Review Article

Psychological and Social Factors of Depression Recovery: A Narrative Review

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ABSTRACT

Biomedical advancement has significantly contributed towards depression recovery but there are still populations who are affected, with limited access to health services. There is lack of attention paid to psychosocial factors that are helpful in depression recovery. This narrative review aims to examine the psychosocial factors in depression recovery through qualitative studies. Keyword searches were conducted using EBSCOHost, JSTOR, PsycARTICLES, PubMed, SAGE Journals and Scopus databases. Qualitative studies (n = 15) on psychosocial factors in depression recovery were identified. Review of the studies revealed the impact of psychological and social factors in the view of oneself and identity transformation throughout depression recovery and acceptance of self-initiated help-seeking behaviour that facilitated transformation of ill-self to better-self. The three main conclusions drawn from the review are (a) hope, optimism, resilience and self-efficacy; (b) working on oneself; and (c) social factors available for re-constructing of selves and functional lives. Enhancement and inclusion of psychosocial factors are needed in mental health policy. Future studies are suggested to focus on the ways of strengthening psychosocial factors at individual and community levels.

Keywords: Depression, narrative review, psychosocial, recovery, factors

INTRODUCTION

Depressive disorders are common mental disorders that have become some of the leading causes of disability worldwide, accounting for 9.6% of global years lived

with disability (Ferrari et al., 2013). In addition, studies have found that sub-threshold depression increased excess mortality and significantly reduced the individuals' quality of life (Cuijpers et al., 2013; Goldney, Fisher, Dal Grande, & Taylor, 2004). The rapid emergence of depression has prompted researchers and practitioners in conceptualising the intervention of and recovery from depression in patients. The advancement of biomedical sciences has contributed significantly to depression recovery since the 1950s, and a large body of well-established clinical trials and reviews on the efficacy of pharmacological therapies for depression is available (Boulenger, Loft, & Olsen, 2014; Brunoni et al., 2013). Similarly, considerable efforts have evidenced the efficacy of psychosocial intervention, including a wide range of psychotherapeutic approaches (Franklin, Carson, & Welch, 2015; Swartz, Grote, & Graham, 2014). In fact, depression is actually a very treatable medical condition.

Despite the established treatment options, there is significant variation in terms of availability and access to mental health treatment across the globe, where the countries with lower income have very limited access to services (World Health Organization, 2015). In line with the public health approach, in the absence of mental health specialists, there is a need to identify the helpful psychosocial factors and the appropriate actions to be taken by affected individuals to facilitate the recovery of depression (Jorm, 2012).

The review and literature on risk factors that are associated with depression are readily available (Dobson & Dozois, 2008; Galambos, Leadbeater, & Barker, 2004; Roh, Burnette, Lee, Lee, & Easton, 2016). However, there is less attention paid to the psychosocial aspects of depression recovery. Recently, two systematic reviews found that positive identity, self-esteem, high sense of coherence, and social support from friends and family members are protective factors against depression among minority youth (Cornejo, 2016; Hall, in press). Nevertheless, reviews on past quantitative studies that emphasised determining relationship and its magnitude between depression and psychosocial variables have overlooked the individuals' subjective experiences of how these variables were helpful for them (Kok, 2017). This review attempts to fill that gap by offering a narrative review on the psychosocial factors of depression recovery through the voice of lived experience. Despite the commonality of depression and the importance of this topic to mental health care professionals and policy makers, there is only a small volume of literature available on these subjects, which is rather context-specific and heterogeneous.

METHODS

A narrative literature review approach was used for this study. A narrative-synthesis approach was used to find answers for the central research question, which is, "What are the psychological and social factors of depression recovery?". The

selected published qualitative studies were used because the recovery process from depression sufferers is qualitative in nature and findings from the qualitative studies revealed detailed and rich subjective experience that were able to provide rich descriptions to answer the research questions. The narrative literature approach resembles meta-synthesis on a smaller scale (focusing on qualitative studies, rather than quantitative studies) for examining and providing an overview on current qualitative research in a systematic way. The main aim for using a narrative synthesis approach is to explore, summarise, and synthesise the past literature (Campbell et al., 2003) on the process of recovery from depression, specifically on the psychological and social aspects.

