RECOVERY AND THE GOOD LIFE: HOW PSYCHIATRIC SURVIVORS ARE REVISIONING THE HEALING PROCESS

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Summary

The recovery literature in clinical psychology often focuses on abstract outcome measures of mental health and wellness that in turn serve to shape the process and goals of psychotherapy. However, there is often an experiential disconnect between these

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conceptualizations of recovery and the lived experience of psychological suffering and healing. In the current article, the authors present alternative views of what recovery or, more accurately, what living a good life means for a group of people who identify themselves as psychiatric survivors. Like the feminist paradigm, the psychiatric survivor movement does not separate the personal and political, and thus this counterculture facilitates the telling of alternative narratives of recovery that more closely represent people's lived experiences. The authors discuss how these alternative discourses of the movement conceptualize the good life in terms of creating countercultural communities, engaging in political activism, and working for social justice and human rights in the mental health system.

Keywords: *psychiatric survivor movement; recovery; narrative psychology; political activism*

For many people, the medical model's reductionistic discourse defines their experience of psychological distress and recovery in terms of illnesses, chemical imbalances, and broken brains. Complete recovery from severe psychopathology (e.g., schizophrenia or bipolar disorder) traditionally has not been considered a viable treatment goal within the framework of the medical model of mental illness. Instead, people who are given such labels are informed that they are the victims of bad genes or faulty neurotransmitters and that the best outcome they can hope for is lifelong management of their "symptoms" through the use of neuroleptic drugs.

However, Western society's dominant medical model narrative does not represent every individual's lived experience, and furthermore, "explaining human unhappiness in medical terms is still nothing but a hypothesis, one which minimizes the possibility that people can change, grow, and develop" (Chamberlin, 1978, p. 110). In contrast to the medical paradigm, narrative and critical constructivist psychologists deconstruct socially oppressive discourses striving to understand how people make meaning from lived experience and perform those meanings in a construction of self.

The current study focuses specifically on 4 people who identify themselves as psychiatric survivors, individuals who have experienced human rights violations in the mental health system. Examples of such human rights abuses include forced treatments such as electroshock and psychiatric drugging as well as the use

of physical restraints, coercion, and involuntary commitment (i.e., incarceration). We are especially interested in this group of individuals because most of them have rejected the dominant medical discourse of mental illness and therefore have authored alternative tellings of their experiences of emotional distress and the healing process (Bassman, 2001; Cohen, 2005; Crossley & Crossley, 2001; Davidson, 2003; Deegan, 1996; Fisher, 2003; May, 2000; Mead & Copeland, 2000; Thornhill, Clare, & May, 2004; Unzicker, 1989).

The focus of our article is not exclusively on the 4 survivors' personal stories of recovery per se (see Adame, 2006, for a complete analysis of the survivors' recovery narratives) but more so on how they have connected their personal stories of healing with a commitment to political activism, social justice, a renewed sense of transpersonal reverence (Leitner, 2001), and spiritual connectedness. Our intention is not to dichotomize the personal and the political but rather show how they are inextricably linked in the process of healing from severe psychopathology. We use the term *political* in the broadest sense that entails the realms of local and national activism, advocacy work, social justice, environmentalism, spirituality, transpersonal reverence, and connecting psychopathology to issues such as poverty, childhood sexual abuse, domestic violence, and abusive conditions within the mental health system.

THE "EMPTY SELF" AND CRITIQUES OF THE MEDICAL MODEL

Cushman (1990, 1995) has written about American psychology's notion of the "bounded, masterful self" that refers to a decontextualized, ahistorical, and radically individualistic construct of the self. The bounded, masterful self is also an "empty self," one that craves wholeness, coherence, and substance yet seems insatiable in its pursuit of fulfillment. Cushman (1995) defines the empty self as one that

> experiences a significant absence of community, tradition, and shared meaning—a self that experiences these social absences and their consequences "interiorly" as a lack of personal conviction and worth; a self that embodies the absences, loneliness, and disappointments of life as a chronic, undifferentiated emotional hunger. (p. 79)

This bounded, masterful self is disconnected from its political and historical roots and lacks a sense of calling to heal the suffering of the world at large. Importantly, the medical model's narrative of mental illness and health is a direct product of the idea of a bounded, masterful self, which locates the source and cure of pathology within the biological and psychologically subjective interior of each individual. Thus, the suffering is seen as coming from within the person, a view that neglects the political, sociological, interpersonal, environmental, existential, and spiritual spheres of influence.

