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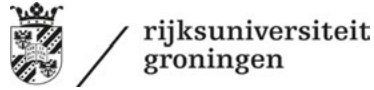
Recovery

The Interface between Psychiatry and Spiritual Care

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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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