Recovery

The Interface between Psychiatry and Spiritual Care

E. Olsman, B.N.M. Brijan, X.J.S. Rosie & J.K. Muthert (Eds.)

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Introduction to *Recovery: The Interface between Psychiatry and Spiritual Care*

Bernice Brijan, Hanneke Muthert, Erik Olsman & Sujin Rosie

This book is about the interface between psychiatry and spiritual care. Both are about (health) care but their interface is not self-evident. In health care in general, the bio-psycho-social model has been widely accepted nowadays, but the spiritual dimension is not always acknowledged (Van Os, 2022). For example, until recently in our country (the Netherlands), it was strange if not impossible to teach spiritual care to physicians (Olsman & Willems, 2017). Spiritual care was associated with institutionalized religion, which was suspicious. Based on a strong scientific evidence-based approach, religious and/or spiritual aspects of psychological well-being were more or less excluded. "The less religious they [patients] are, the more emotionally healthy they will tend to be," Ellis asserted more than four decades ago (1980, p. 637).

However, something has changed because religion and spirituality have changed. The presence and influence of institutionalized religion has decreased, at least in several so-called Western countries, and at the same time people draw strength and inspiration from many spiritual resources, which led Heelas and Woodhead (2005) to call the subtitle of their book, "Why religion is giving way to spirituality". Views on psychological maturity changed as well over time. Living in a globalizing and certainly imperfect world, former psychological ideals of maturity seem realizable only partly. Religion and/or spirituality are no longer seen as related to immaturity as such. Instead, many features, categories of values and personality domains play a role (Andrijasevic, 2019, pp. 15-30; Scheepers, 2021).

Of course, chaplains were already working in mental health care settings, like two of us did as well. Spiritual care was not excluded from psychiatry, even not from wards and other settings where hostility towards religion reigned. But in our country, and probably in several other countries, it seems that the integration of spiritual care into health care in general and psychiatry in particular is sought from different angles. But even if there is willingness to integrate both, there are various ways of doing so (Liefbroer et al., 2019). We are part of this movement to integrate spiritual care and psychiatry, the latter denoting several fields where mental health is at stake, like prisons, armed forces, and mental health care settings. Meanwhile, we recognize that the spiritual dimension of health care and even broader, of life is not easy to comprehend. Also, attempts to grasp existential issues as a whole, are deemed to fail, partly

because of the ever-changing cultural forms of expression. That "constantly finding new forms" simply seems necessary because the reality of existence repeatedly eludes fixed forms. Dealing with particular profound experiences is perceived as new rather than repetitive. This is where other human beings may be able to support but not automatically guide the other.

Through history we see different views on how to deal well with challenges in life, both in cultural forms of expression as well as in academic or counseling literature. The latter focuses on what good care for others who struggle should look like. In current care discourses, for example, we see many references to mental (in)abilities to cope with profound experiences, with key terms like resilience and vulnerability. There is also a strong emphasis on individual processes in which personal recovery is a key concept. At the same time, methods and visions from a variety of professions show differences in what they emphasize as helpful in recovery from serious life events. However, by a variety of disciplines recovery is (again) increasingly seen connected to the existential dimension nowadays. The capacity to reflect on our relationship to the world, which is characteristic for human existence, is not only the very precondition for the emergence of mental vulnerability (Fuchs, 2011), but it is also an inextricable aspect of dealing with the suffering that often comes with it. It is like a tree that can grow crooked due to setbacks, Meijer (2019) states. The causes of mental vulnerability are diverse and as we explained above, it simply seems human to be confronted with it at a certain point in life. In this frequent occurrence, sense- and meaning making that is linked to fundamentally human themes relating to the ground of existence, such as death, the limits of freedom, and loneliness, play an important role.

