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Meaning and identity in recovery

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Working together to help everyone
affected by severe mental illness
recover a better quality of life

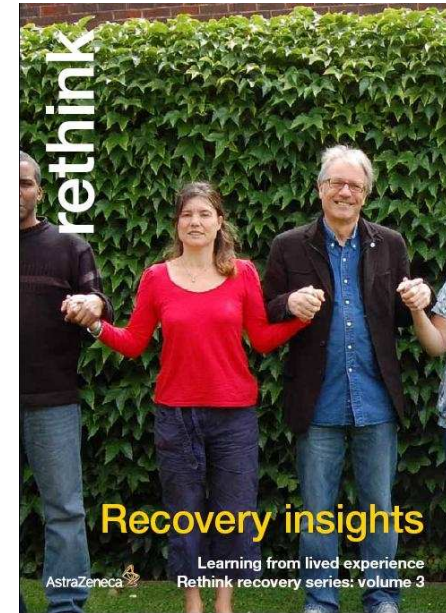
Aims of presentation

- To consider the importance of identity in recovery
- To describe how identity-work links closely to meaning-making
- To demonstrate how finding meaning is negotiated and draws on a range of cultural explanations available
- To question recovery as ‘an individual journey’

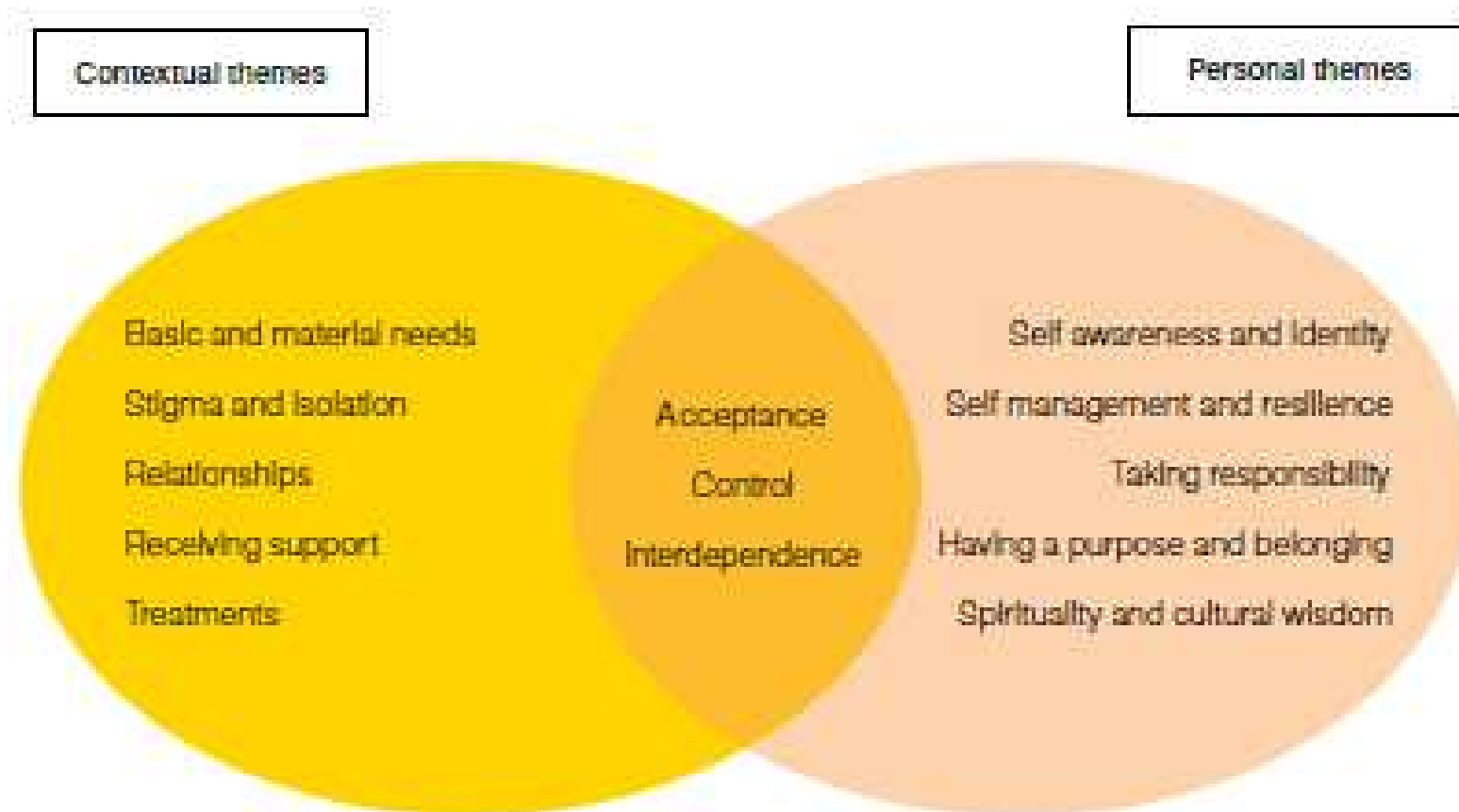
Recovery and identity

One of ten key themes:

- Identity and self-awareness: Recovery involves developing greater self-awareness and confidence in one's own identity. This involves understanding the illness and developing relationships and social roles to support personal growth.



Recovery mediators of contextual and personal themes



Bowyer et al. (2010)

**But why is the issue of identity
important in recovery?**

Mental illness and the person



- Mental illness – is it something ‘I have’ or ‘I am’?
- How do mental illness and person relate?
- Is a mental health problem ‘just like a broken arm’?

Is a mental health problem 'just like a broken arm'?

- Mental health problems influence and question:
 - your thoughts
 - your feelings
 - your sensations
 - your sense of self and being
- Mental health problems question your personhood
- But also, your experiences are part of you

A question of Being

- If my experiences and perceptions are 'ill' –
who am I?



Learning from Danish EIS: Person-centred ethnographic study

- 2 years fieldwork over a 3.5 year period (1998-2001) in active membership role as project evaluator of a Danish early intervention in psychosis service
- Participant observation with staff and in therapeutic groups
- Multi-method approach to illuminate perspectives of staff, people using the service and relatives: individual interviews, focus groups, attitude surveys, registration forms, written narratives
- Repeated interviews with 15 people over a 2.5 year period – and creative-expressive collaboration in book project

(Larsen 2007b)
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The service provided psychoeducation and CBT to help people using the service:

- gain ‘insight in illness’;
