

Disruption, Recovery, Religion and the Value of Crisis

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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,

and that on the other hand also quite some theory in psychopathology has a sense of “learning by experience” (cf. Ralston, 2019).

Nevertheless, some parts of my text are more narrative, autobiographical, and others more argumentative and theoretical. To give more context for my discussion of recovery I start with some autobiographical notes. After that I position the concept of recovery in the field of the psy-sciences. And in the section *Crisis and disruption* I take up again my autobiographical narrative, and initiate from there a critical discussion of recovery. In the last section, the narratives of crisis come together in some conclusive remarks and observations concerning the concept of crisis in general.

The Gutter and the Stars

Years that Pass by

In 2007 I suffered from an acute psychosis, partly induced by relational problems, partly by the use of hallucinogenic substances, and partly by a too intensive study of philosophical classics. In the years before that period I had been studying philosophy at the University of Utrecht, during which I worked on a phenomenological account of psychosis, inspired by my psychotic experiences of twenty years before, in 1987. Although my 2007 psychosis was a deep personal crisis, it was also a kind of fieldwork during which I could test, elaborate and renew my earlier thoughts and ideas on psychosis that were the motivation for my academic study, and that had formed part of my book on psychosis: *Pure Madness. In Search of the Psychotic Experience* (2004). After this 2007 episode I retook my study, and eventually wrote a thesis on a hermeneutics and phenomenology of the psychotic world. A thorough re-editing of my earlier work, and elaboration on it over themes, especially from mysticism, religion studies and narrative accounts, led to my book *Filosofie van de waanzin* (2014), that was translated into English as *A Philosophy of Madness. The Experience of Psychotic Thinking* (2020). Most ideas about God, reality, unreality, time, space and subjectivity that play a role on the background in the sections below, I thoroughly discuss and describe in that work.

Psychotic Fieldwork

This so-called “acute psychosis” in the summer of 2007 meant that I found myself locked up in the deepest part of the insane pit: an isolation cell, with no open door to the outside, no prospect of an exit, not even an emergency exit. Whatever I did in there, it led not to openings into freedom. This isolation cell was located in a closed ward, which itself was part of a psychiatric institution, in a closed and fenced-off area. What lay beyond the walls was called *society* by me and my fellow residents. Society, that was the term that we then pronounced with disgust, but often also with awe, and with an

often unspoken desire to be part of it. But for the time being, the motto was: Society, that's them, – and it was obvious to all inmates that those locked up behind the walls of the psychiatric institution did not, and could not belong to it.

After a while at the bottom of that pit, I was asked with whom I would most like to have conversations. What kind of therapy would I prefer to work on my crisis, what kind of therapist could help me out? I could choose between a social nurse, a cognitive psychologist, a psychiatrist, or... a spiritual counsellor. I made my choice based on my worldview at the time, which was as follows. Just as one can slowly *descend*, from society to the psychiatric institution; from the psychiatric institution to the closed ward to the solitary confinement... so one should also be able to make the reverse movement, *ascend* from the daily ups and downs in the psychiatric institution with the psychiatrist, one level up, to the knowledge about the psyche, or the psychologist. Above the psychic stood something even higher, namely the spiritual, of the chaplains or spiritual counsellors. And above that again, in my hierarchically inclined mind, there was only something like God, or the universal principle, or whatever you would call it. So I asked if it would be possible to talk to the leader of all the spiritual counsellors, of all the denominations, and when that was not possible, I chose one of his emissaries, a spiritual counsellor.

Some Thoughts from Below

My choice reflected my perhaps psychotic, perhaps spiritual thought and intuition that – out of the depths of the lonely isolation cell – I was able to connect and mirror the highest good, the One and the uniqueness of God, who was perpendicular to the infinite above my depth. This same image and idea of a sphere, with myself as lost soul at the bottom and God at the top, corresponded to numerous philosophical and theological accounts and systems I had been studying the years before. These divide being along a vertical axis, with a supreme kind of being on the top, and lesser beings below. It goes back to Plato, evident for instance from his famous cave parable, in which the higher idea, of truth and reality, is to be found by the wise and the philosopher up, above the ground in the light. And the lesser ideas, confused and more like common sense opinions, are found among the common men below, inside the cave. A division into a transcendent level, that is, a higher valued realm, of ideas, the spirit and the abstract, and an immanent level, of the concrete, the practical and the bodily human, is found in all kinds of later branches of philosophy and (Christian) religion up to today. Such a general scheme or image of the cosmos and its meaning was also the ideational support with which I managed to escape the isolation cell. Through a reflection of the nothingness, the emptiness, the darkness at the bottom of the pit, against the fullness and

abundance of the light from above of the divine, I pulled myself up out of the abyss, and gradually returned to so-called “normal” existence.

