

[Review Article]

Meaning in Life in the Context of Psychopathology and Personal Recovery

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Abstract

At present, mental health care is characterised by a tendency to pay more attention to meaning and sense-making. Among other things, this finds expression in a focus on recovery-oriented care. Underlying the recovery vision is a different understanding of health, which is characterized by the view that challenges and suffering are inherent to life and that people have the capacity to cope with those challenges. However, it is not clear how exactly this is to be understood in relation to meaning in life. This article aims to address this issue and to develop a deeper understanding of and a different perspective on the phenomenon of recovery. Starting from a different way of thinking about illness and health in relation to coping with life challenges, an overview of current recovery thinking and its shortcomings is given. It is argued that meaning in life plays a central role in recovery. However, the notions of meaning and sense-making as they are used in the recovery literature, are relatively limited concepts. This is because several aspects have received insufficient attention thus far. As a result, what is missing in current recovery thinking is how meaning in life relates to mental illness as crisis. The shortcomings in recovery thinking thus hinder a deep understanding of recovery. It is suggested that one way to approach this issue is by viewing recovery as an existential phenomenon. This allows for a better understanding of the relationship between coping with challenges and meaning in life. Importantly, this approach suggests fruitful ways to understand the interrelatedness of illness and health in recovery, inviting a phenomenological perspective. It also allows for incorporating themes of loss and grief as crucial aspects of the recovery process, thereby resulting in a better understanding of the relationship between coping with challenges and meaning in life.

Introduction

In present times, there is a renewed and growing focus on meaning and spirituality in psychiatry, including spiritual care. Furthermore, the interfaces between philosophy and psychiatry are developing rapidly. There are several reasons for this move towards a more holistic focus in mental health care. More than ever, psychiatry is questioning its own paradigm¹ and, more than ever, psychiatry has come to play a central role in themes such as individual well-being

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¹ S. de Haan, *Enactive Psychiatry*. Cambridge: Cambridge University Press, 2020.

and debates on the healthy society.² Such a context enables different and renewed understandings of illness and health. A movement that is crucial in this regard is that of recovery thinking.

Attention for the phenomenon of recovery in the context of severe mental illness has been increasing over the past decennia. It is currently often referred to as a guiding vision of mental health care institutions and policies.³ Recovery thinking is identified as “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.”⁴ In recovery thinking, the situation in question is not approached primarily in terms of a psychiatric condition, disorder, or illness, but rather in terms of a crisis or disruption. This crisis or disruption is understood to be a break in human meaning and purpose. The challenge of recovery is therefore not only to come out of the crisis but also to develop new identities and new meanings.

Recovery as a phenomenon thus has close connections to the increased attention for meaning and spirituality in psychiatry. However, there are also some inherent shortcomings to current recovery thinking that hinder a good understanding of those relationships. As will be argued, current recovery thinking is characterised by a tendency to focus on ‘change for the better’. This manifests itself in a predominant focus on the present or post-crisis period rather than on the crisis or disruption itself and in a tendency to place much emphasis on the individual and their psyche rather than on the larger reality of their world. Consequently, recovery thinking lacks a theory on the crisis itself and how this relates to meaning in life.

² D. Denys & G. Meynen, G. (eds.). *Het tweede handboek psychiatrie en filosofie*. Den Haag: Boom, 2020.

³ See: M. Slade, *Personal recovery and mental illness: a guide for mental health professionals*. Cambridge: Cambridge University Press, 2009; M. Slade & E. Longden, *The empirical evidence about mental health and recovery: how likely, how long, and what helps?* MI Fellowship, 2015; L. Davidson & D. Roe, “Recovery from versus recovery in serious mental illness: one strategy for lessening confusion plaguing recovery,” *Journal of Mental Health* 16:4 (2007), 459-470. See also: Akwa GGZ. (2021). Herstelondersteuning. Retrieved January 8, 2023, from <https://www.ggzstandaarden.nl/generieke-modules/herstelondersteuning/>; Akwa GGZ. (2023). Zingeving in de psychische hulpverlening. Retrieved January 8, 2024 from <https://www.ggzstandaarden.nl/zorgstandaarden/zingeving-in-de-psychische-hulpverlening/introductie/>.

