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ORIGINAL PAPER

Hope and Schizophrenia in the Latino Family Context

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Abstract
This study explored hope among Latinos with schizophrenia and their family caregivers to gain a greater understanding of how it is experienced in the family context. Data were collected from 34 participants (14 individuals with schizophrenia; 20 family caregivers). Semistructured in-depth interviews were analyzed using thematic analysis, comparing codes across and within consumer and family caregiver transcripts. Findings revealed that hope was conceptualized as a multidimensional construct and was a vital resource for participants. Specifically, there was an emphasis on contextual factors that included religion and spirituality and interpersonal relationships. Findings underscore the need to expand our understanding of how hope is perceived and developed among Latinos and other underserved groups. This could lead to better recognition of this salient resource to incorporate its varied dimensions into treatment models that address the needs of consumers and family caregivers.

Keywords Cultural factors · Family caregiving · Hispanic · Interpersonal relationships · Religion and spirituality · Serious mental illness

Introduction

Hope is an important component of recovery for individuals coping with serious mental illnesses like schizophrenia (Deegan 1988; Resnick et al. 2005). In particular, hope has been linked to improved quality of life, subjective well-being, and self-esteem (Hasson-Ohayon et al. 2009; Landeen et al. 2000; Werner 2012). In addition, it has been associated with decreased self-stigmatizing beliefs among those with schizophrenia (Mashiach-Eizenberg et al. 2013). It may also have clinical implications for consumers given that hopelessness has been found to be a risk factor for suicide (Johnson et al. 2010). Among family members, hope has been linked to caregiving experiences (Marshall et al. 2013), including burden (Hernandez et al. 2013). Hope is most commonly conceptualized as a cognitive process consisting of agency, pathways, and goals. Hope theory defines hope as an individual's perceived capacity, or agency to develop pathways to achieve desired goals (Snyder 2002). Although this definition encompasses central characteristics of hope, it does not consider social context and its potential influence on how hope is developed, perceived, and fostered (Bernardo 2010; Du and King 2013; Eaves et al. 2016; Elliott and Sherwin 1997; Stevens et al. 2014). The study of hope has primarily focused on individual-level factors, with limited emphasis on hope as a collective resource that can be shaped by context.

Families play an important role in the lives of individuals with schizophrenia and as such may be influential in how hope is conceptualized and applied. A study examining the strivings of young adults with a serious mental illness and their parents' hope for these strivings found that agreement in the content of these strivings and hopes was related to the young adults' belief that they could achieve their goals (Stein et al. 2007). Similarly, a study examining resilience in children living in Afghanistan found that family values and expectations provided the foundation for hope and resilience that the children exhibited in the face of adversity (Panter-Brick and Eggerman 2012).

These findings highlight the importance of understanding hope in the family context (Bernardo 2010), particularly among underserved racial and ethnic minority groups,

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among which differences in the conceptualization of hope may be found. For instance, a study comparing hope among European American, Asian American, African American, and Latino college students found that the specific components of hope varied by group (Chang and Banks 2007). African American students had more pathways thinking and Latino students more agentic thinking compared to European American students. Cultural differences regarding hope were also seen in a multiethnic study of family members of individuals with a serious mental illness (Guarnaccia et al. 1992). The study found that compared to European Americans and African Americans, Latino family caregivers were more hopeful that their loved one would be cured. The hopefulness found among these Latino caregivers was closely tied to their views of mental illness. Mental illness was not seen as a static condition, but rather conceptualized on a continuum, which provided families with hope that their loved one's condition could improve (Guarnaccia et al. 1992). Moreover, hope was not only salient among low-acculturated Latino family caregivers of individuals with schizophrenia (Hernandez et al. 2013; Kopelowicz et al. 2003), but also found to be an explanatory factor in family caregiver burden (Hernandez et al. 2013).

Taken together, these findings suggest that by not examining the perceptions and functions of hope among racial and ethnic minorities, we may neglect to capture its various dimensions and thereby risk not effectively using this resource with vulnerable underserved groups. This is important when considering disparities in treatment for Latinos (Alegria et al. 2002, 2007; Barrio et al. 2003; Vega et al. 1999), particularly Spanish-speaking individuals of Mexican origin (Alegria et al. 2007), given that they are less likely to use mental health services compared to other racial and ethnic groups. Understanding hope among Latinos with schizophrenia and their family members can inform treatment approaches that may be more congruent with this group's perceptions of illness and well-being, and thus contribute to addressing disparities in treatment (Barrio 2000; López et al. 2012).