My ordinary life was disrupted, but precisely because I had been allowed to reach out to the absolutely positive highest good from within the disruption itself, there appeared to be a possibility of recovery. A first, straightforward answer or conclusion then – with respect to the question whether, and if so, how recovery is possible – would be that it *is* possible, as long as one can see God shine through all earthly misery. And indeed, I would still have a happy message about psychosis for some months if not years after my stay in the isolation cell, for those who wanted to hear it. Not that I had literally met God down there – whatever “meeting” could mean in this kind of affairs – but that through my dislocation, which I prefer to call madness, I had come at least to realize and understand the meaning of God-talk and religiosity. Today, so many years later, I think things are different. Now I rather think that the divine that I thought and experienced as the salvation at the time was just another aftermath and astray within a much larger cosmic disruption, and that real salvation and recovery are not of this world. I will come back to this later, leaving the more personal outpourings for now, and will discuss my view on recovery as a concept as it is used in the practice of mental health care.

Recovery

The term *recovery* as a concept to be used in mental health care originally comes from England from the critical mental health patient movement there. It refers to a process that runs parallel to, but is certainly not synchronous with – let alone, similar to – the healing of a psychiatric illness (see also Boertien & Kusters, 2018, for an overview of the literature). A psychiatric condition, disorder or illness, is often understood and treated in medical terms: you become ill, and increasingly ill. You go to the doctor, or medical specialists such as a psychiatrist; then you are given medication and help, so that healing can take place, at least partially, with perhaps residual symptoms and permanent use of medication.

From within the mental health care sector and the critical patients’ movement, there was and is much doubt and criticism of this biomedical perspective. Because what is considered as a psychiatric condition within the medical model may also be experienced as disruptions, life crises, existential and nervous breakdowns, with all kinds of accompanying disturbed feelings and thoughts, that transcend the medical model of disease and healing. And at some point, the word recovery was taken up as a specific concept and alternative to the term medical cure.

But what does recovery and the recovery process actually mean? In her authoritative dissertation, one of the first proponents of the concept of recovery

in the Netherlands, Wilma Boevink (2017), defines it straightforwardly as: “Recovery refers to a personal process of regaining control of one’s own life after a mental health crisis” (p. 144). The underlying assumption of her and many others of the recovery movement and theory is that patients (and non-patients alike) are ideally integral, coordinated and coherent human beings, of whom the identity or inner core is more than the sum of its parts. In a recovery process you cannot just simply manage, adapt, change or replace parts of that whole of yourself. The process of recovery is then fundamentally different from tinkering – or treating, or manipulating – with partial aspects (i.e., the symptoms) of your disordered psyche as is done in for instance cognitive behavioral therapy. It is also different from the tinkering with parts of the body/mind, as is done by medication therapy, which only affects the neurobiological level. Such therapies cannot by themselves operate on a supposed more essential level of the person, that goes under various names, like the basic identity, “one’s own life”, the inner self, or the soul. After all, a recovery process is a total event.

Recovery is then said to be a personal coping and change process that involves acceptance of the past, recognition of vulnerabilities, and advancing self-awareness and understanding. The concept of recovery implies that, rather than an illness, there was a psychological wound, a hurt, a condition, or a crisis. The challenge of the recovery process is to come out of the crisis. You must not forget the crisis, and hide it behind a blanket of medication, but accept the crisis, work through it and integrate it into your new life, beyond the crisis. Recovery also implies that you have to somehow go back to how things were before, on the social level, before the crisis, but in a different way. The concept of recovery includes that you were distraught, and that you are now going to recover. Recovering also refers to repositioning, taking up a certain position again. Recovery resonates with working on a renewed identity, with a new meaning, possibly embedded in a story that explains that identity: a recovery story. To be able to produce a so-called recovery narrative is sometimes considered to be a kind of proof that you have recovered.