⁴ W.A. Anthony, “Recovery from mental illness: The guiding vision of the mental health service system in the 1990s,” *Psychosocial Rehabilitation Journal* 16:4 (1993), 11-23. Assessed in reprinted version, 521-538 (527)

This article therefore aims to develop a new perspective on the phenomenon of recovery. Starting from a different way of thinking about illness and health in relation to coping with life challenges, an overview of current recovery thinking is given. On this basis, several shortcomings in current conceptualisations of recovery thinking are identified. Then, it will be argued that an existential approach serves as both an underlying and as a connecting perspective to those shortcomings. Furthermore, it will be argued that an existential approach enables to shed light on important aspects of recovery in the context of severe mental illness that have so far received insufficient attention, namely, the nature of mental illness in terms of crisis. An understanding of crisis *as crisis* will be developed with the help of phenomenology. The distinctiveness of phenomenological understanding aligns with what is lacking in the recovery tradition and allows for a better understanding of the role of grief over losses associated with the condition. This perspective has important implications for a deeper understanding of meaning and spirituality in psychiatry.

1. Illness, Health, and Recovery: An Existential Perspective

1.1 Challenges and Suffering as Inherent to Life

The previous decennia have seen a growing attention for the phenomenon of recovery. The background of the development associated with recovery thinking is a view that arose in the mental health care sector from the early 1960s and 1970s onwards, and particularly in the critical patients' movement, namely, that the medical-scientific model of diagnosis and treatment is not sufficiently capable of addressing a person's situation in the context of severe mental illness. Central to a medical-scientific perspective is the view that health is concerned with the body's ability to function, viewing health as a state of normal function that could be disrupted from time to time by disease.⁵ A biomedical approach thus tends to focus mainly on biological processes underlying psychiatric symptoms. Medical

⁵ Within the biomedical model, an illness is always explained with one or more physical malfunctions at a lower level of organisation. The biomedical model brings about some specific ways to understand health, illness, and disease. First, illness is always reducible to a physical, biological disease. It concerns purely the physical body, which is seen as analysable into separate parts. 'Health' is seen merely as the absence of physical signs of disease. See: E. Rocca & R.L. Anjum, "Complexity, Reductionism and the Biomedical Model," in: R.L. Anjum, S. Copeland, & E. Rocca (Eds). *Rethinking Causality, Complexity and Evidence for the Unique Patient* (Springer, Cham, 2020), 75-94.

help that is given is therefore often associated with a certain desired outcome that is approached in terms of objective and measurable facts, such as the reduction of symptoms, the improvement of a person's functioning, and the decrease of relapses. However, this is at the expense of social, experiential, and existential dimensions of psychopathology. Although systemized knowledge through diagnostic terms can be very valuable for treatment, a tendency to seek explanations in terms of dysregulation or disorders also brings the danger of altering the language that is used for describing the painful challenges in life.⁶

What therefore began to emerge instead is the view that psychiatry should not only be concerned with the causes and treatment of disturbed experiences but with the *whole person*, and that health should not be conceived as mere absence of disease but instead as full *well-being*.⁷ Viewing health in terms of well-being reflects an understanding of health that is not based upon the absence of disease but, instead, one that is in close association with (changing) life challenges. More specifically, it places an emphasis on the ability of people to deal with those life challenges. This implies that health is not understood to be a thing, or something that we possess, but rather a way of living. The underlying view is that there is an active part to health that is concerned with gaining resilience, that is, the capacity to withstand or to recover quickly from difficulties, as well as with self-control and empowerment.

Importantly, understanding health in relation to life's challenges denotes a shift towards viewing health as something that cannot be well understood apart from life itself. Gadamer associates health with the experience of being unhindered, ready for, and open to everything.⁸ However, life is full of hindrances and contrasts, and there is often a lot going on that we are not particularly ready for, which may result in closing down rather than opening up. A focus on well-being reflects the possibility that certain experiences, such as moments of vitality, joy, and gratefulness can be felt precisely because the opposite is also known. Put

⁶ P.-E. Binder, "Suffering a Healthy Life – On the Existential Dimension of Health," *Frontiers in Psychology* 13 (2022), article 803792, 1-7 (3).

⁷ J.E. Mezzich, M. Botbol, G.N. Christodoulou, C.R. Cloninger & I.M. Salloum (eds.). *Person Centered Psychiatry*. Berlin/Heidelberg: Springer Verlag, 2016. See also: P. Wagner, A. Perales, R. Armas, O. Cudas, R. De los Santos, D. Elio-Calvo, J. Mendoza-Vega, M. Arce, J.L. Calderón, L. Llosa, J. Saavedra, O. Ugarte, H. Vildózola & J.E. Mezzich, "Latin American Bases and Perspectives on Person Centered Medicine and Health," *International Journal of Person Centered Medicine* 4 (2014), 220-227.