As a result of interiorizing pathology, psychiatrists seek internal (biological) origins and treatments for such problems. Again, though, the narrow focus of the medical model misses the nature of the problem, which has less to do with hearing voices, cutting, or feeling depressed and more to do with what these phenomena are trying to communicate to us about our lives and our world (Karon, 1992; Laing, 1959; Leitner, 1999). Numerous critiques of the reductionistic nature of the medical model's conceptualization of recovery have created a powerful counternarrative to the master narrative of mental illness (Bannister, 1985; Boyle, 2002; Breggin, 1991; Caplan, 1995; Fancher, 2003; Frattaroli, 2001; Johnstone, 2000; Kutchins & Kirk, 1997; Read, Mosher, & Bentall, 2004; Ross & Pam, 1995; Szasz, 1993; Valenstein, 1998; Warner, 2004; Whitaker, 2002). We are in accord with these conceptual critiques, but our intention with the current article is to ground our argument in the phenomenological insights of each of the participants' narratives. We feel that these 4 participants' narratives do not simply challenge or serve as a counternarrative but go beyond it and offer an alternative vision of recovery that reconnects personal struggles with sociopolitical and existential ones.

NARRATIVE CONSTRUCTIONS OF RECOVERY AND THE GOOD LIFE

During the past 20 years, many psychologists have taken a narrative turn in their way of thinking about people in dialogical relation to others and their social world (e.g., Bruner, 1990; Frank, 1995; Hawkins, 1999; Josselson, 1995; Klienman, 1988; McLeod, 1997; Polkinghorne, 1988; Robinson & Hawpe, 1986; Sarbin, 1986; Schafer, 1992; Spence, 1982; White & Epston, 1990). For example, Sarbin (1986) has written extensively about how people think,

dream, communicate, and construct their identities in narrative form. Because of people's tendency to story their existence in narrative form, Sarbin proposes the idea of narrative as a root metaphor for psychology and describes his narratory principle "that human beings think, perceive, imagine and make moral choices according to narrative structures" (Sarbin, 1986, p. 8). In the current study, we work from this narrative perspective of psychology and contend that people consciously and unconsciously organize the chaos of existence in a world full of meanings, discourses, and symbols in narrative form.

Many researchers have looked at the phenomenon of recovery from a narrative perspective (e.g., Hydén, 1995; Jacobson, 2001; McLeod & Lynch, 2000; Ridgeway, 2001; Rogers, May, & Oliver, 2001; Schiff, 2004; Weaver Randall & Salem, 2005) and have come to some valuable insights for clinicians about its process and course. For example, recovery typically is defined in the medical model in terms of a static or fixed goal rather than an ongoing process of change and growth. Hydén (1995), in contrast, contends that recovery or mental health should not be thought of in terms of a goal to be reached or an objectively measurable attainment but as a renarration of one's cultural, social, and psychological elements of self. The experiences of psychological distress and recovery in Hydén's view are inextricably tied to the overall life narrative; thus, the social, cultural, political, and spiritual contexts of one's self must be taken into account in the study of recovery narratives. Hydén explains that "by being linked to a life narrative, the patient's recovery acquires meaning within the context of his or her aspirations and self-image, and becomes a part of the individual's evaluation of his or her life" (Hydén, 1995, p. 76). Similar to McLeod and Lynch's (2000) work, Hydén writes about recovery in terms of how a person conceives of his or her good-life narrative.

McLeod and Lynch (2000) conceptualize psychotherapy as the task of renarrating a fractured or disorganized life story into one that more closely resembles what the person imagines as their good-life narrative. Thus, recovery is not only about symptom reduction but instead a dialogue between client and therapist about what it means to live a good life. The shift in focus from recovery in a medical sense to the meanings of living a good life brings with it a broader range of moral, ethical, spiritual, sociopolitical, and cultural elements into the therapeutic dialogue. Although they do not deal with it directly in their article, McLeod

and Lynch do draw attention to the psychosocial nature of reevaluating the good-life narrative: "Attention to the stories of the 'good life' hovering around the therapy room takes the focus away from the inner, individual self, and back out into the relationship between the person and the culture in which they have being" (McLeod & Lynch, 2000, p. 404). We contend that the authors need to press this issue further and explain exactly the role society's metanarratives play in the creation of a good-life story.