The metaphors and practices surrounding *recovery* are embedded in a body of thought, where people have meaningful lives. The crisis or disruption, according to still essentially humanist jargon, is a break in human sense and meaning, a loss of previous identifications, a crisis of signification, and the recovery process should lead to new identities, and new meanings. Ultimately, this could give the patient new strength, empower him or her, and make them proud of who they are: “regaining control of one’s own life” as Boevink says (2017, p. 144).

Unlike modern scientific psychological thinking and common psychological therapeutic practice, in which people are a sum of characteristics or traits – with each characteristic exchangeable and manipulable via an outside

therapist – recovery thinking is about more humanistic values such as autonomy and authenticity, in which the recovery process is aimed at growth, change and transformation to a more integrated self. A recovery process is not so much driven by therapists who possess change techniques and knowledge of the psyche, but takes place within a context of equal peers, or so-called experts by experience, who provide recognition and guidance.

The underlying world views and theoretical ideas of the recovery movement are highly valuable and to be appreciated in mainstream mental health care, where reductionism, scientism and naïve naturalism are the dominant currents of thought. And the wide variety of practices that apply the recovery concept are promising for a further improvement of mental health care. It has induced other ways of talking and listening, and the assumptions of the standard roles of care-giver, care-taker, expert and patient have come under analysis and change. The alternative and innovative ways of conversations and gatherings under the flag of recovery have expanded and changed our humane, caring society and culture (see also Boertien & Kusters, 2017). Nevertheless, the practice and theory of recovery has some inherent limitations and I will discuss some criticism below. These have to do with, first of all, the emphasis in recovery thinking on the present, the post crisis period, instead of on the crisis itself, and secondly, with the emphasis on the individual and his/her psyche, instead of on the larger reality of his world.

Crisis and Disruption

I will start and illustrate this discussion with some personal experiences. Let us return to the moment when I was in that pit of solitary confinement. Seen from the normal human world, I had lost all contact with reality. I was considered to be in a deplorable, sick and disturbed state, which was described by the mental health workers with help of the so-called biopsychosocial model (originally from Engel, 1977). And admittedly, the triggers for my crisis were indeed of a biopsychosocial nature. In my crisis or disruption, these three levels collapsed: I fell, and the biopsychosocial connections with the normal human world, or society, were cut off. From the point of view of the biopsychosocial model, my situation was worrying. But from my own point of view at that time, from that pit of isolation, that depth of madness, I had a beautiful view of the heavenly, the transcendental, the magical and the mystical. I had no more need of earthly bio-psycho-socio affairs and normal human contacts. I experienced much broader interpretations of what one normally understands by contact and communication in terms of time and space. I finally had the feeling that I understood how the world and the cosmos work. I was convinced I had gained insight into the secret of the unspeakable paradox of existence.

Recovery thinking and recovery workers were of hardly any use to me in the further development of such thoughts, insights and concoctions. For me, both the misery and the solution to the misery lay in the crisis itself, whereas for the recovery thinkers the solution to misery lies primarily in a confirmation of the mundanity and a return to everyday life. Moreover, although recovery thinking claims to be new and different from what is being done elsewhere in mental health care, in my opinion it fits in seamlessly with other psychotherapeutic approaches, which are just as unable to probe the depth and existential dimension of psychotic crises.

In short, both the biopsychosocial model and recovery thinking pay no attention to the crisis itself. A crisis or disruption is not only of a biopsychosocial nature, but also of an existential nature, spiritual and philosophical nature (see also Kusters, 2018). Those who want to continue with what they found during their crisis – irrespective whether we call their findings delusional, spiritual or existential – after such a crisis do not benefit much from psychological help and they may look for very different spiritual environments. Some join a religious or church organization for the first time or again after a long time; one that matches their experiences, and with which they feel at home in their thinking and experience. Others seek it in more contemporary forms of meaning and spirituality and end up somewhere on the wide and varied spectrum that runs from yoga exercises, tai-chi, and Zen meditation, to religious-social activities, to the hopeless variants of modern grim political conspiracy thinking.