This study explored hope in the family context among Latinos with schizophrenia and their family caregivers. Although previous studies have separately examined perceptions of hope among consumers (Kirkpatrick et al. 2001) and caregivers (Bland and Darlington 2002), few studies have examined these perceptions simultaneously or involved racial and ethnic minority samples. This study addressed these limitations by including both individuals with the illness and their family caregivers, and thus provided the opportunity to gain a more comprehensive and nuanced understanding of how hope is collectively understood and practiced in a Latino family system. Specifically, the study aimed to examine (a) the meaning of hope, (b) how it relates to illness perception and treatment, and (c) how it is maintained and strengthened.

Methods

Study participants had taken part in a controlled study to develop an intervention involving Latino family members caring for a relative with schizophrenia receiving community-based mental health services (Barrio and Yamada 2010). The intervention study recruited outpatient adults diagnosed with schizophrenia and invited each consumer to identify a key family member to participate in the family-focused treatment. Consumers selected a key family member they considered to be the most involved in their care and whom they relied on the most for ongoing support. Consumers were excluded from the study if they met criteria for alcohol or drug dependence during the previous 6 months (Barrio and Yamada 2010; Hernandez et al. 2013).

Data for the current study came from a follow-up study examining perceptions of salient treatment outcomes, including hope, among intervention group participants. Previous findings indicated that hope was a significant coping mechanism for family caregiver burden (Hernandez et al. 2013). Indeed, hope emerged as an important resource for families during the intervention sessions, poststudy interviews, and focus groups (Barrio and Yamada 2010). As such, this follow-up study sought to expand on these findings. All intervention group participants ($n=27$) were initially contacted by letter and then by phone to invite them to participate in the follow-up study. We were unable to reach six family dyads because they no longer had the same contact information. In addition, one family dyad that had agreed to participate later withdrew. Ultimately, data were collected from 34 participants—14 dyads (14 consumers and 14 key family members) and six key family members whose relative with schizophrenia was not available. These six family members were included to provide additional information about family context. Two of the six consumers who were not available were working or attending school. The remaining four consumers were either hospitalized, living in a board-and-care facility, or not feeling well due to active symptoms. Similar to other studies examining Latinos with schizophrenia (Barrio et al. 2003); all 14 consumers lived with their key family member. Table 1 presents additional participant demographic characteristics. Most consumers had never married and were not employed or attending school. In addition, most consumers spoke English ($n=8$, 57%), whereas family caregivers primarily spoke Spanish ($n=18$, 90%); thus, family caregivers mostly had low acculturation. Informed consent was obtained from all participants in accordance with the affiliated university's institutional review board.

Table 1 Consumer and family member characteristics

	Consumer ($N=14$)	Range	Family ($N=20$)	Range
Gender, *n* (%)				
Male	11 (79)		4 (20)	
Age, years, *M* (*SD*)	38 (12.00)	26–75	59 (8.48)	39–72
Marital status, *n* (%)				
Single, never married	12 (86)		0	
Married	1 (7)		15 (75)	
Separated, divorced, or widowed	1 (7)		5 (25)	
Education, years, *M* (*SD*)	11.50 (1.65)	9–14	7.30 (4.09)	2–14
Employed or in school,[a] *n* (%)	3 (21)			
Length of illness, years, *M* (*SD*)	16.38 (11.72)	7–50		
Family relation to consumer, *n* (%)				
Mother			12 (60)	
Father			3 (15)	
Spouse			2 (10)	
Other[b]			3 (15)	
Country of birth, *n* (%)				
United States	8 (57)		1 (5)	
Mexico	4 (29)		18 (90)	
El Salvador	2 (14)		1 (5)	
Interview language, *n* (%)				
English	8 (57)		2 (10)	
Spanish	6 (43)		18 (90)	

[a]Paid employment, vocational rehabilitation, or school

[b]Aunt, daughter, or grandmother

Semistructured interviews were conducted with participants in their preferred language by a bilingual–bicultural interviewer. The majority ($n=8$; 57%) chose to be interviewed together. Consumers and family members spoke the same language when interviewed together, except for one dyad wherein the consumer spoke both English and Spanish during the interview. Participants were asked about their views on hope via questions such as "How do you define hope?"; "How has hope influenced your view of mental illness?"; and "What can be done to increase your hope?" Although the majority of data emerged from these questions, transcripts were thoroughly analyzed for other instances throughout the interview that may have involved hope. We drew on a priori issues and the literature as we developed the study questions, in addition to using an inductive approach to explore themes that directly emerged from the data. Our extensive clinical and research experience with Latinos and our bilingual and bicultural backgrounds facilitated the analysis process. Data were analyzed using thematic analysis (Boyatzis 1998), which consisted of comparing codes across and within consumer and family member transcripts. After independent coding of a subset of transcripts by team members, results were compared to reach consensus in the development of a codebook. The resulting themes were used to code the remaining transcripts. Memo writing was used throughout the analysis process to document decisions regarding theme development. We used ATLAS.ti version 7 to code and organize the data.