Although various disciplines, such as philosophy, psychiatry, theology, and spiritual care reflect on this existential dimension, to a large extent, however, those fields act separately from one another. As a result, central concepts may have multiple definitions that are fleshed out differently in the various disciplines. If we subscribe that in complex and layered experiences of existence no general prescriptions are available, we simply need to reflect continuously on the interaction between different perspectives that all try to grasp parts of it. In this book we contribute to that reflection. This volume has grown out of a conference that took place at Tilburg University, the Netherlands, in October 2021, an event organised by the University Center for Spiritual Care (UCGV). It is our conviction that learning from the different perspectives will supplement and enrich concrete care practices as well as provide new ground for addressing themes that arise from multi- and interdisciplinary collaboration. Perhaps it is the case, as Van der Stel (2019) argues, that the existential dimension with its focus on meaning- and sense-making is important precisely because it connects the mental, social, and cultural dimensions involved.

Our main goal concerns bringing together various approaches to trauma, grief, and recovery in the context of mental illness, in order to shed light on the interface between mental health and spiritual care regarding the existential dimension. This is carried out by means of a focus on the theme of recovery. Particularly in the view of personal recovery, which takes the existential dimension to be central, it is no longer enough to simply reduce complaints and to cure symptoms. Instead, by placing the focus on the entire person, recovery is precisely concerned with recovering a life worth living despite of or even because of having symptoms and complaints (Van Weeghel et al., 2019). As has also been described by Deegan (2002):

> Recovery is often defined conservatively as returning to a stable baseline or former level of functioning. However, many people, including myself, have experienced recovery as a transformative process in which the old self is gradually let go of and a new sense of self emerges. (p. 6)

So how can we learn from recovery perspectives from different disciplinary backgrounds? Trauma and grief are two other key concepts. Around these themes, too, we juxtapose contributions from diverse backgrounds.

Although the recovery-movement originally emerged in psychiatry, recovery as a theme transcends mental illness. It essentially applies to any experience that is severely upsetting or disrupting. Recovery in a more general sense also plays a central role in the various work fields that are represented in spiritual care. It is therefore a relevant theme for all the disciplines involved. This implies that mental health is addressed from a broad perspective in this volume: besides a wide representation of psychiatry, there are also contributions from the perspective of prison and the military, where moral injury has become a central topic. In so doing, the book aims to provide an overview of the state-of-affairs in research and practice by addressing both conceptual issues and the best available evidence, particularly informed by philosophy, psychiatry, psychology, and spiritual care. This is reflected in the structure of the book.

Outline

This volume consists of three parts. The first part consists of approaches to recovery. This topic is addressed in terms of embodiment, with the help of case-studies, in relation to hope, and by an experiential expert. In the first contribution, Brijan provides a reflection on the value of a phenomenological approach to recovery in the context of mental illness. She argues that the role of embodiment and the concept of world are elements of a phenomenological approach. In using both elements, she defines the notion of recovery in terms of being at home in the world. In the second chapter, Kusters discusses

personal experiences with disruption, recovery, and religion. He proposes some criticisms on the ideas of the recovery movement and recovery practice. Also, he brings the value of crisis in the context of mental health care and spiritual counseling to the notice. Rosie and Den Toom describe the contributions of spiritual caregivers to processes of recovery using case studies from the Case Studies Project. They use the Dutch standard for recovery (Akwa GGZ, 2021), which is a translation of CHIME (Leamy et al., 2011), as analytical frame. They present dimensions and subdimensions of existential recovery, and contributions to dimensions of recovery. In the final chapter of the first part, Van Veluw and Olsman explore hope within the context of personal recovery with mental vulnerability. It is argued that approaches to hope within the context of personal recovery tend to focus on engendering interventions, while ignoring the presence of mental health related losses. In this context, they see a special role for spiritual care.