Such turning away from counselling that focuses on individual psychological problems is recognizable to many people who have had a crisis, and is corroborated by the qualitative research we did among a group of people who had suffered from one or more psychoses (Feyaerts et al., 2021). In this study we found that some participants, while experiencing a clear distinction between every day and delusional reality, tended to reverse their evaluations of these respective worlds. Instead of experiencing everyday consciousness as adequate and well-adjusted and delusional consciousness as confused and false, everyday experience was esteemed to be hopelessly naive, banal, or artificial. One participant said: “Earth used to be everything. But now we’ve been to Mars, Earth has become a little circle in the distance. Do you get it?” (Feyaerts et al., 2021, p. 793).

When people are confronted with recovery thinking that stresses the mundane and the practicalities of daily life, and abandons the experience of the crisis itself, they often become disappointed. Some participants of our study emphasized that the ontological transformations they experienced had a lasting and profound life-changing effect, persisting beyond the psychotic episode. And even despite the sometimes destabilizing effects of delusional

experience, they were frequently acknowledged as having an enduring value and meaning, rather than being viewed as mere symptoms of psychopathology: “I would never tell this to my psychiatrist because I fear they would look at me in a wrong way. But indeed, it has changed me profoundly”, said a participant (Feyaerts et al., 2021, p. 793).

In the end, recovery workers are forgiven for focusing more on actual psychological recovery in the present, and less on philosophical-existential complexities and religious-spiritual wonder stemming from the delusional crisis period of their patients. But one would expect otherwise from spiritual counsellors. Still, I find it striking and surprising that their interest in this often does not match that of psychiatric patients. Instead, they often use spirituality and religion as an instrument, a technique, a form of conversation, not so much to find the truth with those in or after a crisis, but mainly to help the other person forward, to leave the crisis behind. This seems to me to be an instrumentalization of religion for psychology, which undoubtedly has a useful function within the whole that calls itself care, but through which precisely the religious, spiritual or delusional experiences of those in crisis are brought back from the common world, where every soul is a lost soul, to an individualized, manageable, psychological problem.

This psychologizing of things like religious despair, spiritual ecstasy and religious confusion can partly be explained by how the mental health services work in the Netherlands. Its goal is to make people better, to reduce their psychological suffering, and its workers are directly or indirectly judged accordingly. Joint spiritual meditations and philosophical contemplations about the nature and order of the cosmos do not fit in well with the logic of the mental health services. But looking away from the crisis itself can also be partly explained by the defence and domain control of the various religious and church denominations. It is true that there is great benevolence and willingness to listen to stray sheep, and to set them back on the right track, but as soon as the sheep think they are goats, flamingos, or worse, wolves, the same reflexes appear in many a spiritual counsellor as in any other group held together by a kind of creed. The outsider or wrongdoer is excommunicated, seen as a killjoy, or, as is most common these days, as suffering from a disorder that obscures the view of the truth. And then the much-discussed question of whether madness belongs to the physical or psychological domain is merely a concealment or distraction from the existential and religious, suprapersonal dimension of madness. And thus, it is possible for spiritual counsellors to exclude madness, especially in its nihilistic form, from their supposed domain of expertise in tacit respect. To give a concrete example from my own experience; on more than one meeting with spiritual counsellors I have tried to argue and have shown how so-called delusional realities and mad experiences have strong and

meaningful deep affinities and correspondences with religious experiences. But although initial reactions are often welcoming the acknowledgement of the spiritual reality of psychosis, secondary reactions have often a sense of “gate-keeping” with them, and authority about truth and meaning in spiritual affairs is seldom granted to the psychotic persons themselves. In fact, there is a small, but long tradition in the theological literature about the question: how to distinguish psychotic and religious (or mystic) experiences and language, without doubting the own creed? For example, Brett (2002), Arends (2014), Ypma (2001), and discussions in Kusters (2020).

Less Individual Psyches, More Common Realities

We are now already engaging with my other, related, criticism of recovery, namely that of psychologization and individualization. And now I finish my story about my personal experience with the divine. At the beginning of my crisis or disruption, I received many insights, as I said, and wonderful new perspectives, but I also soon understood that behind every ecstasy there is a sense of dread, behind every meaningful connection of order and harmony, there is a meaningless chaos of fragmentation and decay, and behind every faith, hope and love, there is doubt, despair and mourning. After my initial ecstatic jubilation at the gift of existence, I was soon torn between feelings of peaceful, meditative bliss on the one hand, and desperate, panicky fear of the loss of everything on the other. In short, I soon found myself caught in the impossibility of reconciliation between the earthly and the heavenly, between being and not being.