⁸ H.-G. Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age*. Hoboken, New Jersey: John Wiley & Sons, 2018.

differently, meaning in life may be experienced because there is also stress and worry at times and an awareness of suffering.⁹ Such a view suggests that health may have to do with the ability to be present in the contrasts of life, and with our ability to handle suffering, as an unavoidable fact of life.¹⁰

1.2 Recovery in the Context of Mental Illness

One domain which has been greatly influenced by this other understanding of illness and health is recovery thinking. In the past, practice in mental health was guided by the belief that individuals with serious mental illnesses do not recover. The course of their illness was either seen pessimistically, as deteriorative, or optimistically, as a maintenance course.¹¹ During the previous decennia, however, research has shown that recovery is possible.¹² More specifically, it has been increasingly acknowledged regarding people suffering from severe mental illness that change does not only (or even primarily) consist in symptomatic changes but in changes that concern the interpretation and management of the condition as well as the meaning and value that are given to the experiences.¹³ In other words, it is important to place symptoms within the wider framework of a person's existence, thereby acknowledging that a person may not only seek a resolution of the situation, but also an aspiration to understand how this situation fits into their existence.¹⁴ As a result of this acknowledgment, an emphasis on the subjective and personal aspects of psychopathology has gradually gained more foothold in

⁹ Baumeister, R.F., Vohs, K.D., Aaker, J.L., & Garbinsky, E.N., "Some key differences between a happy life and a meaningful life," *Journal of Positive Psychology* 8 (2013), 505-516; G. Vaillant, *Spiritual Evolution: A Scientific Defense of Faith*. Chatsworth, California: Harmony, 2008. See also: See also: W.G. Parrott, *The Positive Side of Negative Emotions*. New York: Guilford Publications, 2014.

¹⁰ Binder, "Suffering a Healthy Life," 2.

¹¹ M. Farkas, "The vision of recovery today: what it is and what it means for services," *World psychiatry: official journal of the World Psychiatric Association (WPA)* 6:2 (2007), 68-74 (68).

¹² M. Slade, *Personal recovery and mental illness: a guide for mental health professionals*. Cambridge: Cambridge University Press, 2009; M. Slade & E. Longden, *The empirical evidence about mental health and recovery: how likely, how long, and what helps?* MI Fellowship, 2015; L. Davidson & D. Roe, "Recovery from versus recovery in serious mental illness: one strategy for lessening confusion plaguing recovery," *Journal of Mental Health* 16:4 (2007), 459-470.

¹³ R. Macpherson, F. Pesola, M. Leamy, V. Bird, C. Le Boutillier, J. Williams, & M. Slade, "The relationship between clinical and recovery dimensions of outcome in mental health," *Schizophrenia research* 175:1-3 (2016), 142-147. See also: K. Aho (ed.). *Existential Medicine. Essays on Health and Illness*. New York: Rowman & Littlefield, 2018; K. Aho, *Existentialism. An Introduction*. New York: Polity, 2020.

¹⁴ G. Stanghellini et al. (eds.). *The Oxford Handbook of Phenomenological Psychopathology*. Oxford: Oxford University Press, 2019, 1-2.

psychiatry.

The notion of recovery was taken up in countries such as the United States, the United Kingdom, and the Netherlands as a specific concept and alternative to the term medical cure.¹⁵ Initially, efforts in the recovery movement, which were carried out by both patients and professional groups in the mental health field, consisted in advocating for person-centered care, greater self-determination for those with a mental illness, and an enhanced focus on restoring functioning for individuals above and beyond symptom reduction.¹⁶ In a later stage, this was combined with the development of a community-based service system, which emphasized the importance of a supporting network of people for those who are in recovery.¹⁷ Those two elements – the development of the concept of a community support system and the development of a more comprehensive understanding of the impact of severe mental illness – laid the groundwork for the recovery vision.

Particularly Bill Anthony's description of recovery as a "truly human unifying experience" reflects the view that recovery is about dealing with the catastrophes of life, where one possible catastrophe is a person's confrontation with illness and, more specifically, mental illness.¹⁸ In this view of recovery, a close relation between recovery and health comes to expression: recovery is understood to be aimed at increasing health amidst the mix of catastrophe and suffering, and joy and growth, that human life offers.¹⁹ It is in this regard that recovery is understood to involve aspects that are universally recognizable for all people, because they are not limited to the context of a mental illness only. Taking recovery seriously thus means appreciating that a central part of healing processes is about viewing catastrophes and suffering as being inherent to life itself. It offers a different approach to life challenges in general, as something that is not to be eliminated but that is to be dealt with. As such, one of the major strengths of recovery thinking is that recovery focuses on individual strengths and abilities rather than on deficits and pathologies. Recovery thinking recognizes that there are paths to

¹⁵ S. Ramon, B. Healy, & N. Renouf, "Recovery from mental illness as an emergent concept and practice in Australia and the UK," *International Journal of Social Psychiatry* 53 (2007), 108-122.