In the second part of this volume, the contributions reflect on the role of trauma in relation to recovery. This theme is addressed in the context of existential psychotherapy, as relating to moral injury, and in relation to grief. In their chapter, Van Kempen, Doornbos, Van Os, and Hoenders use the principles of Existential Psychotherapy and Logotherapy to explore the interface between mental health care, spiritual care, and a professional approach to trauma. They argue that Viktor Frankl's existential psychotherapy provides new perspectives on the interface between the practice of psychotherapists and that of spiritual caregivers. Schuhmann considers in her chapter what the task of chaplains is concerning moral issues, related to violence, in the context of penitentiaries and the military. She develops a notion of moral recovery that highlights the spiritual dimension of morality. In the final chapter of this part of the volume, Smid explores the intersection of trauma and grief. Traumatic grief denotes mental health problems following the loss of a loved one. He argues that a comprehensive perspective on grief encompasses phenomenological, existential, psychological, physical, and sociocultural dimensions Following this, the role of spiritual care in providing interventions for traumatic grief is considered.

In the third part of this volume, the contributions reflect on the role of grief in relation to recovery. This topic is addressed in terms of meaningful mourning, in the context of fields within health care, particularly psychiatry and geriatrics, and in the context of detention. In her chapter, Muthert aims to clarify between people's inner and outer worlds in the context of mourning. She suggests to combine so-called constructional models of mourning with object relational theory to develop a more adequate theoretical framework and model to work with in counseling. Brijan and Strijbos consider the role of loss and grief in the context of mental illness from a phenomenological

perspective. They argue for a distinction between various aspects of loss, which stand in a complex diachronic relationship with each other. They suggest that the role of the self-relational, existential stance is crucial in understanding the relationship between the various aspects of loss and the presence of grief. In her chapter, Gijsberts considers the role of grief in the context of dementia. She reflects on how different forms of dementia have different illness trajectories. She argues that validating grief plays an important role in supporting patients and their loved ones in adapting to new stages of the illness. In the final chapter of this volume, De Witte draws a parallel between grief and remorse as emotions that bear a moral significance. He argues that rituals provide a way to honour the values that emotions inadequately express, thereby suggesting that this role of rituals can offer a model for understanding punishment as a form of ritualized remorse.

It is our hope that the contributions that are brought together in this volume provide inspirational ground for new thought that bridges spiritual care and psychiatry, which aim at contributing to the well-being of human beings.

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Part 1: Recovery

Being at Home in the World

Recovery, Embodiment, and Belonging

Bernice Brijan

Abstract

In this article, a reflection is offered on the value of a phenomenological approach to recovery in the context of mental illness. Personal recovery, which can be understood within the context of person-centered medicine, is concerned with an existential stance towards one's experiences of mental illness. It is argued that phenomenology is a suitable approach to the study of recovery. This is because a phenomenological approach is characterized by certain elements that are likely to stay out of sight in other approaches. Those elements concern the role of embodiment and the concept of world. It is argued that both elements are helpful for the development of a more accurate specification of the existential stance, namely, in terms of belonging. In so doing, a phenomenological approach to recovery is developed in terms of being at home in the world.

Introduction

Since its introduction in the 1980s, the notion of recovery has become increasingly important in mental health care settings. Recovery understood in an existential way has its focus not primarily on how a person experiences mental illness but, instead, on how a person relates existentially to those experiences, that is, in the context of one's entire life. This has also become known as personal recovery, which can be placed among similar approaches within person-centered medicine. Personal recovery is concerned with recovering a life worth living by finding coherence, sense, and hope despite or even *because of* having symptoms (for example, Barber, 2012; Van Weeghel et al., 2019). Among other things, then, this involves relating to the consequences of the disorder for other aspects of a person's life, feeling grief over the loss that often comes with mental illness, and perhaps eventually finding meaning in those experiences. A more accurate specification of the existential stance in mental illness thus gives insight into the complex diachronic process that comes with the development of and recovery from mental illness.

Throughout the previous decades, recovery has turned out to be an evolving and dynamic concept. Various definitions of the notion have been proposed, although most elements have remained constant over time, for example, the idea that recovery represents a process rather than an outcome

and that it includes elements of connectedness, hope and optimism, identity, meaning in life, empowerment, responsible risk taking, and coping with challenges. More recently, recovery has also become more widely investigated in empirical research, thereby providing a welcome evidence-based perspective to the more systematic reflection on the notion that was already present. In this context it has also been proposed that phenomenology, due to its focus on direct experience, offers a valuable approach to the notion of recovery. However, to date, the latter suggestion has not yet resulted in a systematic mutual enrichment of those fields in the context of mental illness. That is, although much has been written about mental illness in phenomenological psychopathology, those insights have not been systematically implemented in research on recovery. Similarly, in phenomenological psychopathology there is a lack of attention for experiences of recovery.

