berrios, 1992a), that designed to measure insight in patients with psychosis [31]. This scale is based on a wide description of insight as a form of self-understanding that the individual have not only about the illness affecting them but also in terms of how the illness affects their relations with the world. The scale composed of 30 items (23 positive items and 7 negative items). Each item of this scale was rated on Yes or No. The scoring of the items on the scale is dichotomous with a score of (1) given for positive items that includes 1, 3-6, 8-11, 13-19, 21-22, 24-27 and 30 and a score of (0) for negative items that includes 2, 7, 12, 20, 23, 28, and 29. The total score will be summed and ranged from 0 to 30.

<b>Poor insight</b>	(< 10)
<b>Average insight</b>	(10-20)
<b>Good insight</b>	(>20)

### Part 2: Socio-demographic and clinical characteristics:

A structured interview schedule was used to elicit data about:

**A-Socio-demographic characteristics** such as age, sex, religion, occupation, level of education, income, marital status, place of residence, and living status

**B-Clinical characteristics** includes: age at onset of schizophrenia, number of previous psychiatric hospitalization, and ways of current admission.

### Tool II: Internalized Stigma of Mental Illness Inventory (ISMI)

It is developed by Ritsher *et al* (2003)[32]. It is composed of 29 items divided into five subscales namely: alienation (six items) stereotype endorsement (seven items) discrimination experience (five items), social withdrawal (six items), and stigma resistance (five items). Each item was rated on four point Likert scale ranging from strongly disagree (0) to strongly agree (3) except the items of the stigma resistance subscale the scored was reversed). All the subscale scores were calculated the higher the scores the greater the experience of internalized stigma. A score less than 29 indicates a low stigma, a score ranges from 29-58 indicates moderate stigma, while a score more than 58 indicates a high stigma.

### Tool III: Dispositional Hope Scale

It was developed by Snyder *et al*, (1991). It is the most broadly used hope scales for patients with mental illness [33,34]. It is a self-report scale composed of 12 items namely, (Agency= 4 items; Pathways= 4 items; Fillers= 4 items). Each item of this scale was rated on four points Likert scale from (0) definitely false to (3) definitely true. The total score was summed and higher score indicating a higher level of hope. A score less than 12 indicates a low level of hope, a score ranges from 12-24 indicates moderate level of hope, while a score more than 24 indicates a high level of hope.

## Method

The study was accomplished according to the following steps:

An official letter was addressed from the dean of the faculty of nursing to the director of the psychiatric department of Tanta university hospital and neurology-psychiatry and neurosurgery center to request their permission and cooperation for data collection.

## Ethical Considerations

Study procedure was revised and approved by the ethical Committee of the Faculty of Nursing and Faculty of Medicine, Tanta University.

Informed consent was obtained from the participants after explanation of the purpose of the study. Confidentiality of their obtained information was maintained respecting the participant's right to withdraw at any time during the data collection period.

Three tools were translated into Arabic language by the researcher and back translated. Results showed that the back translation were similar with the original one. Content validity was carried out by a group of five experts in the psychiatric medicine and nursing fields, and the required corrections were done accordingly.

The validated tools were then tested for their reliability and Cronbach alpha was used and found to be 0.647, 0.806, and 0.672 respectively for tool I, II and III which represent highly reliable tools.

A Pilot study was carried out with 12 patients with schizophrenia who was selected randomly to ensure the clarity and applicability of the study tools. According to its results the necessary modification was done accordingly.

During the actual study, each patient with schizophrenia who met the inclusion and exclusion criteria was referred to the researcher by the treated psychiatrist, who then verified the appropriateness of potential subjects using patients' health records, then contacted on an individual basis and interviewed in privacy by the researcher and signed the informed consent and completed the study tools. Each interview lasted between 30 to 45 minutes. Data collection was completed over a period of 7 months starting from 17-1-2017 to 15-8-2017.