Personal narratives are created not only within a certain social context but also in relation to cultural norms and ideals of the good life. As Freeman and Brockmeier (2001) explain, our self-identities emerge

> in line with specific social, historical, and discursive conditions regarding the importance of the individual as well as the importance of accounting for the life one has led in line with an overarching cultural system of ethical and moral values. The narrative integrity of the self emerges within this interplay. (p. 83)

The extent to which people's life narratives are in congruence with prevailing notions of the good life can be understood in terms of what Freeman and Brockmeier (2001) call "narrative integrity." The authors define narrative integrity "as the conceptual space where autobiographical identity and the meaning of the good life meet" (Freeman & Brockmeier, 2001, p. 97). Narrative integrity can be evaluated in terms of both aesthetic cohesiveness or coherence and the extent to which it models the ethical or good life. Narrative integrity, like narrative truth (Spence, 1982), reflects the extent to which the pieces of the story fit together or reflect the good life to our satisfaction and has less to do with metaphysical or historical truth.

Based on the previous recovery research and our conceptual framework of the life narrative, the concept of recovery may take on an assortment of meanings. For example, recovery may mean restoring a sense of narrative integrity to a life story that was interrupted by a personal crisis, period of emotional distress, or spiritual emergency. Recovery may be introducing an alternative telling of the life story to make this narrative richer and multidimensional. Recovery may also mean no longer striving for the goal of normality as advocated by mainstream cultural scripts, instead accepting a wide variety of experiences as a part of being human rather than pathologizing them. This recovery process

may involve rejecting a previous self-narrative such as defining oneself as a schizophrenic or clinically depressed and creating a new narrative identity of a psychiatric survivor or human rights advocate. Narrative deconstruction and reconstruction is one part of the process of recovery, and another important piece is coming to realize how one defines his or her good-life narrative.

Because narratives of the good life are conceptualized in terms of cultural norms and values, thinking about recovery in these terms marks a conceptual shift from the personal to the political. From our standpoint, people are not self-contained individuals but rather expressions of the sociopolitical milieu in which they live. Thus, recovery or living a good life is not only a personal story but also connected to larger spheres of meaning making, such as transpersonal reverence, spirituality, political activism, and social justice. The psychiatric survivors interviewed in this study are an example of a group of people who have revisioned the recovery process in terms of living a good life and have reconnected personal narratives of healing to political matters of consciousness-raising and social justice.

The psychiatric survivor movement is composed of a diverse array of people who define their experiences of psychopathology and recovery in a variety of ways. Some survivors, such as the 4 participants in our study, choose to participate in local and national political activism to address the social injustices they see as being connected to their personal struggles. Others who self-identify as psychiatric survivors are not active participants in the movement yet support its mission and resonate with its goals of creating alternatives in the mental health system. Therefore, it is not our intent to advocate one specific path of healing or try to pin down a static definition of the good life that categorizes the experiences of all psychiatric survivors. Rather, our intention is to stay close to the participants' narratives, which speak to a unique vision of the good life that links personal healing with political activism both in and outside of the context of the survivor movement. The participants' narratives also highlight a renewed sense of purpose or calling to dedicate a large part of their lives to working for the betterment of others' lives. Thus, in addition to political activism, there is a renewed sense of transpersonal reverence for humanity and the plight of the world at large.

Everett (2000) has studied the relationship between the consumer/survivor movement and the Canadian mental health system. She demonstrates how the movement connects individuals'

personal experiences to matters of political engagement in a shared social discourse of protest, resistance, and empowerment. The author explains that "these new movements [i.e., consumer/survivor] don't separate individual change from collective action. Instead, members see their own individual transformation as integral to wider societal change. In other words, they make the personal political" (Everett, 2000, p. 56). Everett points out two ways that survivors transform their personal experiences into social action and political causes. One is by sharing with other survivors their past experiences and new perspectives on life and the mental health system. The second way is when these individuals listen to their peers' stories and "through these vicarious means, come to embrace a politicized identity" (Everett, 2000, p. 106). A collective sense of strength, solidarity, and feelings of anger directed toward the psychiatric system are generated among survivors in such exchanges of personal experience, and these dialogues become the catalyst for protest, advocacy, social action and change. Bonnie Burstow, a psychotherapist and activist in the psychiatric survivor movement, calls on other progressive psychotherapists to support and connect with the survivor movement in their private practices, advocacy work, and writing (Burstow, 2004). Psychologists have much to learn from the testimonials of psychiatric survivors, and through the acknowledgment of these accounts in our practice and research, their experiences finally are given the attention and respect they deserve.