¹⁶ L. Davidson, "The Recovery Movement: Implications for Mental Health Care and Enabling People to Participate Fully in Life," *Health Affairs* 35:6 (2016), 1091-1097 (1091). See also: L. Davidson, J. Rakfeldt, & J. Strauss, *The Roots of the Recovery Movement in Psychiatry: Lessons Learned*. Hoboken, New Jersey: John Wiley & Sons, 2010.

¹⁷ Anthony, "Recovery from mental illness," 523.

¹⁸ Anthony, "Recovery from mental illness," 523.

¹⁹ Binder, "Suffering a Healthy Life," 2.

health that go beyond the elimination of illness and that rather have to do with relating to suffering in friendly, caring, and accepting ways, both in others and oneself.²⁰ This finds expression in placing trust in the individual to know their own experience and to be able to take an active role in their treatment as well as in creating environments where a person's suffering can be met with recognition and compassion.

2. Meaning in Life in the Context of Illness and Recovery

2.1 Personal Recovery in Mental Illness

Since its introduction, the recovery vision has developed in various directions. At present, most models distinguish between various aspects within recovery, or types of recovery, such as clinical recovery, personal recovery, functional recovery, and social recovery.²¹ Clinical recovery primarily involves the remission of symptoms. Functional recovery concerns the promotion (rehabilitation) of physical, psychological, and social functions that have been reduced or impaired as a result of the condition. Social recovery concerns the improvement of the individual's position in terms of housing, work and income, and social relationships.²² The fourth and last dimension is personal recovery.

When it comes to personal recovery, recovery thinking is characterised by the view that there is a process that might run parallel to, but that is not synchronous with, nor similar to, symptom reduction and/or being cured from mental illness.²³ This becomes clear from various definitions used to explicate what recovery in the context of mental illness comprises. For instance, one definition states that recovery is concerned with recovering a life worth living by finding coherence, sense, and hope despite or even because of having symptoms.²⁴ Elsewhere,

²⁰ Binder, "Suffering a Healthy Life," 3.

²¹ J.C. Van der Stel, *Psychische gezondheidszorg op maat. Op weg naar een precieze en persoonlijke psychiatrie*. Bohn Stafleu van Loghum, 2015.

²² S. Castelein, M.E. Timmerman, PHAMOUS investigators, M. van der Gaag, & E. Visser, "Clinical, societal and personal recovery in schizophrenia spectrum disorders across time: states and annual transitions," *The British journal of psychiatry: the journal of mental science* 219:1 (2021), 401-408. See also: Van der Stel, *Psychische gezondheidszorg op maat*.

²³ W. Kusters, "Disruption, Recovery, Religion, and the Value of Crisis," in: E. Olsman, B.N.M. Brijan, X.J.S. Rosie, & J.K. Muthert (eds.), *Recovery. The Interface Between Psychiatry and Spiritual Care*. Utrecht: Eburon, 2023, 26-37 (29).

²⁴ M.E. Barber, "Recovery as the new medical model for psychiatry," *Psychiatric Services* 63:3 (2012), 277-279; J. van Weeghel, C. van Zelst, D. Boertien & I. Hasson-Ohayon, "Conceptualizations,

recovery has been defined as “learning to live better in the face of mental illness.”²⁵ The phenomenon of recovery thus seems to be concerned with the impact of a psychiatric condition on a person’s life. As Bill Anthony (1993) states in this regard:

People with mental illness may have to recover from the stigma they have incorporated into their very being; from the iatrogenic effects of treatment settings; from lack of recent opportunities for self-determination; from the negative side effects of unemployment; and from crushed dreams. Recovery is often a complex, time-consuming process.²⁶

Central to Anthony’s description are the consequences that a psychiatric condition has in many different areas in life and what it involves to ‘come to terms with’ or ‘learning to live with’ that. This process may take place long after symptoms have diminished but also amidst or despite of ongoing symptoms. For this reason, it is referred to as personal recovery. While recovery in the clinical sense, from a biomedical perspective, is concerned with ‘cure and care’, recovery in the personal sense is rather about ‘heal and deal.’²⁷

The process of personal recovery has been defined in various ways. One definition is that recovery refers to a “personal process of regaining control of one’s own life after a mental health crisis.”²⁸ This definition gives expression to two important aspects of recovery thinking. The first is that a psychiatric condition is, in fact, a crisis or disruption. In this context, Kusters states: “The crisis or disruption, according to still essentially humanist jargon, is a break in human sense and meaning, a loss of previous identifications, and a crisis of signification.”²⁹ Recovery is therefore understood, first and foremost, to involve the challenge of coming out of the crisis. In literature on recovery this is often

Assessments, and Implications of Personal Recovery in Mental Illness: A Scoping Review of Systematic Reviews and Meta-Analyses,” *Psychiatric Rehabilitation Journal* 42:2 (2019), 169-181.