## Statistical Analysis

The study data were computerized and verified using the SPSS (Statistical Package for Social Science) version 20 to perform tabulation and statistical analysis. Quantitative data were summarized by the arithmetic mean and standard deviation. All statistical analysis was done using two tailed test and alpha error of 0.05 p value less than or equal to 0.05 was considered to be statistically significant. Frequency tables and cross tabulations with percentages was used to illustrate the result of categorical data and tested by chi square ( $\chi^2$ ). Correlation analysis: Pearson correlation is used to test nature and strength of relation between three quantitative /ordinal variables. The sign of the coefficients indicates the nature of relation as follow: weak correlation for r less than 0.25, intermediate correlation for r of value between 0.25 – 0.74 and strong correlation for value between 0.75-0.99. A two-way ANOVA tests the effect and interaction of two independent variables on a dependent variable.

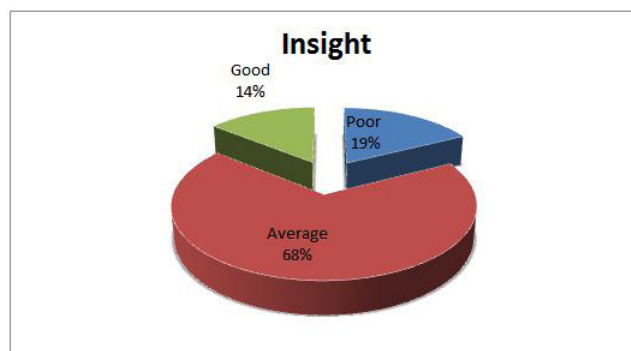
## Results

Table 1 Showed the distribution of the studied patients with schizophrenia in relation to their socio-demographic data. It was noted that about one third (30%) of the studied patients were in the age group from 30 to less than 40 years, nearly the same percent in the age group from 40 to less than 50 and in the age group over 50 years (30.8% and 29.2% respectively), while only 10% of them were in the age group less than 30 years with a mean age of  $38.8 \pm 8.3$ . The majority of the studied patients (85.8%) were male. Concerning marital status, nearly half of them (45%) were single and only 14.2% were married. Concerning level of educational, (44.2%) had secondary education and only (9.2%) of the studied patients were illiterate. In relation to residence, about half of the studied patients (51.7%), lived in urban areas and the rest of them lived in rural areas. Regarding work status, 68.3% of the studied patients were not working. Concerning cohabitation, most of the studied patients (93.3%) were lived with their family and only (6.7%) lived alone. 66.7% of studied patients reported not having enough income while (33.3%) having enough income. It was also noted that 68.3% of the studied patients had illness duration more than 15 years and only 3.3% had duration of illness less than 5 years with a mean  $12.8 \pm 3.55$  years. Regarding to mode of admission, it was noted that most of the studied patients 94.2% were admitted hospital involuntary and only 5.8% were admitted voluntarily. Concerning number of previous hospital admission, it was noted that 64.2% of the studied patients had been hospitalized 20 times and more, 12.5% were admitted from 10 to less than 15 years, while only 8.3% had been hospitalized for less than five years with a mean of  $16.08 \pm 5.84$  times.

**Figure 1:** Illustrated the distribution of the studied patients by their level of insight, it was noted that more than two thirds of the studied patients (68%) had average insight, and 19% had poor insight, while only 14% had good insight.

Demographic data	Patient with schizophrenia	
	No	%
<b>Age</b>		
≤30	12	10%
30-	36	30%
40-	37	30.8%
≥50	35	29.2%
<b>Mean ±SD</b>	<b>38.8±8.3</b>	
<b>Sex</b>		
Male	103	85.8%
Female	17	14.2%
<b>Marital status</b>		
Single	54	45%
Married	17	14.2%
Divorced	40	33.3%
Widow	9	7.5%
<b>Education level of</b>		
Illiterate	11	9.2%
Primary/ Preparatory	9	7.5%
Secondary	53	44.2%
University	47	39.2%
<b>Residence</b>		
Urban	62	51.7%
Rural	58	48.3%
<b>Cohabitation</b>		
With family	112	93.3%
Alone	8	6.7%
<b>Occupation</b>		
Work	38	31.7%
Not work	82	68.3%
<b>Income</b>		
Enough	40	33.3%
Not enough	80	66.7%
<b>Duration of the disease (years)</b>		
<5	4	3.3%
5-	10	8.3%
10-	24	20%
15+	82	68.3%
<b>Mean ±SD</b>	<b>8±3.55.12</b>	
<b>Mode of admission</b>		
Voluntary	7	5.8%
Involuntary	113	94.2%
<b>No. of hospital admissions</b>		
<5	10	8.3%
5-	7	5.8%
10-	15	12.5%
15-	11	9.2%
20+	77	64.2%
<b>Mean ±SD</b>	<b>16.08± 5.84</b>	