Databases and Screening Process

A comprehensive search was conducted using six databases, namely EBSCOHost, JSTOR, PsycARTICLES, PubMed, SAGE Journals, and Scopus. The search was done on research articles that were published between 2001 and 2016, and that described the process of recovery from depression, with specific contribution from psychological and social factors. The keywords that were used in the search were: (a) depression recovery; (b) psychosocial factors; (c) psychological factors; (d) social factors; (e) facilitating factors; (f) social support; (g) reciprocal relationships; and (h) inner strength. These keywords were used based on two criteria: first, relevant components of our research questions were included (psychology, social, depression recovery); second, other keywords that could comprehensively retrieve data were used. Initially, the keyword "personality trait" was used, however, it was found that personality traits might not lead to recovery, so, it was replaced with "inner strength", which would include motivation and awareness, which might be helpful in the recovery. In the process of researching through the search engines, the keyword "reciprocal relationship" was included as the term "reciprocal" entails close relationships, such as family support and close friends, and is a more comprehensive term for relationships that could affect recovery. Besides, the keyword "facilitating" was used for expanding purposes in the hope of retrieving other factors and resources that can facilitate depression recovery. Multiple methods of search were employed. Besides automated searching, filtering was done, citations and references were followed and hand searched to collect literature relevant to the study.

The articles that met the following criteria were included in this review: (a) the study examined the recovery process from depression through psychological and/or social aspects; (b) the studies were published between 2001 and 2016, (c) the study design employed only qualitative methodology; (d) the study was peer-reviewed; (e) the study was in journal article form; and (f) the study examined the recovery process from mental disorders

through psychological and/or social factors. This review focused on the period between 2001 to 2016 because the epidemic and burden of disease of depression has been reported to have significantly increased in the new millennium (Andersen, Thielen, Bech, Nygaard, & Diderichsen, 2011; Greenberg at a., 2003; Thomas & Morris, 2003), and the recovery of depression has been emphasised during this period. Due to the scarcity of published studies that focused specifically on psychosocial factors during the process of recovery from depression, the authors manually added studies on process of recovery from mental disorders. The authors then handpicked studies that included depression in their study context and investigated the psychosocial factors in the recovery of mental disorders. For example, when the authors came across studies that had titles using the term "mental disorder" instead of "depression", the authors read the text. If the studies involved depression in their sample, the authors included them in this review.

On the other hand, articles were excluded if: (a) the study investigated solely biomedical aspects in the process of recovery from depression; (b) the study solely investigated the effects of psychological intervention in the process of recovery from depression, as the current study focuses only on individuals' psychosocial factors; (c) the study examined depression in the context of other medical conditions such as chronic diseases, trauma, comorbid mental disorders, or substance use; (d) the study was only in abstract, or in dissertation or thesis, newspapers, or experimental report forms; (e) the text was not written in English; or (f) the papers were presented in conference proceedings without subsequent publications in any academic journals. Manual filtering was carried out to exclude articles that did not meet the inclusion criteria. Understandably, the recovery of people who suffered solely from depression was very different as compared to the recovery of those who suffered from disease-invoked depression, trauma-related depression, comorbid depression, and depression with substance use. These inclusion and exclusion criteria were determined to reduce heterogeneity of the studies.

The initial search resulted in more than 2000 titles. After eliminating cases with comorbidity conditions, the researchers were left with 1095 titles. Three researchers (two with postgraduate qualifications in counselling or clinical psychology, and a postgraduate student of psychology) were involved in the screening and discussion process. When abstracts failed to provide sufficient information, the texts were read in full. Discussions were held when there were disagreements.

As shown in Table 1, the studies included in this review consisted of 13 qualitative studies (1, 3-10, 12-13-15) and two literature reviews (2, 11). There was only one study in which the discussion involved cultural differences (1). One study specifically discussed the experience

of depression among male athletes (3), one study investigated women's accounts of depression recovery (6), and one study explored adolescents' depression (10). The recruitment of participants was conducted with the help of health professionals from healthcare or clinical settings (7, 8, 9, 12, 13, 15), as well as through advertisement in public settings such as libraries, or through e-newsletters and flyers (1, 4, 5, 6, 8, 15).