METHOD

In the current study (see Adame, 2006, for a complete explication of the methodology of the study), I (Adame) conducted four semistructured interviews with self-identified psychiatric survivors and examined their stories of recovery in relation to the master narrative of mental illness. The first author was previously acquainted with 3 of the participants (Oryx, Will, and Cheryl) from her earlier involvement in a local survivor group in western Massachusetts. One of these participants recommended that the first author contact the fourth participant (Ruta) about becoming involved with the current study. These 4 participants were chosen because of their long-standing and active involvement in the survivor movement, their self-identification as psychiatric

survivors, and the diversity of their life experiences (e.g., gender, cultural background, diagnosis, experience in mental health system) and stories of recovery.

We have chosen the qualitative approach of interpretive interactionism (Denzin, 2001) because of its emphasis on rich descriptions and a holistic understanding of the ways that people create meaning in their lives through the use of language and stories. Bassman (1997) notes "consumer/survivors are finding validation in narrative approaches that seek to understand life experiences as constructed stories" (p. 240). We then contextualized our interpretations in terms of the dominant cultural discourses that have influenced and shaped the survivors' narratives. From our qualitative approach, we strove to achieve a nuanced understanding of the construction and form of the recovery narratives as well as an interpretation grounded in the dominant social discourses from which these narratives emerged.

In the following sections, we present the results of the current study that describe the conceptual shift from how these 4 psychiatric survivors define recovery to what they believe constitutes living a good life. We have chosen to present the survivors' narratives in stanza format (Gee, 1986, 2005), which we believe helps to re-create the lived experience of the participants' words and engages the reader at an experiential level. We agree with Clark, Febbraro, Hatzipantelis, and Nelson (2005) that the poetic form can help us "write in ways that empower those marginalized people who speak in 'nonscience' voices" (p. 915) and highlight the co-constructed nature of the narratives created between ourselves and the participants.

RECOVERY AND THE GOOD LIFE

This is a good life.
This is very happy, very alive,
very connected to my purpose.
I'm part of, I believe,
a small group of people who are working to
drastically reshape the paradigm of mental illness
in this dimension at this time.
You know, that's nice to be
connected to something so lofty. (Cheryl)

The original aim of this project was to understand the phenomenon of recovery from the perspective of the survivor movement. However, framing this question in the language of the medical model had the potential to distort our interpretations of the survivors' narratives. After experiencing this epiphany about the power of language over our perceptions, the project began to take on a slightly new trajectory. We began to focus less on recovery and more on what it means to live a good life. When we posed this question to the participants, nearly all of them responded that they believed they were living a good life, one that was connected to a purpose greater than themselves and allowed them the freedom to pursue their passions in life. The one exception was Will, who explained that living a good life is relative to the environment in which we dwell; thus, given the dis-eased state of the world today, he is not sure that a good life is possible as he envisions it.

The most fundamental misconception that comes with the word *recovery* is that the person was sick in the first place and is thus recovering from an actual illness. The experiences that survivors described could be called psychopathologies in the original sense of the word—suffering of the soul. However, even if we label those painful experiences as such, the survivors acknowledged that these pathologies were important parts of their lives and identities and not something to recover from per se. Most felt that if they had anything to recover from, it was the mental health system. They described a healing process that involved such themes as getting off of psychiatric drugs, living a life independent of mental health services, finding meaningful work, becoming involved in political activism, and forming relationships with other people.

The survivors interviewed described a good life that is based largely on political activism, community building, and consciousness-raising. As we will describe in the following sections, we witness a major shift in the positioning of the survivor movement's alternative narrative in relation to the master narrative of recovery. There is a marked transition from personal narratives of healing to politicized narratives that take up issues such as social justice and creating an activist identity within the survivor movement.