**Table 1:** Distribution of the studied patients with schizophrenia according their socio-demographic and clinical data (Number =120).



**Figure 1:** Distribution of the studied patients with schizophrenia by their levels of insight

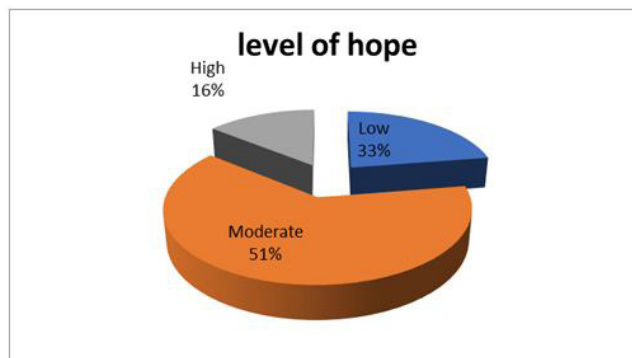


Figure 2: Distribution of the studied patients with schizophrenia by their levels of hope

Figure 2: Showed the distribution of the studied patients by their level of hope, nearly half of the studied patients 51% had moderate level of hope, 33% had low level of hope, while only 16% had high level of hope.

Internalized – stigma domains	Levels of internalized-stigma					
	Low		Moderate		High	
	No	%	No	%	No	%
Alienation	18	15%	55	45.8%	47	39.2%
Stereotype endorsement	17	14.2%	55	45.8%	48	40%
Perceived discrimination	29	24.2%	60	50%	31	25.8%
Social withdrawal	30	25%	53	44.2%	37	30.8%
Stigma resistance	25	20.8%	70	62.5%	25	20.8%
Total stigma	17	14.2%	76	63.3%	27	22.5%

Table 2: Levels of internalized stigma among the studied patients with schizophrenia (No =120).

Table 2 revealed the level of internalized stigma among the studied patients. Regarding the total stigma; 63.3% of the studied patients reported moderate level of stigma, and 22.5% had high level of stigma, while 14.2% had low level of stigma.

Concerning alienation, Stereotype endorsement, and social withdrawal domains, nearly half of the studied patients (45.8%, 45.8%, and 44.2% respectively) had moderate level while (39.2%, 40%, and 30.8% respectively) had high level of the previous domains.

As for perceived discrimination, half of the studied patients 50% had moderate level of discrimination while one quarter 25.8% had high level of discrimination.

Regarding stigma resistance, nearly two thirds of the studied patients 62.5% had moderate level of stigma resistance while 20.8% had high level of stigma resistance.

Variables		Insight	Stigma	Hope
Insight	r	--	.112	.506
	p	--	0.222	0.000**
Stigma	r	--	--	-.271
	p	--	--	0.003**

\*p < .05 \*\*p < .001 r=Correlation coefficient

Table 3: Correlations among insight, stigma, and hope.

Table 3 shows that hope was significantly and positively associated with insight (r = .506, p=0.000). Higher levels of insight are linked to increased levels of hope. There was a statistical significant negative correlation between stigma and hope (r= -.271, p= 0.003) Higher levels of stigma are linked to decreased levels of hope. On the other hand, insight is not significantly associated with internalized stigma (r = .112, p= 0.222).

Variables	Hope	
	F	P-value
Insight	2.790	0.020*
Self-stigma	-4.600	0.032*
Insight * internalized stigma	1.415	0.221

Significant (P ≤ 0.005) Dependent variable (Hope)

Table 4: Two-way analysis of variance to test independent and interaction effects of insight and internalized stigma on hope.