Therefore, in this article, a reflection is offered on the value of a phenomenological approach to recovery. This is carried out by focusing on elements that are characteristic for a phenomenological approach and which are likely to stay out of sight in approaches other than phenomenological ones. It is argued that those elements, which concern embodiment and the concept of world, are helpful in specifying the existential stance more accurately. After a brief survey of recovery in the context of person-centered medicine, the role of the existential stance in recovery is further elaborated. As recovery can be understood in terms of a personal and subjective experience, it is argued that phenomenology provides a suitable approach for investigating such experiences. Among other things, a phenomenological approach is characterized by a focus on the role of the concept of world. It is argued that a phenomenological approach to recovery provides a view on recovery as involving a person's sense of reality and belonging to the world. This is then further considered in terms of embodiment. In so doing, the existential stance is further specified in terms of belonging. This enables to develop an understanding of recovery in terms of being at home in the world. This article thereby provides an initial step in the study of recovery in the context of mental illness from the perspective of phenomenology.

Recovery-Orientation within the Context of Person-Centered Medicine

In the previous decades, a person-centered perspective has increasingly developed and gained attention in medicine, including psychiatry. Person-centered medicine is promoting a view of an evidence-, experience-, and value-informed medicine oriented towards the fulfillment of the whole person (Wagner et al., 2014). In the case of psychiatry, this implies that the focus is not exclusively on symptoms or disturbed experience but on the whole person, and health is not conceived as mere absence of disease but instead as full well-being (Mezzich

et al., 2016). The overarching theme in person-centered psychiatry can be understood as ethical: it consists in the idea that patients should be treated as persons (Entwistle & Watt, 2013). The central principle of 'personhood' offers the lens through which the individual's experience of illness and its challenges are viewed (Boardman & Dave, 2020). This has recently resulted in four different but related perspectives: person-centered psychiatry is understood to be a medicine *of* the person, *for* the person, *by* the person, and *with* the person (Mezzich et al., 2016). That is, person-centered psychiatry needs to take into account the whole of both the patient's deficits and resources: it is "*of* the person". At the same time, it is "*for* the person". This means assisting and supporting the patient in their own well-being. Importantly, it must also be "*with* the person", that is, taking patients seriously, empowering them, and actively including them in decision-making processes. Finally, "*by* the person" means that it should be practiced by clinicians both as professionals and as human beings (Galbusera et al., 2022, p. 2).

Although the person-centered approach covers general medicine and health care at large, the shift of perspective towards well-being of the whole person has been particularly evident in the mental health and social fields. In those contexts, person-centered medicine has taken shape in the recovery approach. Recovery-orientation is closely related to person-centered medicine, in the sense that both approaches encompass a holistic theoretical perspective, an emphasis on contextualization and establishing a common ground for understanding and action, development of person-centered procedures for clinical care and health promotion as well as an ethical commitment (Schmolke & Mezzich, 2013). The notion of recovery is unique, however, in that it emerged from efforts by people who were in receipt of mental health care. That is, one of the most important factors in the emergence and growth of recovery-orientation are the people who were themselves in recovery. They have played a central role in advocating for person-centered care, greater self-determination for those with mental illness, and an enhanced focus on restoring functioning for individuals above and beyond symptom reduction (Davidson, 2016). This was accompanied by the efforts of activists and disability-rights advocates, which began to coalesce in the United States in the late 1970s. Especially the important role that people such as Chamberlin and Deegan played must be mentioned in this regard.