Table 1
Summary of reviewed studies

No.	Author(s), Year	Title	Aim	Methodology	Findings
1	Brijnath, 2015	Applying the CHIME recovery framework in two culturally diverse Australian communities: Qualitative results	To explore the conceptualisation of depression recovery from two culturally diverse groups through application of CHIME (connectedness, hope and optimism about the future, identity, meaning in life and empowerment)	Semi-structured interviews & thematic analysis n = 58 30 Anglo-Australians (10 men, 20 women),28 Indian-Australians (13 men, 15 women with mild depressive symptoms) Age: 18 years old and above	Findings showed importance of hope, optimism, positive thinking, empowerment and connectedness for depression recovery but both groups experienced stigma and struggle in obtaining social support. Through spirituality, Indian-Australians found greater meaning in life while Anglo-Australians found meaning in illness itself.
2	Cruwys, Haslem, Dingle, Haslam, & Jetten, 2014	Depression and social identity: An integrative review	To review the role of social connectedness in the development of depression	Qualitative: Literature review Clinical depression included episode of major depression	Findings showed that greater number of social identities signify greater amount of resources and social connectedness that enabled greater resilience towards risk of depression

Table 1 *(continue)*

No.	Author(s), Year	Title	Aim	Methodology	Findings
3	Doherty, Hannigan, & Campbell, 2016	To explore the experience of depression during the careers of elite male athletes	To explore how elite male athletes experience depression during their sporting careers	Qualitative: Semi-structured interviews & interpretive thematic analysis n = 8 Caucasian male current/ former elite athletes with clinical depression Age: n/a	Findings revealed athletes' depression recovery involved social support, acceptance, emotional expression, motivation and identity transformation.
4	Dunn, Wewiorski, & Rogers, 2008	The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study	To enrich current literature by examining individuals' work perceptions and its effect on mental illness recovery	Qualitative: Semi-structured interviews using Grounded Theory n = 23 11 males, 12 females with various mental disorders, including major depressive disorder Age: 27-59 years	Findings found participants benefited from paid employment that provided personal meaning, self-esteem, financial stability and promoted recovery.
5	Kok & Lai, 2016	Not myself and the connected self: Cases of youth depression and recovery in Malaysia	To examine the personal depression experience among young people in Malaysia	Qualitative: Grounded theory n = 12 6 males, 6 females with atypical and mild depression	Findings showed depression as an uncontrollable and isolating experience. Recovery from depression requires social connectedness.
6	Lafrance & Stoppard, 2006	Constructing a non-depressed self: Women's accounts of recovery from depression	To investigate women's accounts of their experiences of depression recovery through discourse analysis	Qualitative: Semi-structured interviews & discourse analysis n = 15 females with self-reported history of depression Age: 22-66 years	Findings showed construction of recovery through personal transformation in context of overlapping versions of self-identity, letting go chores, rejecting demands and self-care.

Table 1 *(continue)*

No.	Author(s), Year	Title	Aim	Methodology	Findings
7	Mancini, Hardiman, & Lawson, 2005	Making sense of it all: Consumer providers' theories about factors facilitating and impeding recovery from psychiatric disabilities	To investigate the adults' accounts of recovery from serious psychiatric disability	Qualitative: Semi-structured interviews using grounded theory n = 15 participants with various mental disorders, including major depressive disorder Age = 40-55 years	Findings showed supportive relationships, meaningful activities and effective traditional and alternative treatments facilitated recovery by transforming ill-self to a sense of well-being.
8	Millner et al., 2015	Exploring the work lives of adults with serious mental illness from a vocational psychology perspective	To explore and compare the work perceptions of younger and older adults with serious mental illness and to examine the relevance of vocational psychology theory in this population	Qualitative: discovery-oriented qualitative research methodology modified version of consensual qualitative research (CQR) methodology n = 76 working adults with serious mental illness including major depressive disorder Age: 19-66 years	Findings showed the importance of achieving work motivation, personal accomplishments and self-efficacy in achieving recovery from mental illness.
9	Mizock, Russinova, & Millner, 2013	Acceptance of mental illness: Core components of a multifaceted construct	To examine the multifaceted construct of acceptance of mental illness	Qualitative: Semi-structured interviews using grounded theory n = 30 15 women, 15 men with various mental disorders, including major depressive disorder Age: 19-72 years	Findings revealed five components in the core characteristics of acceptance of mental illness, namely identity, cognitive, emotional, behavioral and relational.