²⁵ L. Davidson, “Considering recovery as a process: Or, life is not an outcome,” in: A. Rudnick (ed.), *Recovery of people with mental illness. Philosophical and related perspectives*. Oxford: Oxford University Press, 2012, 252-263 (261).

²⁶ Anthony, “Recovery from mental illness,” 527.

²⁷ See also: J. van der Kamp and T. Plochg, “The Health System Quartet: Four basic systems – cure, care, heal and deal – to foster the co-production of sustained health,” in: J.P. Sturmberg (ed.), *Embracing Complexity in Health*. Berlin: Springer International Publishing, 2018, 113-123.

²⁸ W. Boevink, *HEE! Over Herstel, Empowerment en Ervaringsdeskundigheid in de psychiatrie* [Doctoral Dissertation, Maastricht University]. Trimbos-instituut, 2017, 144.

²⁹ Kusters, “Disruption, Recovery, Religion, and the Value of Crisis,” 30.

associated with recognition, working through the crisis, and integrating it in a life beyond it.³⁰ The second aspect of recovery thinking, then, is that recovery is a unique process in which a person with a psychiatric condition tries to pick up the threads, regains control, and gives their life content and direction again. This dual aspect of recovery has also been described as follows by Patricia Deegan:

Recovery often involves a transformation of the self wherein one both accepts one's limitation and discovers a new world of possibility. This is the paradox of recovery, i.e., that in accepting what we cannot do or be, we begin to discover who we can be and what we can do.³¹

The understanding here is that the discovery of a new world of possibility is, at a certain point, accompanied by the development of new identities and new meanings. In other words, the process of personal recovery is aimed at growth, change, and transformation to a more integrated self. Current recovery models attempt to identify various dimensions that play a role in personal recovery. For instance, the CHIME framework distinguishes *Connectedness, Hope and optimism, Identity, Meaning in life, and Empowerment*.³² There is thus a strong focus in recovery thinking on the role of meaning and sense-making within the process in which one gives one's life content and direction again. In this regard, the aspect of 'Meaning in life' is described as the meaning found in mental health experiences, and in leading a meaningful life in relation to social roles and social goals.

2.2 Shortcomings of Recovery Thinking

Despite the value of recovery thinking for mental health care, however, current recovery thinking also has some limitations. Shortcomings of current conceptualizations of recovery mainly have to do with specific emphases in recovery thinking. Firstly, there is a bias towards what could be called 'a change for the better'. It is in this context that meaning and sense-making and, more

³⁰ Kusters, "Disruption, Recovery, Religion, and the Value of Crisis," 30.

³¹ P.E. Deegan, "Recovery and the Conspiracy of Hope," Presented at The Sixth Annual Mental Health Services Conference of Australia and New Zealand. Brisbane, Australia, 1996, 13.

³² M. Leamy, V. Bird, C. Le Boutillier, J. Williams, & M. Slade, "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis," *The British journal of psychiatry: the journal of mental science* 199:6 (2017), 445-452.

generally, working towards a meaningful life receives much attention. Because life challenges are viewed as something to be dealt with, there is an emphasis to work on realizing this change. This bias may thus be understood in relation to the different understanding of illness and health that is underlying recovery thinking. However, although an emphasis on change for the better is a fine aspiration in health care, there is the danger of losing sight of other aspects in the recovery process, such as what is hurt, what is vulnerable, or what is lost. Tragedy is sometimes permanent. Although this deserves attention in and of itself, it tends to be overshadowed by a predominant focus on improvement, empowerment and increasing autonomy.