Recovery-orientation as applied to mental illness must be understood in distinction from the experiences of mental illness itself. That is, while experiences of mental illness concern the alteration of a certain way of being-in-the-world, which is sometimes approached in terms of a loss, recovery-orientation is instead about the way in which a person *relates* to those experiences. This is, in the first place, an existential endeavor: the capacity of human beings to take

a stance towards themselves, others, and the situation is precisely what opens up the existential dimension.[1] In order to capture the existential dimension of recovery and to distinguish it from recovery in a clinical sense, i.e., the remission of symptoms, this view of recovery has also been called personal recovery. It is personal in the sense that it is concerned with the subjective experience of mental illness and with all the ways in which a person's life is affected by this. Furthermore, as mental illness is often experienced as a disrupting situation or a crisis of some sort, personal recovery has been understood as taking place within the complex dialectic of acceptance and change.[2] This includes dealing with the experience of loss that occurs as a result of and/or following on experiences of mental illness. Among other things, then, personal recovery involves recovering a life worth living by finding coherence, sense, and hope despite or even *because of* having symptoms (Barber, 2012). It is concerned with facing the situation of being confronted with mental illness while also attempting to live beyond it in the best possible ways.

Importantly, viewing recovery in the context of the dialectic of acceptance and change implies that it should not be primarily understood in terms of an outcome but rather as the journey itself. Put differently, recovery has often been described as a process that is dynamic in character: "It is not a perfectly linear journey. There are times of rapid gains and disappointing relapses. There are times of just living, just staying quiet, resting, and regrouping. Each person's journey of recovery is unique" (Deegan, 1996, pp. 96-97). The process character of recovery is also reflected in the currently most widely cited definition of recovery by Anthony (1993), which underpins most recovery policy internationally:

> Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. (pp. 11-23)

1 This is in line with the view that the very ability of human beings to take a stance towards themselves, others, and their situation forms the very precondition for the emergence of psychopathology. The idea here is that because human beings do not coincide with themselves and with their present situation, they can suffer from alienation – which may go on to develop in various psychopathologies. See, Fuchs (2011) and De Haan (2017).

2 This dialectic also plays a role in many different therapeutic approaches, such as Acceptance Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT), as well as in the CHIME conceptual framework of recovery.

However, as recovery may happen in unique ways for different people, it is sometimes also referred to in terms of an attitude, a stance, an outlook, a vision, a conceptual framework, or a guiding principle – all of which are terms that describe ways of approaching the day's challenges in moving towards the future (Deegan, 1988).

A Phenomenological Approach to Recovery: The Role of the Concept of World

Throughout the previous decades, important dimensions of recovery have been identified (Van Weeghel et al., 2019). This is accompanied by an increase in empirical research on recovery more recently, which further informs the aspects that are deemed characteristic for recovery (Slade & Longden, 2015). Key elements in personal recovery are understood to be concerned with *connectedness, hope and optimism, identity, meaning in life,* and *empowerment* (Leamy et al., 2011). Connectedness has been related to peer support and social groups, relationships, support from others, and community. Hope and optimism are understood to play a role in the context of belief in recovery, motivation to change, hope-inspiring relationships, positive thinking, and valuing effort, and in having dreams and aspirations. Identity is about rebuilding a positive sense of identity and overcoming stigma. Meaning in life concerns the meaning found in mental health experiences, in leading a meaningful life in relation to social roles, and in leading a meaningful life in relation to social goals. And last, but not least, empowerment is understood to find expression in personal responsibility, control over life, and in focusing upon strengths (Van Weeghel et al., 2019).