This existential *Werdegang*, however, was not recognized as such by any recovery worker, social nurse, or psychologist. And even for the regular spiritual counsellor this domain is usually a bridge too far. And while after some time they managed to guide me adequately to society, they left me alone with my biggest questions, insights, and confusions. And this fate struck not only me, but many, many others who have experienced psychosis. Earlier we wrote about this as follows:

Beyond the mental health perspective, our findings also highlighted the more existential value delusions contain for some individuals. The acquired detachment and distance from everyday experience were not always experienced as mere deficit or affliction, but sometimes also as a transformative experience through which everyday conventions and concerns appear in a different, and often less “natural” or compelling light. In this sense, delusional experience can open towards philosophical and existential quandaries that inquire into the status and justification of our everyday certainties and habitual forms of life... Because patients often long to re-engage with

the experiences from their crisis, they are rather unsatisfied with therapeutic tips regarding stress-management or similar practical advice directed toward symptom-reduction and everyday concerns. Participants had diverse views regarding what would constitute an adequate therapeutic response. They agreed, however, that, whatever its concrete form, such a response could not ignore how their experience of fundamental categories of human existence (e.g., the nature of life, meaning, and truth) had been altered by delusional experience. For many participants, the experience of psychosis seemed to contain an at least somewhat anti-psychological or anti-psychiatric message: Though psychological and biological factors were often appreciated for the relief they could bring, they were deemed insufficient due to their inadequate understanding and response to the felt meaning and validity of these experiences. (Feyaerts et al., 2021, pp. 795, 797)

I was fortunate enough to have verbal and philosophical skills to pull myself out of the existential pit, but many others do not. Like me, they meet the demons and the angels, but many are unable to deal with them in a way that makes sense to themselves and others. This may result in longer complex labyrinthine mixtures and interactions of thoughts, words, texts, and media fragments wrapped up in clusters of language and expression that are no longer really liveable or understandable for them or others.

This lonely damnation from society is reinforced by the fact that the society we have been living in for decades, if not for a hundred years, is completely permeated with psychologization and individualization. People strive for tolerance and respect; diversity and acceptance of different opinions and ideas. It is believed that everyone should be free to think their own thoughts and live and experience their own worlds. And that has undeniable advantages, but also disadvantages.

The great disadvantage is that this leaves everyone free to think their own thoughts, no matter how strange they are. People are often even encouraged to stick to their own experiences, and these are only evaluated in terms of whether they are pathogenic or not, functional or not. People may be left to their own devices, but they are also left alone, in the struggle over realities and truths, over the dark grounds where thoughts and moods enter into a pact with words and images. Respect for the person, the autonomy and the authenticity has therefore the unpleasant, undesirable side-effect that the other person remains completely alone in his or her ideas. The inner spiritual struggle is seen as a psychological problem, which one must get rid of, and is not related to a struggle that has meaning and significance above the individual (see also Taylor, 2007, pp. 618-622).

Psychosis, but also related experiences that are called religious, or mystic, are not so much experiences that you can recover from on the individual level; that you could give personal meaning and significance to, or yield discoveries about your inner self, neither are they experiences that could point you in a direction in a spiritual world. Instead, disruptive experiences like psychosis lead eventually to nothing. They are paradoxical experiences, because they bring to light something about existence which is precisely the lack of light. Also, long before and after the disruptive experience, there is that lack or abyss in existence. One of the names of the abyss is grief, another one is loss. But then it is not a loss for a concrete person or something, nor is it psychological grief, perhaps not even just human grief, but grief as a realization of the crisis of the world, the irreparable break in existence, the realization of an ultimate loss of something that never was there in the first place. At the biopsychosocial level we may indeed recover, “regain control of one’s life”, make ourselves an identity, but at the end of the day there is no identity, no recovery from the real mourning and the darkness that emerges from the disruption. That darkness can only be endured, not cured, neither recovered from.

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