The participants described their journey out of the mental health system and the sterile and depersonalized language of the medical model devoid of moral, political, and spiritual discourse. In contrast, the discourse of the good life reconnects the individual with the environment, society, other people, and most important, a greater purpose in life, or destiny.

I think in terms of just
realizing that we're part of a bigger picture.
A bigger universe
that makes sense,
and we have a place in it.
That things are interconnected
and we are interconnected.

It's helpful.
It's something bigger than yourself.
Because we're in a society
that places so much stress
on the individual.
And to realize that
I am important, yes.
But I'm also part of this bigger thing.

Yeah, service to the greater good of the whole universe.
You're small but you're important.
You don't have to sweat the small stuff
because ultimately there's a
much bigger picture out there.
The little stuff doesn't matter.
Helps keep things in perspective. (Oryx)

When asked to describe what living a good life meant for her, Ruta replied,

Simplest way is
getting to have a life of my own.
How it feels.
Not feeling jailed by
fear, or shame, or guilt, or all those things.
Being out in the world.
Having connections with life.
Whatever ways they show themselves to me.
It's just, wanting to live now, and enjoying it. (Ruta)

The process of reengaging with the world often begins with joining countercultural communities, such as the survivor movement, which call into question social injustice, institutional oppression,

and other abuses of power and authority. For example, 2 of the survivors interviewed began a grassroots support and advocacy group for survivors, ex-patients, those labeled as mentally ill, and people who experience extreme states (a third participant is an active member in this group as well). This once-small group has grown rapidly during the past 4 years in membership as well as in advocacy initiatives and has also gained respect in the wider community.

Ruta became involved in advocacy work and the survivor movement by starting a nonprofit newsletter for self-injurers, which during the past 15 years has created an international community of ex-patients and survivors from all walks of life.

> When I started trying to do these
> connections with other people,
> out of a couple of those workshops
> people decided that they
> wanted to stay connected to each other.
> And we were from different parts of the country,
> so I started this little newsletter
> to stay connected.
>
> Actually trying feel like
> I was of service,
> of use to somebody else
> with the newsletter.
> Because it literally took everything I had
> to come out with the quarterly issue,
> of a couple-page editorial and some reviews,
> and whatever poetry or writing or artwork
> that people would send in.
>
> That took me to my limit of struggle
> 'cause it's so emotional.
> But then when people send in a letter saying,
> "I thought I was alone."
> It's like, yeah I thought so too.
> Boy, I'm glad I did something about it,
> which just seemed to take off. (Ruta)

All 3 of these participants spoke about how their advocacy work sustains them and emphasized the importance of being involved in projects that serve the greater good. In other words, the political activism these survivors are engaged in is not simply for their own personal healing but more broadly conceived

as healing through attempts to change the world for the better. Living a good life of political activism also implies joining with a countercultural community of voices that together has the strength to openly question and challenge the status quo.

I think the definition of healing is:
It's not about me.
And it's not about how
I think things should be.
It's just like, what piece can I do?
And then just leave it.
If it's going to have an impact, it will.

And there's been a couple times in my life
when I was selectively mute.
I just stopped talking.
And now it's like
I go in front of a microphone,
and I'm actually happy to have the privilege.

I think to me,
my work now is a privilege.
There's so many people who went through
things similar to what I did,
who would like to have
their voices heard in Washington.

And then I get behind the microphone
and get to say what I think.
And that keeps me going.
Because I don't wash down what I'm saying
because I think of the people
that are still in the institutions.
And the faces of the friends I've made
for whom this is a passion.

So it's been really fun because it's—
the fear is gone.
For the person who's lived
her whole life fear based, it's like
oh, give me the microphone.
I've got something I want to say.
I represent a group of people
that I honor deeply,
and it's been a real privilege.