Results

Our analysis identified the following three main categories: (a) meaning of hope, (b) role of hope in mental illness, and (c) strategies to increase and maintain hope. In these overall categories, several themes and subthemes represented how the data came together to describe participants' perspectives and experiences with hope. Hope was conceptualized by the following main themes: (a) connected to religion and spirituality, (b) goal or future oriented, (c) cognitive appraisal, and (d) choice. Hope was associated with mental illness in the following ways: (a) coping resource and (b) motivator for improved well-being. Themes related to strategies to increase and maintain hope included: (a) interpersonal relationships, (b) knowledge, (c) symptom improvement, and (d) active pursuit.

Meaning of Hope

Connected to Religion and Spirituality

Overall, hope had a strong religious and spiritual component. A consumer noted:

> God is the only thing that sustains us because if you can't physically do anything for yourself it is only [knowing] that one will be able to do it with faith in God. If they remove my hands, if they remove my feet, if they remove my mind, now what do I have? Possible only my soul, possibly my feelings. If I entrust these to God I know that in the future, perhaps not now, but in the future, I will be able to make it.

Similarly, another consumer said, "Hope to me is like it has a spiritual thing connected to it. … If your mind is being tormented … that's a physical thing, but your spirit is still there … there is still life there." A family member more clearly stated, "For me, hope is God." Participants expressed a deep trust that God would grant them something that was desired. Usually this desire was related to their mental health or their loved ones' mental health. A family member said, "That was my hope, that a door would be opened, and God opened the door for him [the consumer]." Not having this trust in God was often seen as contributing to despair. For example, a family member stated, "Placing oneself in God's hands and being able to say things are going to be better … not losing hope."

Goal or Future Oriented

When asked about the meaning of hope, participants also identified goals that they had for themselves or their family members. In other words, their hope was tied to positive future expectations. As stated by a consumer, "Hope is like saying I have a goal and this goal I want to accomplish. That is hope." Their goals mainly revolved around three aspects of life: (a) family relationships, (b) mental health, and (c) developmental objectives.

Family Relationships Overwhelmingly, participants' hope for the future was connected to their relationships. For example, a consumer said:

> When I go through bad relationships, my hope is pretty low. … My hope rises and falls, but right now I'm at a good place. My work is OK and my love life is OK and my family life is OK.

Another consumer said, "I hope that I make it better for us, for me and my family. That we get through alright for what we used to go through … [and] live normally, the way our lives should be lived." Family members stated that the hopes they had for their loved ones were best accomplished in the family unit. A family member said:

> Not only hope for him, hope for the whole family, progress in the whole family, because if we want to have hope for him … there has to be progress in the whole family, because it is not just him, he is not alone.

Mental Health Hope for the future was also connected to consumers' mental illness. Consumers and their family members' goals centered on achieving recovery. For instance, a consumer said:

> I believe that moving forward is about having hope for a cure. I tell myself that I have to move forward, one day this will end, right? I have to be cured or stop relapsing. Or I have the hope of being healthy most of the time.

Family members' hopes were also related to improvement in symptoms and treatment. A family member said, "One has the hope that there will be better medications that combat these illnesses." Similarly, another family member said, "Perhaps a medication that can help them more, and I place my hope in that something like that will occur so that he can succeed."

Developmental Objectives In addition, participants discussed the importance of goals that would help consumers be independent and reach desired developmental objectives. Consumers had vocational goals of returning to school or being employed. A consumer said, "I still hope for a lot of things. … The only thing that I want to do is go back to school. … I want to learn things." Family members also had similar life goals. A father described his idea of hope as "for him to be independent … to be independent in all aspects as a person." In the same manner, a family member said, "My hope was for him to fulfill himself as a human person, as a man."