Secondly, and relatedly, there is a tendency in recovery models to divert the focus away from the crisis itself and, instead, to place an emphasis on what could be called the ‘present, post-crisis period.’ This stems from the assumption that the solution to the crisis or disruption is thought to be found primarily in a confirmation of the mundanity and a return to everyday life.³³ What is meant by post-crisis, in this context, is the period following on a mental health crisis. However, what is lacking in current recovery literature is a developed understanding of the crisis *as crisis*.³⁴ A related implication of placing an emphasis on the present, post-crisis period is that it is hard for people to continue understanding and giving meaning to what they experienced during their crisis. This concerns both what is lost as well as insights that are gained, which requires understanding that “a crisis or disruption is not only of a biopsychosocial nature, but also of an existential, spiritual, and philosophical nature.”³⁵

Thirdly, although many models of recovery recognise relationships or connectedness with others and the world as a component of the recovery process, there is an overemphasis on the ‘inner’, subjective experiences of people experiencing severe mental illness. In other words, a form of individualism is underpinning many conceptualisations of recovery. This is further accompanied by a predominant psychological approach to recovery, resulting in an emphasis on the individual and their psyche.³⁶ It is, however, questionable to what extent a psychological focus is suitable to understand the disruptive character of mental

³³ Kusters, “Disruption, Recovery, Religion, and the Value of Crisis,” 32.

³⁴ S.R. Stuart, L. Tansey, & E. Quayle, “What we talk about when we talk about recovery: a systematic review and best-fit framework synthesis of qualitative literature,” *Journal of Mental Health* 26 (2017), 291-304.

³⁵ Kusters, “Disruption, Recovery, Religion, and the Value of Crisis,” 32.

³⁶ Kusters, “Disruption, Recovery, Religion, and the Value of Crisis,” 31.

illness. A psychological perspective is bound to the so-called natural stance or attitude we take unto the world. It takes for granted that one finds oneself in a world and departs from there. Disruptive experiences, however, bring to light precisely elements of existence that are usually not experienced in the mundane and everyday life. As such, a psychological perspective cannot understand how a person's being-in-the-world is fundamentally altered in severe mental illness.

The various shortcomings to recovery thinking altogether get in the way of understanding the phenomenon of recovery in depth. Although the metaphors and practices surrounding recovery are embedded in a body of thought where people have meaningful lives, the specific conception of meaning and sense-making in recovery thinking diverts the attention away from the role and impact of (permanent) vulnerability and loss in relation to the meaningfulness (or meaninglessness) of one's life during mental health crisis and its aftermath.

3. Towards an Existential Approach to Recovery

3.1 The Interrelatedness of Illness and Health in Recovery

To address the limitations of current recovery thinking, a different approach is required. This approach must be rooted in the underlying view of recovery thinking, namely, that illness (and suffering) are inherent aspects of life, and that life challenges are something to be dealt with. One possible way to do this, it is argued, is by approaching recovery from an existential perspective or, in other words, by viewing recovery as an existential phenomenon.

The term existential is usually defined as “of, relating to, or affirming existence.”³⁷ This, however, does not explain the meaning of existential in most contexts. Another way to understand what ‘existential’ means may therefore be to start with Martin Heidegger’s definition. For him, ‘existential’ refers to the ontological structures of human existence, formally defined as being-there (*Dasein*).³⁸ ‘Existentials’ are structures that form human experience. The fundamental basis in this structure is “Caring” (*Sorge*), a quality of engagement in the world. “Understanding” (*Verstehen*), “Being-with” (*Mit-Sein*), “Being-toward-death” (*Sein-zum-Tode*), and “Mood” (*Befindlichkeit*) are other examples of existentials. This understanding has common roots with the four major

³⁷ See: <https://www.merriam-webster.com/dictionary/existential> (accessed on 3 May 2023).

³⁸ M. Heidegger, *Sein und Zeit*. Tübingen, Max Niemeyer Verlag, 2005.

“ultimate concerns” that are described by Irvin Yalom.³⁹ The concerns that Yalom identifies are death, meaningless, isolation, and freedom. In his understanding, those concerns are “givens of existence,” or an “inescapable part” of being human, and every person must come to terms with those concerns through active choices to realize their individual potential.⁴⁰ As such, they can be further understood in terms of four existential polarities: (1) Death – and awareness of living a life of one’s own; (2) Meaning – and meaninglessness; (3) Being-with – and isolation; (4) Freedom – and limitations and conditionings.⁴¹ Life takes place within the context of those existential polarities.