Table 1 *(continue)*

No.	Author(s), Year	Title	Aim	Methodology	Findings
10	Simonds, Pons, Stone, Warren, & John, 2014	Adolescents with anxiety and depression: Is social recovery relevant?	To explore and understand the youths' experiences of anxiety and depression	Qualitative: Semi-structured interviews & thematic analysis n = 9 adolescents; 7 girls, 2 boys with anxiety or depressive disorders Age: 14-16 years	Findings showed youths' experiences of depression and anxiety as a process of loss of self (withdrawal), renegotiating the self (social re-engagement) and anticipation of future self (hope for symptom eradication).
11	Thoits, 2011	Resisting the stigma of mental illness	To further discuss the types of resistance in stigma, the labeling literature and the resistant condition	Qualitative: Literature review People with various mental disorders, including major depressive disorder Age: n/a	Findings found that willingness to resist stigmatisation enhanced self-esteem and sense of personal control.
12	Van Grieken, Kirkenier, Koeter, Nabitz, & Schene, 2013	Patients' perspective on self-management in the recovery from depression	To examine the perspectives towards self-management in depression recovery among patients.	Qualitative: Concept mapping n = 20; 9 men, 11 women with major depressive disorder Age: 25-57 years	Findings revealed effective self-management strategies involved proactive attitude, daily life strategies and rules, explanation of disease to others, social engagement, attention to oneself and sharing of experiences with fellow sufferers.
13	Villagi et al., 2015	Self-management strategies in recovery from mood and anxiety disorders	To explore the variety of self-management strategies used by people in recovering from affective disorder	Qualitative: Semi-structured interview & thematic analysis n = 50; 24 men, 26 women with various mental disorders, including major depressive disorder Age: 46-55 years	Findings showed effective strategies for recovery included social support, empowerment, social re-engagement, healthy lifestyles, support from mental health professionals and use of alternative treatment.

Table 1 *(continue)*

No.	Author(s), Year	Title	Aim	Methodology	Findings
14	Wisdom, Bruce, Saedi, Weis, & Green, 2008	'Stealing me from myself': Identity and recovery in personal accounts of mental illness	To investigate identity-related themes through examination of published self-narratives of individuals with serious mental illness and their family members	Qualitative: Thematic analysis of persona account n = 45; people with various mental disorders, including major depressive disorder Age: n/a	Findings showed the importance of hope and identity transformation in fostering recovery from mental illness.
15	Wong, Stanton, & Sands, 2014	Rethinking social inclusion: Experiences of persons in recovery from mental illness	To explore how people who recovered from mental illness understand and define relationships with communities in attempt of examining the dimensions of social inclusion	Qualitative: Semi-structured interviews & modified Grounded Theory n = 20; 11 males, 9 females with various mental disorders, including major depressive disorder Age: 32-65 years	Findings showed competencies in establishing connectedness through sense of affinity and community citizenship facilitated recovery from mental illness.

Note: n = Number of participants; n/a = not available

Table 2
Psychological and social factors identified from reviewed studies

Themes of Psychological Factors	Studies Reviewed	Themes of Social Factors	Studies Reviewed
Hope and/or optimism	Brijnath (2015); Wisdom, Bruce, Saedi, Weis, & Green (2008); Villagi et al. (2015); Mizock, Russinova, & Millner (2013); Thoits (2011)	Social identity and inclusion	Cruwys, Haslem, Dingle, Haslam & Jetten (2014); Wong, Stanton, & Sands (2014)
Acceptance	Mizock, Russinova, & Millner (2013)	Supportive relationship	Doherty, Hannigan, & Campbell (2016); Kok & Lai (2016); Mancini, Hardiman, & Lawson (2005); Villagi et al. (2015)

Table 2 *(continue)*

Themes of Psychological Factors	Studies Reviewed	Themes of Social Factors	Studies Reviewed
Self-empowerment − personal accomplishments − self-management	Doherty, Hannigan & Campbell (2016); Dunn, Wewiorski, & Rogers (2008); Lafrance & Stoppard (2006); Millner et al. (2015); Thoits (2011); Van Grieken et al. (2013); Villagi et al. (2015); Van Grieken et al. (2013)	Sense of belongingness and connectedness	Van Grieken et al. (2013); Cruwys et al., 2014; Wong et al. (2014)
Self-esteem and sense of mastery	Millner et al. (2015); Thoits (2011); Dunn et al. (2008)	Social relationships	Van Grieken et al. (2013); Kok & Lai (2016)
Resistance to stigma	Thoits (2011)	Social re-engagement	Van Grieken et al. (2013); Wong et al. (2014); Mancini, Hardiman, & Lawson (2005); Villagi et al. (2015)