Cognitive Appraisal

Participants conceptualized hope as a cognitive endeavor that consisted of optimistic and positive beliefs regarding the possibility of changing the current situation. A consumer talked about how being hopeful helped him to have a different perspective on his experience with the illness: "I try to get back as much as I can and look at everything … in a different aspect and a different approach. … You see things in a different way." Hope was also associated with a belief that difficult situations could improve. A family member said, "I have to be positive and say that something can be done. I know my mom has this problem. Something has to be done. Something can be done. I have to be positive and be consistent with her." Respondents

described a belief that difficulties would improve and that taking things "one day at a time" would help address uncertainties related to the illness.

Choice

Some participants also defined hope as a choice made by individuals to change behaviors to bring about desired objectives. A consumer said, "Sometimes a person can get something he wants 'cause there's a hope. … I can make my hope." For some, the ability to make these choices was also tied to religion and spirituality. For instance, a family member described when his son was in the hospital and he believed that his son was not receiving the care that he needed. He chose to ask the doctors about his son's care because he knew he needed to do something. Along with his actions, he described the faith that he had in God:

> I knew that he [God] would say don't put it off any more. Don't be lazy about this. … And that is the faith that I have in God. … There's nothing that I'm going to get done without him, and that to me is hope.

Role of Hope in Mental Illness

Coping Resource

Consumers expressed a belief that hope helped them manage their symptoms and cope with the illness. A consumer described a difficult experience with symptoms and how she used hope to help her cope. She said:

> There was a day that I couldn't, and there was a day where everyone mentally dominated … and in situations such as these, what can one do? It is about not giving up and having hope that right now I am not be able to [function] … but perhaps tomorrow I will be able.

Family members also said hope helped them manage stressors they experienced as caregivers. A family member said, "Having faith and hope is like having something that does not allow me to go down, but instead go up and say that things will get better." Hope also helped a family member adjust to changes instigated by her husband's illness. She described how she had to leave the family business to care for her husband, creating financial challenges. She said attending church helped give her hope: "That would give me strength, hope. … It was difficult because I had to leave everything."

Motivator for Improved Well-Being

Hope also provided motivation for consumers' stability and recovery. For instance, a consumer said, "Hope for me is doing everything possible not to be hospitalized. … I see that as hope." A consumer who had lived in a board-and-care facility talked about the negative experiences he had while living there and how he motivated himself to maintain his stability because he did not want to go back. He said:

> I just feel like throwing in the towel … go to a board and care and just live there all my life. But I know that is wrong. … What helps me … well, like wanting to have a girlfriend … and do things, be a normal person, getting a job, have kids.

Strategies to Increase and Strengthen Hope

Interpersonal Relationships

Interpersonal relationships were central to increasing and strengthening participants' hope. Specifically, family, friend, religious, and spiritual relationships were instrumental in augmenting their hope.

Support from Family and Friends A consumer described how having positive experiences with his family improved his outlook on life and helped increase his hope. He said:

> If they're more connected, it'll help elevate my hope more … like more connected and less conflict … like more love. … When I go with my older sister, I feel connected to her because we have … similar outlooks in life … so, that helps me.

He went on to describe how he derived hope from his relationship with a friend who also had a mental illness. He said, "[My friend] is able to have gone through similar experiences like me and we connect. … To me that's hope … he gives me hope … to go on in spite of having a mental illness." Another consumer identified how his mother's hope for his future helped motivate him. He said:

> Once she caught me doing something that wasn't so favorable and she said, "Don't you want to make me proud?" and I saw how she had hopes for me and I let her down. I see that she has hopes for me and that motivates me to be a better person and strive to succeed.

Family members said their support was needed to help increase consumers' hope. For instance, a family member said:

> Always with one's support because one needs to be there supporting them. … I have hope that he will succeed even more, but not by forcing them. … Place interest in everything that they do. … I always motivate him so that he feels better … he still has a family who values him.

Another family member said:

> Sometimes they feel hopeless, but there always has to be someone who encourages them and says, "You have hope, you have faith, you need to be positive and not negative," because when someone is negative they can enter into depression and then everything falls apart. … Hope needs to be present.

Religion and Spirituality Participants stated that hope developed and was sustained through their faith in God. A consumer said, "If I don't trust in God, that kills my hope." In the same manner, a consumer noted that participating in religious activities with others helped him sustain hope. He said, "I know there's hope there because there's been examples of people that go there that get help spiritually. … I find it comforting going there 'cause I find help there." Another consumer said, "I have a lot of faith in God and sometimes I pray … so that I have more encouragement and hope that I still have the opportunity to do something in life." Family members also talked about how religious practices such as prayer helped them increase their hope. A family member said, "Daily prayer, for me and others, and that is what maintains me." Another family member said, "Believing in God is the only way one can strengthen one's life … strengthen one's hope."