As mental illness inextricably relates to the whole life of the person, it also relates to this context of existential polarities. Strikingly, one mostly becomes aware of the existential dimension of health during times of illness. This is because illness often increases awareness of the finite nature of one’s being-in-the-world.⁴² For instance, illness may bring limitations to the activities in life that provide engagement and direction. Illness may also increase awareness of one’s mortality.⁴³ It may challenge the fact that the choices that were made so far do not constitute an essence of who one is. Or, it may make one reconsider projects and roles, and demand that one makes new choices and priorities. Importantly, this can be a healthy process: in illness, a healthy, heightened, and existential awareness can co-exist.⁴⁴

Recovery in the context of mental illness is also precisely concerned with the way in which illness and health can be interrelated. Although recovery is often associated with “treating the consequences of the illness rather than just the illness per se”⁴⁵, thereby focusing primarily on health, it is in fact very difficult to draw a firm line between those aspects. Among other things, this finds expression in the fact that a psychiatric condition may also be experienced as life crises and existential or nervous breakdowns, with all kinds of accompanying disturbed

³⁹ I.D. Yalom, *Existential Psychotherapy*. New York: Basic Books, 1980.

⁴⁰ Binder, “Suffering a Healthy Life,” 3.

⁴¹ It has been argued that a fifth concern can be added to this: embodiment and emotional being. We can be immersed in our bodily felt experience and witness and reflect on these experiences through our capacity for awareness. Our embodied and emotional being has both a proactive and receptive side. Strength and agency on the one side, and vulnerability and receptivity on the other, are polarities connected to embodiment as an existential concern. See: Binder, “Suffering a Healthy Life,” 4.

⁴² I.D. Yalom, *Existential Psychotherapy*. New York: Basic Books, 1980.

⁴³ D.W. Kissane, “The relief of existential suffering,” *Archives of Internal Medicine* 171 (2012), 1501-1505.

⁴⁴ Binder, “Suffering a Healthy Life,” 2.

⁴⁵ Anthony, “Recovery from mental illness,” 523.

feelings and thoughts.⁴⁶ The holistic focus on a person's life context in recovery thinking makes clear precisely that mental illness touches the entire structure of one's life-world. There is nothing that is left untouched. Importantly, this implies that it is difficult to distinguish one's experience of mental illness from one's broader life context. To understand the existential, spiritual, and philosophical implications of mental illness in the context of recovery, it is thus crucial to focus on its disruptive character. Indeed, developing an understanding of the crisis *as crisis* makes it possible to develop a conception of recovery in terms of a process by which a person reconstructs their world.

3.2 Grief in Recovery: The Indispensability of Phenomenology

In understanding how exactly one's experience of mental illness relates to one's broader life context, phenomenological understanding is indispensable. Central to phenomenological understanding is the view that human experience incorporates something that is usually overlooked, namely, the sense of 'belonging to' or 'finding oneself in' a world. World, in this understanding, is viewed as a realm that we are always already situated or immersed in when we have an emotional experience of something, or when we perceive or think about something. Because of this, phenomenology does not consider subjectivity as an object to be described but as a medium allowing the world to manifest itself.⁴⁷ Phenomenology can therefore be understood as the study of the structure of experience that shapes how people find themselves in the world.

Phenomenological psychopathology draws on the advances of phenomenological research in general: it specifies how the general structure has been *altered* or *disturbed*.⁴⁸ As such, the discipline of phenomenological psychopathology is aimed at grasping the existential structures (and alterations thereof) that give coherence and meaning to our experience of world.⁴⁹

⁴⁶ Kusters, "Disruption, Recovery, Religion, and the Value of Crisis," 29.

⁴⁷ T. Fuchs, "Phenomenology and psychopathology," in: D. Schmicking & S. Gallagher (eds.), *Handbook of Phenomenology and Cognitive Science*. Berlin/Heidelberg: Springer Verlag, 2010, 546-573 (548).

⁴⁸ A.V. Fernandez and A. Køster, "On the Subject Matter of Phenomenological Psychopathology," in G. Stanghellini, M. Broome, A. V. Fernandez, P. Fusar-Poli, A. Raballo, and R. Rosfort (eds.), *The Oxford Handbook of Phenomenological Psychopathology*. Oxford: Oxford University Press, 191-204.

⁴⁹ R. Ritunnano, D. Papola, M.R. Broome & B. Nelson, "Phenomenology as a resource for translational research in mental health: methodological trends, challenges and new directions," *Epidemiology and Psychiatric Sciences* 32, e5 (2023), 1-7.