The psychosocial factors that were identified from the studies in this review are summarised in Table 2. Data analysis protocol involved the process of integrating and summarising the main outcomes of the studies included (Perestelo-Perez, 2013). A thematic data analysis process was adopted to analyse the findings of the previous studies under two broad themes, namely psychological and social factors for depression. Through a process of induction, similar outcomes with similar unit meanings sentences and phases were identified to form categories and finally form more abstract themes that were relevant to answer the research questions. The term "resistance to stigma" reflects a psychological strength to resist stigmatisation, thus it enhances self-esteem (Thoits, 2011). Therefore, it was classified under psychological factors. Similarly, the phrases, "social identity", and "connectedness" were categorised as social factors. These two themes (psychological and social factors) provided insights into how the participants in previous studies recovered, and are essential factors in the recovery process.

RESULTS AND DISCUSSION

Psychological Factors

Among the fifteen studies, ten of them (1, 3, 4, 6, 8, 9, 11, 12, 13, 14) had samples who described their journey of depression recovery using terms such as hope, optimism, self-control, self-enhancement, self-efficacy, self-improvement, self-discovery, self-care, personal control, sense of mastery, empowerment, and resistance to stigma. Hope is the most crucial element in drawing people with depression closer towards treatment, while empowerment is another important aspect through which people with depression gained self-worth, motivation,

and confidence in moving forward to recovery.

Brijnath (2015) and Wisdom, Bruce, Saedi, Weis, and Green (2008) examined the aspect of hope in depression recovery, while Mizock, Russinova, and Millner (2013) discussed the multifaceted constructs on acceptance of mental illness. On the other hand, Villagi et al.(2015) examined the strategies that were used for depression recovery by asking 24 men and 26 women participants in Canada, aged 18 and above to describe their respective strategies. It was found that 42% of them had experienced depression before. From the above four studies (1, 9, 13, 14), it was found that hope or optimism was the main motivator for depressed patients to self-help or seek help and to continue undergoing treatment, as they held the belief that they would eventually recover from depression. Hope involved positive thinking, belief in recovery, and embracing the aspirations for future self (Brijnath, 2015) or the positive attributes of old self (Wisdom et al., 2008). As reported by Mizock et al. (2013), "I could experience certain things that would bring me happiness. The hope of that, that could happen, gets me through the day, honestly" (p.101).

Furthermore, some of those who suffered from depression utilised downward social comparison with those who suffered more severe depression to achieve higher levels of optimism, by seeing how things had improved (Villagi et al., 2015). Thoits (2011) confirmed the comparison with more

severe mental illness patients as an effective coping strategy. These five studies (1, 9, 11, 13, 14) had a common similarity in findings, where the participants had hope for the future or a sense of hope for future selves.

Seven articles discussed empowerment, namely Doherty, Hannigan, and Campbell (2016), Dunn, Wewiorski, and Rogers (2008), Lafrance and Stoppard (2006), Millner et al. (2015), Thoits (2011), Van Grieken et al. (2013), and Villagi et al. (2015). The aspect of empowerment discussions can be broadly categorised into two dimensions, which are empowerment of oneself through personal accomplishments, and self-management or self-care.

Furthermore, personal accomplishments that raised self-esteem and sense of mastery were essential in depression recovery (Millner et al., 2015). Thoits (2011) has also highlighted the debilitating effects of low self-esteem due to stigmatisation on the prognosis of recovery from depression. In order to cope with stigmatisation, Thoits (2011) distinguished two types of resistance towards stigma, namely deflecting and confronting. He identified resistance as an important factor in the recovery of depression as it will be helpful in gaining self-esteem and increasing self-control. When individuals are stigma-resistant, they will be able to dismiss the threat that was imposed on their self. Stigma of mental illness in general, and depression in particular is very common. Thoits (2011) listed other coping strategies that effectively manage symptoms in the recovery process,

such as avoidance, associating with people who do not stereotype, and comparison with less well-to-do patients.

Moreover, engaging in employment provides people with depression a sense of mastery, as well as greater access to both psychological and social resources. Dunn et al. (2008) identified the ability to engage in paid work (employment) as central to recovery as it fostered pride and self-esteem.