Knowledge

Family members said the knowledge gained through their participation in a family psychoeducation group bolstered their hope for their loved one's illness and future. Several family members expressed hope in scientific discoveries that would lead to improved treatment for their loved ones. For example, a family member said, "There is hope because they are investigating with better things that bring us hope." Another family member said:

> The education that was given to us was great and thanks to that we were able to better understand and here we are. … We don't allow ourselves to fall, and every day that passes with hope of being a little better and help her [be] better.

Knowledge of the illness also helped another family member feel that the illness was manageable, which gave her hope. She said, "I thought that her illness was very big … and once I understood it, it became small. … There was a solution and I began to see her as a normal person."

Moreover, learning in the group about individuals with the illness who had attended college and were currently successfully employed also provided hope for family members. These individuals became role models who gave family members hope. A family member said, "We were told about many who are doctors and they have the same illness. … They have the illness and they have overcome it… they live a normal life … therefore the classes helped me a lot."

Symptom Improvement

Seeing improvement in consumers' status also helped foster hope. A consumer said, "A lot of things from my behavior in the past … I didn't look forward to anything. … [Now I] feel better, happy, better about myself." Family members were more prone to mention symptom improvement as a factor that contributed to increased hope. A family member described "hope in seeing a change. Before he was very ill, and seeing that he has recovered and has been able to do more. That has helped me feel more strength … have more hope that he can succeed." Similarly, another family member said, "To give us hope, the only thing I believe is seeing improvement in our children … whatever change they have; one notices … there is nothing else that can give hope."

Active Pursuit

Participants talked about the importance of making personal changes that would lead to increased hope. For instance, a consumer said, "What helps me? Myself, my family. … I say that I have to make it." Another consumer said, "Be more positive, move forward and not be afraid of life." Family members also said they needed to exercise individual effort to create hope in their lives. A family member said:

> Being positive has helped me much so that [hope] is stronger than anything. Although sometimes I see him and I become sad, but I tell myself, "If I sit and cry and get sad, I will not be able to do anything."

Discussion

Findings revealed that Latinos with schizophrenia and their family caregivers conceptualized hope as a multidimensional construct and a vital resource. Although participants identified characteristics of hope consistent with theoretical constructs such as perceiving hope as goal oriented and choice driven, other more salient themes emerged. In particular, respondents emphasized contextual factors such as religion and spirituality and interpersonal relationships that illustrated the transactional process of hope between consumers and their family members. Generally, a cohesive narrative existed between consumers and family members that depicted similarities in their perceptions of hope. It is important to consider that families operate within a larger social and cultural context (Szapocznik and Kurtines 1993) that shapes how the illness is perceived

and managed (Rogler and Cortes 1993). Although families may be influential for all consumers who have contact with the family, cultural context shapes how family-level factors influence perceptions of resources such as hope (Barrio et al. 2011). Given that Latinos with schizophrenia are more likely to live with their family relative to African Americans and European Americans (Barrio et al. 2003), the prominent role of interpersonal relationships was in line with this group's experience. Most studies examining hope only included college-age samples with limited diversity. This study expanded our understanding of hope in a vulnerable population by examining Latinos with schizophrenia and their low-acculturated family caregivers (López et al. 2012). By understanding hope from the perspective of underserved individuals with schizophrenia and their family members, we can learn about its role in their lives and consider its clinical relevance.

Participants' perception of hope was strongly associated with their religious and spiritual beliefs. Not only were religion and spirituality important to how they conceptualized hope, often linked to faith, but they also served as key factors in increasing participants' hope. Religion and spirituality were embedded in other components of hope, such as choice, thereby demonstrating their salience for participants. The relationship between religion and spirituality and hope has been found in other studies. For instance, a study found that hope mediated the relationship between religion and spirituality and depressive symptoms among adults in primary care (Chang et al. 2013). Another study examining Latino family caregivers of individuals with serious mental illness found that religion and spirituality played a prominent role in the lives of these families as a source of hope in their illness perceptions and caregiving (Guarnaccia et al. 1992).

Participants also defined hope in terms of desired goals and future expectations. Generally, consumers and family members had similar goals and future expectations. Most of these goals involved family relationships. Consumers and family members had positive expectations about their family life. Respondents indicated an awareness of the interconnection between the self and the family unit in that caring for family members had positive effects on their own well-being. Consumers wanted to achieve stabilization of symptoms and developmental objectives such as employment and romantic relationships, whereas family members' hope centered on improved treatment. This finding suggests that although participants described focusing their hope on improved mental health, there may be a difference in how recovery is perceived; consumers might have a more fluid understanding that recovery can entail symptom stability, whereas family members were more concerned with illness management. Future studies should consider examining possible differences in recovery perceptions and their association with hope.