Table 4 Summarizes results of Two way analysis of variance test the effect of independent variable insight on dependent one ( hope ), the result revealed that insight is positively influenced level of hope ( $F= 2.790, p= 0.020$ ). Then test the effect of independent variable self-stigma on dependent one (hope) the result showed that stigma negatively influenced level of hope ( $F= -4.600 p =0.032$ ). Moreover, Two way analysis of variance test the interacting effect of two independent variables (insight and self-stigma) on dependent one(hope) the result revealed that stigma didn't interact with insight to affect hope among patients with schizophrenia ( $F= 1.415, p=0.221$ )

## Discussion

The results of the current study revealed that the majority of the studied patients experienced moderate to high level of internalized stigma. This goes in line with the results of Picoo *et al* (2016) found that prevalence of moderate to high internalized stigma is quite high and just under half of the study patients with schizophrenia experienced moderate to high level of internalized stigma. Similarly, Boyd *et al.* (2014) found that most studies reported between a quarter and half of participant's experienced high levels of internalized stigma [35,36].

This result might be attributed to the negative Egyptian societal stereotypes about mental illness which derived from culture values that enforce the patient to internalize the attitudes expressed by the public and suffer numerous negative consequences as a result. Accordingly, the internalizing of shame, blame, guilt, and fear of discrimination are experienced. Another possible explanation for this result might be that anti-stigma campaigns to lessen negative attitude about patients with schizophrenia are not led at an effective level in Egypt. Moreover, patients not being provided with sufficient education about approaches that enable them to cope with social stereotype [37,38].

This explanation is supported by the findings of the current study which found that the most pretentious subscale of the internalized stigma of mental illness was stereotype endorsement. In this respect, some studies reported that the most affected subscale of the stigma scale was stereotype endorsement [21, 39, and 40]. On contrary, another study confirmed that the least affected subscale was stereotype endorsement [41].

This discrepancy may be due to cultural differences. Angermeyer *et al* (2004) recommended that culture is an important point that directs the attitude of society towards patients with schizophrenia [42]. Unfortunately, it is frequently encountered in Egypt that patients with schizophrenia are labeled as risky, violent, out of control, guilty, accursed people who have numerous personalities, are punished with this disorder, and are possessed by the devil [43]. These cultural stereotypes are one of the most important factors that cause patients internalize stigma as mentioned by Gerlinger *et al.* (2013)[44].

On the other hand, the present study revealed that the least affected subscale was stigma resistance. Again, the negative opinion about psychiatric patients, and that patients are portrayed negatively in the national media, and there is no mental health law that protect psychiatric patient's rights and enable them to benefit equally from opportunities. All these previously mentioned factors make it is difficult for the patients to resist stigma. Consistent with this finding two studies conducted in Turkey with schizophrenic patients also reported that the least affected subscale of stigma was stigma resistance [39, 40]. In contrast, a study conducted by Temilola *et al.* (2013) [45].

The present study found a statistically significant negative correlation between stigma and hope among patients with schizophrenia. Increasing level of stigma which leads to decreasing level of hope. An interpretation of this finding could be due to several factors. First, stress resulting from stigma which is associated with lower self-esteem and consequently increase hopelessness among patients with schizophrenia. Second, patients with schizophrenia who are aware of public stigma towards mental illness agree with and accept the public stigmatizing attitudes may feel unworthy and doubts their abilities to achieve their personal goals. Third, stigma loses their motivation to pursue behaviors related to life goals (e.g., gaining meaningful work, independent housing, and other personal aspirations), refusal, shame and isolation. Finally, internalized stigma has also been associated with an increase in positive, negative, and depressive symptoms of schizophrenia [43,46]. It is can also lead to decreased life satisfaction, increased alcohol use, and suicidality through expected and actual discrimination [47].

This result is consistent with previous research which proved that internalized stigma may lead to negative outcomes such as feelings of shame, lessened sense of empowerment, and quality of life, and diminished sense of meaning in life [48]. Additionally, line *et al.* (2015) and Mashiach *et al.* (2013) reported that an elevated level of internalized stigma is associated with a low level of hope [48,49]. Moreover, studies in the international literature show that patients who internalize a high level of stigma are associated with a low level of hope [23].