On the other hand, self-management was used to enhance the empowerment within individuals who were suffering from depression. Van Grieken et al. (2013) and Villagi et al. (2015) conducted studies with the aim of examining the various self-management strategies that were utilised by patients diagnosed with depression, aged 18 years and above in reducing depressive symptoms. In another study by Van Grieken et al. (2013), 50 self-management strategies that were used by participants in their recovery process from depression were grouped into eight clusters, which consisted of a proactive attitude towards depression and treatment, daily life strategies and rules, explanation of the disease to others, remaining socially engaged, engaging in activities, having structured attention to oneself, and maintaining contact with fellow sufferers and others. A proactive attitude towards recovery empowered the depressed individuals to seek treatment for their own mental illness, thus increasing their prognosis in recovery (Van Grieken et al., 2013). Similarly, a study by Villagi et al. (2015) identified 60 self-management strategies which were compiled into fifteen

themes that were later categorised into social, existential, functional, physical, and clinical contexts. Self-care (3, 6) and self-management strategies such as setting small goals were used to gain greater control and responsibilities over self and the recovery process (Villagi et al., 2015).

In these seven studies (3, 4, 6, 8, 11, 12, 13), the researchers found that empowerment was gained through personal accomplishments such as heightened self-esteem. Self-care through self-management strategies acts as a guide for depressed people to find their unique ways to fight against depression. The combination of personal accomplishments and self-management strategies provided the empowerment that is needed as a strong resource for motivation, confidence, and the building of a proactive attitude for better recovery prognosis.

Social Factors

Among the 15 studies that the researchers reviewed, eight studies (2, 3, 5, 7, 8, 12, 13, 15) had respondents who described their journey of depression recovery through social factors such as social meaning, social recovery, peer relationships, social activities, reciprocal relationships, connectedness, social relationships, social capital, social networks, belonging, community, social identity, and social re-engagement. Social resources act as a foundation for depressed people to gain courage to step into society once again, while social-re-engagement was an important catalyst in depression recovery.

The researchers, Cruwys, Haslem, Dingle, Haslam, and Jetten (2014), and

Wong, Stanton, and Sands (2014) examined the facilitating effects of social identity and inclusion on depression recovery. A study by Van Grieken et al. (2013) confirmed the importance of socialising with people and contact with fellow sufferers in order to initiate the recovery process from depression. Depressed people gained connectedness with the world through interactions with friends and family (Kok & Lai, 2016). As shown in the study by Cruwys et al. (2014), social support can also be obtained by establishing social identities that provide purpose to life, encourage the gain in social support, and embrace the sense of belonging in deterring depression. Through its capacity for generating a sense of belonging and connectedness, social identities facilitated the flow of social influence in deterring self-criticism and self-harm, where self-criticism and self-harm could jeopardise the prognosis for depression (Cruwys et al., 2014). Similarly, another study conducted by Wong et al. (2014) examined the dimensions of social inclusion through the exploration of the mental illness recovery experiences of 20 participants, heterogeneous in psychiatric diagnoses, gender, sexual orientation and gender identity, and living environments. It was found that connectedness and citizenship were gained through social inclusion in mental health communities that fostered reciprocity in the sharing of experiences and feelings. Social support from significant others served as a turning point in depression development, from manifestation to recovery (Doherty, Hannigan, & Campbell, 2016). Kok and

Lai (2016) identified the facilitating effect of psychosocial support, which acts as an important element in depression recovery.

Van Grieken et al. (2013), and Wong et al. (2014) discussed the importance of social re-engagement on depression recovery. It was found that social re-engagement not only acted as a catalyst for depression recovery, but also provided social meaning to individuals' lives. This might be due to the fact that depressed people gained connectedness, self-worth, and a sense of belonging in the community through social re-engagement. Van Grieken et al. (2013) depicted that by re-engaging in activities that were regarded as entertaining and meaningful, depressed people were able to gain back their responsibilities and sense of control over their own lives. Furthermore, some individuals with depression re-engaged in the society through participation in community activities that advocated for causes (Wong et al., 2014).