The key elements or principles of personal recovery – *connectedness, hope, identity, meaning,* and *empowerment* – together form the CHIME model, which is currently one of the most widely used frameworks for recovery (Leamy et al., 2011). This model is an example of a conceptualization of a 'successful recovery'. That is, there is an overall focus on positive experiences and, thereby, on the element of change. However, to also acknowledge the considerable challenges inherent in living with and overcoming mental illness, more recently it has been proposed to extend CHIME to CHIME-D (Stuart et al., 2017). In this proposal, D stands for difficulties that may occur during processes of recovery. One may think in this context of difficulties inherent to the recovery process (such as ambivalence, disempowerment, negative life changes, conflicts), therapeutic input (positive or negative), acceptance of the situation, and the wish for "normality" (Stuart et al., 2017). However, although the addition of the aspect of difficulties is an important step forward in providing a more nuanced understanding of recovery, it is still unclear from the model how the various elements relate to each other. This is further

accompanied by the difficulty of capturing recovery in an overall theory or framework, because of its personal and subjective character.[3]

In more recent research on recovery, it has therefore also been suggested that a phenomenological approach would be suitable for getting a better understanding of what exactly is involved in recovery (Van Duppen, 2018). Phenomenology, as a style of reflection and a practice of life, invites us to suspend or take a distance from all our inherited notions and abstractions or theoretical conceptions that we have about the world, in order to pay close attention to our directly felt experience of things. It asks us to notice the way that the surrounding world and its manifold constituents spontaneously disclose themselves to our most immediate awareness, and in this way, to aim for an articulation of our ongoing experience with the real (Aho, 2020). In the context of recovery, then, a phenomenological approach enables to focus on a person's direct experience of elements that are understood to be central to recovery, such as meaning, hope and optimism, and connectedness. At present, phenomenological approaches to personal recovery are relatively scarce. Neither do they usually take into account the experience of loss, that is, the loss that is intrinsic to mental illness and the loss that occurs as a result of and/or following on experiences of mental illness.[4] In order to get a clearer picture of the value of a phenomenological approach to recovery, it is helpful to look at the unique focus of this approach.

In phenomenological understanding, what appears to us in lived experience is always coloured by a particular historical world and mediated by the worldly meanings we grow into. We are, so to say, "condemned to meaning" (Merleau-Ponty, 1962, p. xix). The insight that when we have emotional experiences, or when we perceive or think about something, we always already find ourselves in a world, is central to phenomenology (Ratcliffe, 2020). That is, world is understood as a background of habitual, cultural, practical, and affective meanings that we are always already involved in. This implies that we do not exist separately from the world but, instead, we are always already part of and situated in the world. For this reason, human beings can be understood as having a so-called "opening" onto the world. This concerns a dimension of existence that is not cognitive, but pre-reflective. At this most fundamental level, body and world are inextricably related to each other. World can therefore also be understood as a background for our sense of reality and belonging.

3 See also the chapters in this volume, by Rosie & Den Toom who notice that the dimensions of the CHIME framework for recovery are complementary to each other, and the one by Van Veluw & Olsman suggesting that CHIME may be too optimistic because it tends to ignore losses and other difficulties.

4 For those aspects addressed from a phenomenological perspective, see also the chapter by Brijan and Strijbos in this volume.

While in everyday life we tend to continuously take for granted a sense of being part of the world, for the phenomenologist this background is itself an object of enquiry.

In phenomenological understanding it is assumed that taking into account the sense of reality and belonging to the world, as well as the embeddedness within a shared world, may contribute towards the explanation of various types of experience. In this context, one may think, for instance, of more pronounced existential changes that impact the overall structure of experience. Experiences of mental illness are understood to involve such all-enveloping existential changes (Ratcliffe, 2008). From a phenomenological perspective, then, it is acknowledged that questions which involve the background sense of reality and belonging to the world cannot be satisfactorily answered from a standpoint that takes the pre-reflective situatedness in a world for granted (Ratcliffe, 2009). By considering the sense of reality and belonging to the world, the focus thus shifts to how a person finds oneself in the world. This is not only important when it comes to understanding what is intrinsic to experiences of mental illness, but also when it comes to understanding experiences of recovery – as well as the relationship between them.