Regarding relationship between insight and hope, the present study showed that there is a statistical significant positive correlation between insight and level of hope among patients with schizophrenia. Increasing insight is associated with increasing level of hope. An interpretation of this finding is that, high level of insight has been connected to treatment adherence, treatment engagement, recovery, good prognosis, more realistic goals, and promoting positive social and health outcome [50,51]. Supporting this explanation the result of the current study; more than two thirds of the studied patients had average insight, and 19% had poor insight, while only 14% had good insight.

On the contrary, of the present finding, Hasson-ohayon *et al.* (2009) assessed insight into severe mental illness, hope, and quality of life of persons with schizophrenia; they said that insight into mental illness decrease quality of life by decrease the level of hope among patients with schizophrenia [52]. Moreover, Valiente *et al.*, (2011) found that patients with good insight dissatisfied with their lives, while those with poor insight satisfied with their lives, in spite of they had strong propensity to defeat undesirable mental events [53]. Furthermore, a study conducted by cavetti *et al.* (2012) found that individuals with high insight are especially at risk for experiencing demoralization [54]. Furthermore Ramadan (2010) found that Patients with poorer insight had a significant higher score in all aspects of QOL than those with better insight because they tend to understand their restrictions and their need for treatment [55].

Possible explanation for these contradictions is that insight is positively related to treatment adherence, on the one hand, and to self and social stigmatization, on the other hand. Accordingly, because of its link to adherence insight will reduce symptoms and improve functioning and therefore improving level of hope among patients with schizophrenia. Also lowering self-esteem, increase depression and hopelessness due to its association with self and social stigmatization [5, 56]. The latter assumption not supported by the finding of the current study whereby, there was no statistical significant correlation was found between insight and stigma. In this respect, some authors believe that patients with insight tend to have higher self-stigma, while other authors do not support this conclusion [16, 12].

Lincoln *et al.* (2007) coin the term usable insight to indicate insight that separate symptoms of the disorders from reality and separates the disorder from identity while preserve hope. Thus, insight can be usable if it increases compliance with treatment and at the same time decrease negative impact of stigmatization by separating the illness from one's identity. This type of insight is consistent with the concept of recovery [5].

Finally, Contrary to our expectation, internalized stigma didn't interact with insight to affect on the level of hope among patients with schizophrenia. Similarly, a study conducted by Yanos *et al.* (2008) failed to support the hypothesis that internalized stigma interact with the awareness of illness to affect on level of hope and self-esteem [57]. On the contrary, lyskar et al (2009) indicated that stigma interact with insight to predict aspect of demoralization such as hopelessness [41]. Additionally, Cavelti et (2012) stated that the mediation effect of self-stigma may indicate that if self-stigma can be reduced in individuals with high levels of insight, demoralization may diminish as well[54].

## Conclusion and Recommendation

Based on the results of the present study it could be concluded that, there was a statistical significant positive correlation between insight and hope while a negative correlation between stigma and hope was found among patients with schizophrenia. Accordingly, interventions that target these factors may have a role in improving level of hope among patients with schizophrenia.

### Based on the results of this study certain recommendations were suggested

- Future interventions and research are needed to help patients to accept their mental illness via overcoming their negative beliefs and find newer and more adaptive ways to think of themselves and their futures, in order to have fewer distressing effects.
- Further intervention that focused on improving hope among patients with schizophrenia is warranted because hope is considered a critical factor that may motivate people with schizophrenia to become engaged in treatment and promote recovery process.
- Implementation of a Narrative Enhancement and cognitive Therapy for patients with schizophrenia which aims to reduce internalized stigma while increasing hope and quality of life.
- Implementation of psycho educational program to improve insight among patients with schizophrenia to improve adherence to treatment and functioning outcome.
- Researchers must raise the significance of psychotherapy for patients and their families as it helps in the education of patients and their families and help to change perceptions for the disease and psychological help to restore insight, which enhancing their level of hope.

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