Similar to hope theory concepts (Snyder 2002), participants said hope involved cognitions regarding the illness and what could be achieved through personal effort. Interestingly, these beliefs did not take away from participants' holistic view of hope. Further, they viewed hope as a coping mechanism for consumers in their illness management and for family members in their caregiving. Having hope helped consumers and family members persevere through difficult experiences. Moreover, hope served to motivate consumers to take necessary steps in their recovery.

Participants identified several strategies for increasing and strengthening their hope. Primarily, they recognized interpersonal relationships as a key factor in this process. Consumers benefited from supportive relationships, which was congruent with family members' beliefs and practices regarding their role as caregivers. Participants expressed a strong belief that support from others was an integral part of developing and maintaining hope. Consumers appeared to benefit from being surrounded by family and friends who provided them with encouragement that led them to be more hopeful. Hope provided by loved ones has been referred to as other-oriented hope and is reflected in prosocial behaviors that value interpersonal relationships (Howell and Larsen 2015). These orientations may be more prominent in groups such as Latinos (Brekke and Barrio 1997) and Asians (Bernardo 2010; Bernardo and Nalipay 2016) that share collectivistic perspectives. A study examining hope among Koreans with schizophrenia found that relationships were external sources of hope for consumers (Noh et al. 2008). A review examining the role of hope in psychiatry found that some studies identified relationships as a dimension of hope. However, the authors noted the small number of measures that incorporated this component of hope, thereby limiting a comprehensive understanding of the contextual factors in the development of hope (Schrank et al. 2008).

Of note, family members perceived that the knowledge gained in a family psychoeducation group served as a source of hope. They said information shared during the group about other individuals who had achieved symptom stability gave them hope that their loved ones could also achieve desired objectives. A study examining an intervention focused on improving communication among families caring for a loved one with a mental illness found that it increased caregivers' hope for their loved ones (Redlich et al. 2010). Family psychoeducation, specifically if congruent with the cultural and linguistic needs of participants, has been found to benefit consumers and family members (Barrio and Yamada 2010; Kopelowicz et al. 2003, 2012). Perhaps group membership coupled with a format that supported cultural beliefs and practices gave family members the opportunity to restore their hope (Elliott and Sherwin 1997). This finding reaffirms the importance of family psychoeducation treatment for consumers and families.

Symptom improvement was another indicator of hope. Consumers compared their current functioning to more challenging times and said seeing that symptoms had decreased gave them hope to continue and persevere. Family members also identified positive changes made by consumers and viewed them as indicators of better things to come. Interestingly, family members were more prone to mention symptom improvement as an indicator of hope compared to consumers. Perhaps this difference was related to families witnessing what symptoms were like when the illness began, which can be a difficult experience for family members (Hernandez and Barrio 2015). Therefore, hope was fostered when they saw that consumers' symptoms were not as severe as they were in the past.

Finally, participants recognized that hope can be actively obtained through effort and determination. However, similar to perceptions about hope itself, participants indicated they maintained a holistic view of hope that encompassed individual and contextual components.

Findings should be considered in light of several limitations. First, our sample consisted of primarily low-acculturated Latinos of Mexican descent, and because Latinos are a heterogeneous group, it is not possible to generalize our findings to all Latinos or other racial and ethnic minority groups. Further, because we did not include other racial or ethnic groups, we could not compare our findings by race and ethnicity and examine possible differences and similarities. However, our findings may be relevant when working with other vulnerable populations. Second, consumers had been living with the illness for several years and may have achieved symptom stability, which may have influenced their perceptions of hope. Future studies should consider examining perceptions of hope among newly diagnosed individuals and their family members. As noted, the six consumers who were not available to participate in the study were either functioning well or struggling with their illness. Therefore, our sample may have included individuals who fell in the average to low range of functioning, thus limiting perspectives on hope from individuals who fell in the upper or lower end of the continuum. Third, as reported by several family members, participation in the family psychoeducation intervention may have influenced participants' perceptions of hope. Therefore, perceptions of hope may differ among family members who have not participated in a family psychoeducation intervention. Last, given that most family caregivers were mothers and most consumers were male, future studies should consider the role of gender in perceptions of hope in the family system. Including a larger sample with other family caregiving networks such as siblings could add to our understanding of family dynamics and hope.