Phenomenological psychopathology has come to be understood as a description of the subjective experiences of patients suffering mental conditions or disorders. Furthermore, it has come to be understood as a search for their conditions of possibilities, that is, the structures of subjectivity that underpin the experience of reality, which, when modified, determine psychopathological life-worlds.⁵⁰ Because of this, it has been suggested that the discipline is not just illness-oriented, but also person-oriented and (life-)world oriented.⁵¹ Phenomenology thus offers a way to develop an enriched psychiatry that takes subjectivity seriously when selecting the object of enquiry, targets of treatment and preferred outcomes.⁵²

From a phenomenological point of view, mental illness manifests itself in an alteration of a person's overall being-in-the-world.⁵³ People report inhabiting a world that is different from one that was previously taken for granted. For instance, the world may be experienced as different, unreal, inescapable, hyperreal, unfamiliar, detached, meaningless, or overly meaningful. To understand how this is the case, phenomenology relates psychopathology to the basic structures of consciousness such as self-awareness, embodiment, spatiality, temporality, intentionality, and intersubjectivity. Phenomenological psychopathology understands mental conditions or disorders as modifications of those main dimensions of the life-world.

However, besides a loss of health, there is empirical evidence that other losses are also central to the experience of mental illness.⁵⁴ In understanding the disruptive character of mental illness, it is thus not enough to focus only on a description of symptoms that are present or diminishing but it is also required to pay attention to the extent to which other losses that are associated with the condition are present. In this context, one may think of the loss of one's relationships, one's identity, or one's future plans. Importantly, those pervasive and deeply-felt experiences of loss may also constitute experiences of grief. Despite the scarcity of studies in the context of mental illness about grief over

⁵⁰ G. Messas, M. Tamelini, M. Mancini & G. Stanghellini, "New Perspectives in Phenomenological Psychopathology: Its Use in Psychiatric Treatment," *Frontiers in psychiatry* 9 (2018), 466.

⁵¹ R. Ritunnano et al., "Phenomenology as a resource for translational research in mental health," 1-2.

⁵² G. Stanghellini & M.R. Broome, "Psychopathology as the basic science of psychiatry," *British Journal of Psychiatry* 205 (2014), 169-170.

⁵³ Fuchs, "Phenomenology and psychopathology," 548.

⁵⁴ See, for instance: M. Mauritz & B. van Meijel, "Loss and grief in patients with schizophrenia: on living in another world," *Archives of Psychiatric Nursing*, 23:3 (2009), 251-260; A.E.Z. Baker & N.G. Procter, "You just lose the people you know: relationship loss and mental illness," *Archives of Psychiatric Nursing* 29 (2015), 96-101.

losses that are associated with the condition, a focus on grief may provide the key to a more complete understanding of the disruptive character of mental illness. More specifically, a focus on grief over losses associated with the condition allows for a better understanding of suffering in the context of mental illness.

Phenomenology offers a valuable tool to further explore this topic as it enables to explore experiences of grief not in an isolated way but in relation to a person's life-world. In giving a central place to grief over losses that are associated with the condition it becomes possible to understand how suffering and coping with challenges relates to meaningfulness (or meaninglessness). This potentially allows for a more in-depth understanding of meaning and sense-making in recovery: it allows for incorporating themes of loss and grief as crucial aspects of the recovery process. This is crucial not only in understanding how the development of new identities and new meanings in recovery involves dealing with grief but also in getting a more complete understanding of how the various dimensions of recovery hang together.

4. Conclusion

In this paper, the topic of recovery in the context of mental illness has been situated in a different way of thinking about illness and health. This understanding is characterized by the view that challenges and suffering are inherent to life and that people have an ability to deal with those life challenges. It has been elaborated how this idea influenced recovery thinking in the context of mental illness. Personal recovery is concerned with 'coming to terms with' or 'learning to live with' the impact that a psychiatric condition has on many different areas in life. Although meaning in life has a central role in this understanding of recovery, it has been argued that the specific way in which meaning and sense-making is understood in recovery thinking is rather limited. This is because the specific conception of meaning and sense-making in recovery thinking diverts the attention away from the role and impact of (permanent) vulnerability and loss in relation to the meaningfulness (or meaninglessness) of one's life during mental health crisis and its aftermath. However, because it is difficult to draw a firm line between one's experience of mental illness and one's broader life context it has been suggested to approach recovery from an existential perspective, thereby viewing recovery as an existential phenomenon. This makes it possible to shift the focus to the disruptive character of mental illness and to develop an

understanding of the crisis *as crisis*. In so doing, it becomes possible to incorporate themes of loss and grief as crucial aspects in the recovery process. It has been argued that such an existential perspective would benefit from a phenomenological approach, as it allows to explore experiences of grief not in an isolated way but in relation to one's life-world. A focus on grief may thus provide the key to an understanding of the relationship between suffering and meaning in life, thereby viewing recovery in terms of reconstructing one's world.

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