Belonging and the Body: Recovery as Being at Home in the World

A phenomenological approach, by giving a central place to how a person finds oneself in the world, opens up a particular way of further specifying the existential stance and, in so doing, of approaching recovery. In this last section, this will be further elaborated by considering, besides the concept of world, a second element that is central to the study of personal and subjective experience: the role of the body. It will be argued that the elements of body and world enable to further specify the existential stance in terms of belonging. It falls beyond the scope of this chapter to elaborate on a phenomenology of belonging in relation to recovery in detail, but a few remarks can be made about central aspects of this approach. It will be argued that recovery can be said to consist precisely in the relationships that we already maintain or learn to develop: to ourselves, to others, and to the world as a whole. This opens up a way of viewing recovery in terms of being at home in the world. In this way, a perspective on recovery can be offered that is grounded in philosophy and that can be further investigated in a phenomenological way.

The situatedness of a person in the world, including in social structures, and how this is subjectively experienced, has a second element to it that is also central to a phenomenological approach: that of the body. That is, we are not involved in the world in an abstract way, but we are bodily localized, incarnated in the world. As an embodied being I am both a conscious thing and a natural thing. Similarly, the world is neither totally natural nor totally

conscious, but always both of these things (Edgar, 2016). Embodiment thus plays a key role in the way we relate to the world. Much has been written in phenomenology concerning bodily experience. When it comes to the role of the existential stance, however, it is interesting to think of embodiment in terms of our bodily engagement with the world. The work of the phenomenologist Maurice Merleau-Ponty (1962) provides some fundamental insights in this regard. He points out that, when we enquire into our everyday experience, we always find ourselves in some way involved with the world around us. Our body is not revealed as a piece of matter but as the breathing, beating centre of our experience – the "lived" body (Edgar, 2016). A phenomenological approach is characterized by the view that the world is always called upon to engage, to choose, to focus before any verbal reflection comes into play. In this view, then, bodily engagement with the world is more basic than deliberation about it. Perception, for instance, sets the scene for whatever we go on to reflectively think and say and do. Another way in which the world can be engaged is in the imagination, namely, by constituting a world that is fundamentally dependent on, and wholly accessible to, the imaginer (Edgar, 2016).

Considering our bodily engagement with the world in relation to the existential stance is helpful in developing a perspective on meaning that has embodiment as its central element. That is, from the perspective of my bodily senses, a world is not presented all at once, nor do objects appear completely determinate or finished. In other words, my understanding of things is never complete and as such always remains within the realms of possibility (Edgar, 2016). Being bound to perspective-taking can be understood as providing the basis for meaning. For instance, it is by our looking, by our moving around in the world that we see, explore, and discover. The experience of meaning thus has a very spatial dimension to it: it is not only related to a cognitive aspect but, viewed from the perspective of the body, it is also concerned with directedness and orientation. It is in this way that we do not only engage bodily with the world (as a whole) but with all that is other than us: as human beings, we can direct ourselves towards entities, events, and situations in terms of 'living with' or 'in companionship with' what seems other than ourselves. Our perception of any presence in the surrounding world can thus be viewed as an unfolding interaction between our body and the other, thereby giving us an immediate access to the things that surround us.

In this way, it can be argued that we have a certain way of naturally paying attention to the world and, metaphorically, of conversing with the world. It is in this respect that the existential stance comes into play in a way that, it seems to me, has to do with belonging. Belonging may have to do with finding a ground of our own attentiveness to the world; about finding the way that we naturally pay attention and the way we can naturally deepen that attention.

The phenomenon of belonging is particularly suitable to study from a phenomenological perspective. Not only does phenomenology have attention for our pre-reflective situatedness in the world, but it also attempts to map the relationship between body and world. It therefore provides a suitable paradigm for investigating how our conscious ways of relating to the world involve belonging. Thinking of belonging as something that starts with our pre-reflective situatedness in the world implies that body and world are inextricably related on the most fundamental level and that experiences of the body are at the same time ways of being in a world. In this sense, belonging – existentially understood – perhaps has something to do with feeling at home in the world. Similarly, meaning is the not primarily something we make up with our mind but can only be understood in relation to our situatedness in the world.