Conclusion

This study emphasized the importance of hope as a transactional process between Latinos with schizophrenia and their family caregivers. We found that a supportive family environment that encouraged seeing beyond current challenges and motivating consumers in their recovery was critical to developing and maintaining hope. It is noteworthy that supportive family interactions may help build key resources such as hope that are instrumental in recovery, particularly when we consider the challenges that individuals with schizophrenia can experience in interpersonal relationships due to symptomatology. Therefore, supporting families not only benefits family caregivers, but also may indirectly benefit consumers' illness management and well-being. Given the role of hope in consumer and family functioning, it is important to consider how treatment models and providers can incorporate hope into practice. By tapping into hope and acknowledging its salience among Latinos with schizophrenia and their family members, we may be better able to address the experiences and needs of Latinos and other underserved groups with schizophrenia.

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Compliance with Ethical Standards

Conflict of interest The authors certify their responsibility for the research presented and they report no known conflict of interest.

Ethical Approval All applicable institutional guidelines for human participants were followed.

Informed Consent Informed consent was obtained from all study participants.

References

Alegría, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D., & Ortega, A. N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services, 53*, 1547–1555.

Alegría, M., Mulvaney-Day, N., Woo, M., Torres, M., Gao, S., & Oddo, V. (2007). Correlates of past-year mental health service use among Latinos: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*, 76–83.

Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services, 51*, 879–884.

Barrio, C., Hernandez, M., & Barragán, A. (2011). Serving Latino families caring for a person with serious mental illness. In L. P. Buki

& L. M. Piedra (Eds.), *Creating infrastructures for Latino mental health* (pp. 159–175). New York: Springer.

Barrio, C., & Yamada, A.-M. (2010). Culturally based intervention development: The case of Latino families dealing with schizophrenia. *Research on Social Work Practice, 20*, 483–492.

Barrio, C., Yamada, A.-M., Hough, R. L., Hawthorne, W., Garcia, P., & Jeste, D. V. (2003). Ethnic disparities in use of public mental health case management services among patients with schizophrenia. *Psychiatric Services, 54*, 1264–1270.

Bernardo, A. B. I. (2010). Extending hope theory: Internal and external locus of trait hope. *Personality and Individual Differences, 49*, 944–949.

Bernardo, A. B. I., & Nalipay, M. J. N. (2016). Social axioms as social foundations of locus-of-hope: A study in three Asian cultural groups. *Personality and Individual Differences, 95*, 110–113.

Bland, R., & Darlington, Y. (2002). The nature and sources of hope: Perspectives of family caregivers of people with serious mental illness. *Perspectives in Psychiatric Care, 38*, 61–68.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks: SAGE.

Brekke, J. S., & Barrio, C. (1997). Cross-ethnic symptom differences in schizophrenia: The influence of culture and minority status. *Schizophrenia Bulletin, 23*, 305–316.

Chang, E. C., & Banks, K. H. (2007). The color and texture of hope: Some preliminary findings and implications for hope theory and counseling among diverse racial/ethnic groups. *Cultural Diversity and Ethnic Minority Psychology, 13*, 94–103.

Chang, E. C., Kahle, E. R., Yu, E. A., Lee, J. Y., Kupfermann, Y., & Hirsch, J. K. (2013). Relations of religiosity and spirituality with depressive symptoms in primary care adults: Evidence for hope agency and pathway as mediators. *Journal of Positive Psychology, 8*, 314–321.

Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal, 11*(4), 11–19.

Du, H., & King, R. B. (2013). Placing hope in self and others: Exploring the relationships among self-construals, locus of hope, and adjustment. *Personality and Individual Differences, 54*, 332–337.

Eaves, E. R., Nichter, M., & Ritenbaugh, C. (2016). Ways of hoping: Navigating the paradox of hope and despair in chronic pain. *Culture, Medicine, and Psychiatry, 40*, 35–58.

Elliott, T. R., & Sherwin, E. D. (1997). Developing hope in the social context: Alternative perspectives of motive, meaning, and identity. *Group Dynamics: Theory, Research, and Practice, 1*, 119–123.

Guarnaccia, P. J., Parra, P., Deschamps, A., Milstein, G., & Argiles, N. (1992). Si Dios quiere: Hispanic families' experiences of caring for a seriously mentally ill family member. *Culture, Medicine, and Psychiatry, 16*, 187–215.