The authors found that psychological factors and social factors impacted the individuals' views of themselves during depression recovery. When the individual accepted himself or herself, this self-acceptance initiated the help-seeking process, which then led to the identity transformation that is critical for depression recovery. Psychological factors and social factors both acted as catalysts in facilitating the identity transformation process, from ill self to better self. This in turn, further facilitated the recovery process from depression. However, the definition of recovery was found to be varied. Villagi et. al (2015) distinguished two categories

of recovery in mental health conditions, namely clinical recovery and personal recovery. The former refers to reduction of symptoms, and the latter looks at the change of attitudes, values, goals, or roles, even in the presence of mental illness. This view of different definitions was echoed by Simonds, Pon, Stone, Warren, and John (2014), as they also hold that recovery might mean a complete symptomatic recovery for some people, while for others, recovery could be a process of regaining mental well-being, or living meaningfully in the presence of symptoms. In fact, mental health and mental illness should be understood in a continuum, instead of in a binary category, with or without illness. Recovering from depression is a process of a gradual transition from the effects of 'illness' to a healthy life. This meaningful life component identified by Simonds et al. (2014) can neither be categorised under psychological nor social factors. Perhaps meaningfulness in life belongs to both psychological and social aspects. Research identifies meaningfulness in life to be obtained by engaging in meaningful activities in a social context with strong relational components (Kok, Goh, & Gan 2015). After conducting this study, the researchers believe that we need to provide a more supportive and less judgmental (with less stigma) environment so that depressed people can derive some hope from social interaction, to help them overcome depression.

The findings of the present study are also supported by other studies. Villagi (2015) holds that self-management strategies are able to facilitate personal recovery, and is thus helpful in reducing depressive symptoms. This study highlights the importance of social connectedness, which is in accordance with Jose and Lim's (2014) view that being connected with other human beings is effective in reducing depressive symptoms. Recent studies emphasise online social support, which is helpful to provide social connectedness (Nimrod, 2013; Rice et al., 2014). The role of this virtual social support can be further investigated among the young people in this internet-savvy era.

IMPLICATIONS

To the best of the authors' knowledge, this is the first review of its kind that specifically focuses on psychosocial factors in the recovery of depressive disorders. The findings of this review provide a fundamental overview of the current state of knowledge in the area, and informs future studies. All the studies included in this review are qualitative in nature, covering a variety of population. This approach allows the review to be more comprehensive, in-depth and contextualised.

Clinically, psychosocial interventions have already been relatively well integrated into current mental health care systems. This review may further inform mental health professionals about the facilitative psychosocial factors in the journey of recovery from depression. In fact, many of these psychosocial factors are modifiable and can be enhanced by evidence-based psychosocial intervention. The expansion and enhancement of these favourable factors

must be included in the mental health care plans of individuals with depression.

LIMITATIONS

There are several noteworthy limitations to this review. First, while qualitative studies enabled in-depth exploration of the experience of and the recovery from depression, the common limitations that these studies shared were their small sample size and possible biases. In addition, the heterogeneous nature of the studies included in this review does not allow meta-synthesis of data and results. The studies varied in terms of participants' diagnoses and severity of depressive disorders. Specifically, people who suffer major depressive disorder have a different recovery journey from those who live with persistent depressive disorder. Also, other psychopathological factors, such as age of depression onset, duration of living with depression, presence or absence of other psychiatric co-morbidity, may significantly influence the experience of recovery. Furthermore, majority of the studies included in this review were conducted within Western countries, which may have a certain extent of cultural bias.

There is an established base of research employing quantitative analyses of psychosocial factors that are associated with recovery of depression. However, it was beyond the scope of the current review to assess quantitative findings. It is recommended that future reviews evaluate quantitative studies using a meta-analysis approach in this area. It would also be useful for future reviews to cover more extended periods of literature (for example, studies since the 1900s), to observe if there are changes in emerging themes over time.

CONCLUSION

The studies that employed a qualitative approach on psychosocial factors of depression recovery within the time frame of this review have limitations in terms of scope and population. In this review, a range of psychological and social factors was identified. It is acknowledged that the findings of studies that have been reviewed in this paper were influenced by the socio demographic settings in which the studies were conducted. Three main conclusions can be drawn from the studies included in this review: (1) hope, optimism, resilience, and self-efficacy, which are termed positive psychology capital by Luthans and Youssef (2004), are vital for the recovery of depression; (2) empowerment of oneself, which includes self-care, self-improvement, self-control, and self-discovery, appears to be another core psychological factor that may facilitate recovery of depression; (3) various social factors may provide platforms for individuals with depression to re-construct themselves and functional lives. Although these conclusions were developed from a small body of qualitative literature, undisputably, protective psychosocial factors have direct beneficial effects on the recovery of depression. This preliminary narrative review proposes that it may be valuable to further investigate the interplay of these psychosocial factors. To take advantage of the findings from this review,

future studies may also focus on the best practices that strengthen these facilitative psychosocial factors at the individual, community, and societal levels.

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