- take their medication correctly (‘comply with’);
- identify symptoms and respond appropriately;
- learn and train social skills to be ‘well-functioning’ (*velfungerende*);
- communicate with their families appropriately (low ‘expressed emotion’, EE) to strengthen social network considering the person’s mental illness and, hence, reducing stress and minimising risk of relapse

The therapeutic value of 'insight in illness': an example

Claus, a research participant, explained that he got the idea that a microchip had been implanted in his head to make sense of experiences and sensations he endured when he was psychotic, such as the chaos of thoughts and feelings he later learned to know as “racing thoughts” (*tankemylder*) in the early intervention service. To explore the use of the psychoeducation practiced in the EIS, I asked Claus what it meant to him to have learned such concepts:

Interview quote



Claus: You can put your thoughts and emotions into words. You can categorize them and say that “This is this, and this is this,” and then that’s it, you see.

JL: So, words as *tankemylder* (racing thoughts) make you sure about what it is. It becomes understandable, or what happens if you don’t have these words?

Claus: Then you start having paranoid thoughts that something is implanted in your brain, or something, you see.

JL: Yes, because you don’t have the words to understand what you are experiencing?

Claus: You see, if you talk about schizophrenia, then it is split personality, right. And I never thought that schizophrenia had anything to do with things as *tankemylder*. I did not know what *tankemylder* was, I just knew that at night, when I was in my bed and was about to fall asleep, and then everything just turned around, it was just unpleasant, you see.

JL: But because you have got these words then you are more able to relate to it, and say “This is *tankemylder*,” so that you can control the experiences and thoughts?

Claus: Yes, and try to relax a bit again.

What does this mean?

- The language and theories Claus had learnt through psychoeducation in the service provided a means of *objectification* by which he could control his disturbing sensations and experiences.
- In this way, embodied experiences of psychosis are directly affected by individuals' access to cultural meaning.