Hasson-Ohayon, I., Kravetz, S., Meir, T., & Rozencwaig, S. (2009). Insight into severe mental illness, hope, and quality of life of persons with schizophrenia and schizoaffective disorders. *Psychiatry Research, 167*, 231–238.

Hernandez, M., & Barrio, C. (2015). Perceptions of subjective burden among Latino families caring for a loved one with schizophrenia. *Community Mental Health Journal, 51*, 939–948.

Hernandez, M., Barrio, C., & Yamada, A.-M. (2013). Hope and burden among Latino families of adults with schizophrenia. *Family Process, 52*, 697–708.

Howell, A. J., & Larsen, D. J. (2015). *Understanding other-oriented hope: An integral concept within hope studies*. New York: Springer.

Johnson, J., Gooding, P. A., Wood, A. M., Taylor, P. J., Pratt, D., & Tarrier, N. (2010). Resilience to suicidal ideation in psychosis: Positive self-appraisals buffer the impact of hopelessness. *Behaviour Research and Therapy, 48*, 883–889.

Kirkpatrick, H., Landeen, J., Woodside, H., & Byrne, C. (2001). How people with schizophrenia build their hope. *Journal of Psychosocial Nursing and Mental Health Services, 39*, 46–53.

Kopelowicz, A., Zarate, R., Smith, V. G., Mintz, J., & Liberman, R. P. (2003). Disease management in Latinos with schizophrenia: A family-assisted, skills training approach. *Schizophrenia Bulletin, 29*, 211–228.

Kopelowicz, A., Zarate, R., Wallace, C. J., Liberman, R. P., López, S. R., & Mintz, J. (2012). The ability of multifamily groups to improve treatment adherence in Mexican Americans with schizophrenia. *Archives of General Psychiatry, 69*, 265–273.

Landeen, J., Pawlick, J., Woodside, H., Kirkpatrick, H., & Byrne, C. (2000). Hope, quality of life, and symptom severity in individuals with schizophrenia. *Psychiatric Rehabilitation Journal, 23*, 364–369.

López, S. R., Barrio, C., Kopelowicz, A., & Vega, W. A. (2012). From documenting to eliminating disparities in mental health care for Latinos. *American Psychologist, 67*, 511–523.

Marshall, S., Deane, F., Crowe, T., White, A., & Kavanagh, D. (2013). Carers' hope, wellbeing and attitudes regarding recovery. *Community Mental Health Journal, 49*, 344–353.

Mashiach-Eizenberg, M., Hasson-Ohayon, I., Yanos, P. T., Lysaker, P. H., & Roe, D. (2013). Internalized stigma and quality of life among persons with severe mental illness: The mediating roles of self-esteem and hope. *Psychiatry Research, 208*, 15–20.

Noh, C., Choe, K., & Yang, B. (2008). Hope from the perspective of people with schizophrenia (Korea). *Archives of Psychiatric Nursing, 22*, 69–77.

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience, and mental health: The production of hope. In M. Unger (Ed.), *The social ecology of resilience* (pp. 369–386). New York: Springer.

Redlich, D., Hadas-Lidor, N., Weiss, P., & Amirav, I. (2010). Mediated learning experience intervention increases hope of family members coping with a relative with severe mental illness. *Community Mental Health Journal, 46*, 409–415.

Resnick, S. G., Fontana, A., Lehman, A. F., & Rosenheck, R. A. (2005). An empirical conceptualization of the recovery orientation. *Schizophrenia Research, 75*, 119–128.

Rogler, L. H., & Cortes, D. E. (1993). Help-seeking pathways: A unifying concept in mental health care. *American Journal of Psychiatry, 150*, 554–561.

Schrank, B., Stanghellini, G., & Slade, M. (2008). Hope in psychiatry: A review of the literature. *Acta Psychiatrica Scandinavica, 118*, 421–433.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*, 249–275.

Stein, C. H., Mann, L. M., & Hunt, M. G. (2007). Ever onward: The personal strivings of young adults coping with serious mental illness and the hopes of their parents. *American Journal of Orthopsychiatry, 77*, 104–112.

Stevens, E. B., Buchannan, B., Ferrari, J. R., Jason, L. A., & Ram, D. (2014). An investigation of hope and context. *Journal of Community Psychology, 42*, 937–946.

Szapocznik, J., & Kurtines, W. M. (1993). Family psychology and cultural diversity: Opportunities for theory, research, and application. *American Psychologist, 48*, 400–407.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry, 156*, 928–934.

Werner, S. (2012). Subjective well-being, hope, and needs of individuals with serious mental illness. *Psychiatry Research, 196*, 214–219.