A similar understanding of belonging has been offered by the poet David Whyte (2009), who describes human beings as creatures of belonging. He describes:

> To feel as if you belong is one of the great triumphs of human existence – and, especially, to sustain a life of belonging and to invite others into that… But it's interesting to think that our sense of slight woundedness around not belonging is actually one of our core competencies; that though the crow is just itself and the stone is just itself and the mountain is just itself, and the cloud, and the sky is just itself – we are the one part of creation that knows what it's like to live in exile, and that the ability to turn your face towards home is one of the great human endeavors and the great human stories. [audio]

Recovery, understood in terms of feeling at home in the world, can thus be understood as the ability to turn your face towards home. David Whyte continues:

> All that you have to do, actually, is enunciate the exact nature of your exile – to say exactly how you don't belong. That will open up your door to your conversation because there is no one else in the world that feels exiled in the way that you do. The moment you have uttered the exact dimensionality of your exile, you are already taking the path back to the way, back to the place you should be. [audio]

To a certain extent, experiences of severe mental illness can perhaps be compared to the experience of exile, in the sense that they concern a loss of being rooted in the world. Recovery, then, has to do with finding a ground of our own again, our own place in this world. Articulating personal narratives,

conceptualizing experiences or engaging in rituals are among the many ways to reshape relationships to oneself, to others, and to the world.

Conclusion

In this article, an initial step is offered in the study of recovery in the context of mental illness from the perspective of phenomenology. The value of a phenomenological approach to recovery has been elaborated by focusing on two elements that are characteristic for a phenomenological approach: embodiment and the concept of world. It has been argued that a focus on those elements enables to further specify the existential stance in terms of belonging. Belonging has then been further defined as finding a ground of our own attentiveness to the world which, metaphorically, opens the door to the conversation we have with the world. This provides a space in which experiences of belonging and not-belonging can be uttered and further investigated. On this basis, the notion of recovery has been further defined in terms of being at home in the world.

Further research is needed to better understand the relationship between the phenomenon of belonging and recovery in the context of mental illness. This requires both philosophical and phenomenological analysis, as well as further empirical investigation. Importantly, experiences of recovery must be understood within the context of the complex diachronic process that comes with the development of and recovery from mental illness. Among other things, this is important in order to further specify the role of the existential stance in mental illness.

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Disruption, Recovery, Religion and the Value of Crisis

Wouter Kusters

Abstract

In this article I provide some thoughts and observations from my own experience of a psychosis and the so-called recovery process afterwards. On the basis of that account, and a thorough study of the literature in philosophy and spirituality, I propose some criticisms on the ideas of the recovery movement and recovery practice. In spite of all good intentions, their focus remains all too often too much on psychological, individual processes and their management afterwards, instead of on a (re)search of what crisis may actually mean and imply beyond a psychologizing, individual context, and within a broader perspective on, and positioning in the cosmos. Thereby I hope to invoke a broader discussion of issues of disruption, recovery, religion and the value of crisis in the context of mental health care and spiritual counselling.

Introduction and Methodology

I will present some thoughts and ideas from my earlier work on madness and philosophy (2020), and focus on the today quite popular concept of *recovery* in the context of pastoral care and spiritual counselling. The concept of recovery entails a kind of thinking that focuses on the individual, the mental and the psychological. However, those to whom this may concern are not always that happy with such a focus. Below I will present some experiences, among them my own, where this recovery notion has been found to be less apt, and I will explain why this is.

I will not strictly distinguish between the voice from theory, and the voice from experience. First of all, this would lead to an artificial split where I would distinguish experiences and thoughts during a/my crisis from thoughts afterward. However, these form in fact an integral whole and influence each other, and a methodological decision to distinguish the two would impoverish the force of both. In addition, such a split would not do epistemic justice to the persons in crisis in general, since a distinction between case study and theory would reduce the person in crisis to a provider of raw data, and the researcher/theoretician to the only epistemic agent who explains and gives meaning. Moreover, by not distinguishing between case-study and theory I can do justice to the fact that experiences of so-called "crisis" are overloaded with theory,