Insight in illness and symbolic healing



- Psychoeducation through case manager meetings, social skills training groups, multi-family groups.
- Applying the anthropological concept of *symbolic healing* to understand the sociocultural dynamic:
 - The presence of a socially shared authoritative powerful system of explanation – of the authoritative truth of science (a ‘myth’)
 - Establishing a therapeutic relationship between the healer (mental health worker) and the patient
 - Relating the illness experience to the symbolic myth (psychoeducation)
 - Redefining personal experience and self-perception through the symbolic myth

(Larsen 2007a).
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Illness, healing and identity

- The experience of illness represents a life disruption – questioning self-identity and established social roles (the marginality of the ‘sick role’)
- Especially ‘becoming mentally ill’ represents an existential crisis:
 - Questioning of own sensations and understandings
 - Stigma and loss of ‘personhood’
- Symbolic healing connects the personal experience of illness with a wider culturally-shared system of explanation
- Re-establishment of a socially sanctioned biographical narrative – allowing the social negotiation of identity.

(Larsen 2005)

System and agency

- The person's experience and understanding of psychosis and new social role/ identity were shaped by the intervention and the available cultural explanations

BUT...

- The person was not a passive recipient of the effects of the social intervention and cultural meaning

Experience and explanation

In the psychoeducational approach people did not (always or at all times) ‘blindly’ accept the biomedical and CBT perspective on mental illness – and their experience.

For example, Kristina felt that the perspective in the service was too restricted:

Kristina: It becomes a bit too categorical. You could, kind of... look a bit more at the human aspects of what happens, which are very natural, and such. What kind of conflict have I been in, you see. And things like that.

JL: And then, what is it instead, in [the EIS service]?

Kristina: For example, it is things such as “that I find it difficult to be by myself,” and things like that, and we talk about warning signs and persisting symptoms, and what you can do about that, you see. And the only thing you can do about it is to listen to some music and talk to your parents, and things like that. Well, it is a bit bleak, you see, in some way. I don’t know, maybe you can’t expect more.



Seeking and matching alternative explanations

- People using the service found alternative sources of knowledge in the cultural repertoire that they used to form their understanding, e.g.:
 - Psychodynamic explanations
 - Existentialist ideas
 - Spiritual/religious ideas
- Accessed through popular media (tv, radio, books, newspapers), friends and relatives or experts/authoritative figures: psychologists, healers, priests.
- The different systems of explanation were combined creatively in work of *bricolage*

(Larsen 2004)

Recovery – an individual journey?



- Some people – as *bricoleurs* – manage by themselves to pull together different resources and explanations to negotiate their own meaning (or ‘life story’)
- Others find support from outside the mental health system – friends, family or alternative health/life experts

Meaning and identity – and relationships



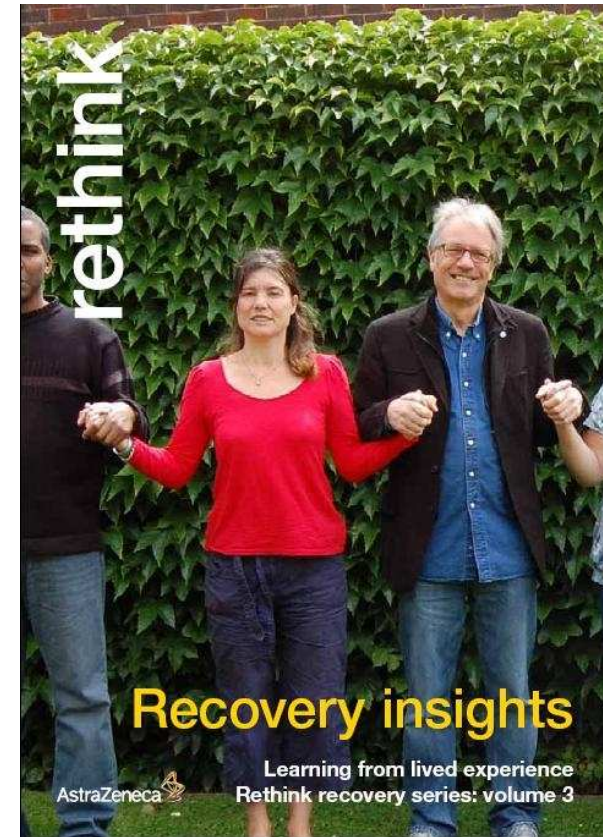
- While seeking meaning, identity and recovery can be an individual pursuit, they only makes sense in the context of:
 - Relationships with others
 - Cultural resources

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- We are who we are through our relationships with others
- We find meaning through knowledge we can share

Questions and comments?

Free download:
www.rethink.org/recoveryinsights



References

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