Not that you don't end up
in the bathroom crying sometimes
'cause you're so upset.
But that's OK. You know? (Ruta)

IT'S NOT ALL ABOUT ME: DESTINY AND THE GOOD LIFE

Countercultural communities such as the survivor movement can be empowering because people are no longer forced into master narratives of mental illness and recovery. The question that then arises is whether there are some counternarratives that are better than others. Does each person get to define what a good life means for him or her? If so, are there some good lives that are better than others? Are they all good? Obviously, conversations about what constitutes a good life have the potential to degenerate into relativism but only if we continue to conceptualize the good life subjectively, as a personal choice. Existential, psychodynamic, and archetypal theorists alike (e.g., Buber, 1958; Friedman, 1992; Hillman, 1996; Horney, 1950; Maslow, 1968; May, 1983; Yalom, 1980) have posited the idea that each person is born with a unique purpose, gift, or destiny in life, and living a good life means serving that greater purpose, which is in service of the soul of the world. From this perspective, living a good life is not a subjective choice or personal expression. Destiny is not to be confused with fatalism; people still have to make choices as to what they want to do with their lives, but some choices bring us closer to fulfilling our life's purpose.

The survivor movement supports and encourages people to express their personal freedom and ability to make choices about their lives and right to refuse psychiatric interventions. Within countercultural communities, dialogical clearings are created for survivors to redefine their symptoms, mental illnesses, and recovery in any way they see fit. This dialogical space also allows for open questioning of the mental health system and many of Western society's values and cultural norms that many survivors find corrupt and flawed. The survivors we interviewed readily acknowledged the importance of having the freedom to give voice to their own experiences and choose their healing paths. At the same time, our conversations about what it means to live a good life went beyond self-expression and personal choice, centered instead on living a life in service to others in need.

Will, a lifelong activist committed to such causes as environmentalism, antimilitarism, and social justice is one such individual who has dedicated much of his life and energies toward advocating for those who are still oppressed, abused, and mistreated by the psychiatric system. When asked to describe what living a good life meant for him, Will discussed his unique perspective of the good life and the tension that exists between a self-definition and recognition of the larger forces at work directing our lives:

> I think that I have a personal view that's not . . .
> that wouldn't be necessarily be a view
> that the survivor movement as a whole would take.
> Which is that the good life isn't a personal expression.
>
> It's not, how do I find the good life?
> How do I have a good lifestyle?
> That's already seeing it as a commodity that you can achieve.
> And it's seeing it as part of the mainstream ideal
> that if you play a certain kind of game and you're successful in that you're going to have the good life.
>
> It puts the focus on the individual's virtue.
> And I think that the real question is,
> what kind of values our society has?
> And what kind of life is our society promoting?
>
> Look at the amount of poverty
> that our economy tolerates.
> The kind of serious social problems
> that aren't being addressed.
> Like domestic violence,
> and violence against women,
> and environmental problems.
>
> I mean these are all, to me,
> bound up in the idea of what is a good life.
> So it's not like an individual thing.
> It's that it's a group thing.
> It's a social thing.
>
> So, for me in a sense,
> I don't think the good life is possible for me
> because I'm tied up with this society and this planet,
> which is already way out of bounds, and very much unhealthy.

> So my own health and my own good life is really connected to the larger.
>
> So that's one of the reasons that
> I'm really involved with social activism and social projects.
> And I think that communities of people and movements of people
> can create more positive, healthy oases inside of this
> larger, unhealthy, problem-riddled society.
>
> But I think that that's limited.
> I mean, I don't have any illusion that
> I'm going to be ever 100% healthy
> because I don't think the planet is going to be
> 100% healthy. (Will)

Will's response to this question was strikingly different from how the other 3 participants answered the question. Ruta, Oryx, and Cheryl all said that they currently are living a good life, but in the passage that we presented, Will talked about the meaning of the good life in terms of an individual's life being inextricably connected to a larger collective. Thus, it was impossible for Will to say what a good life means for him alone because his life is embedded within the social, economic, environmental, and political contexts that shape the meaning of the good life. Will prefaced his response to our question about the good life by saying that his is a perspective that may not be embraced by the movement as a whole. Yet in terms of this study, which does not aim to come up with a single, boiled-down definition of the survivor movement and its vision of recovery, his answer was not problematic. Will adds a crucial new dimension to the argument that the survivors' narratives were less of a personal recovery narrative and more of an alternative narrative about living a good life.

Will's response to the question about the good life is also a critique of the American capitalistic and consumerist version of the good life that implicitly underlies the culture of mental health care and therefore grounds the master narrative of mental illness and recovery. He suggests that adhering to this vision of success not only distracts us from the collective suffering that surrounds us but also leaves us with a good life that is shallow and disconnected from meaning or a sense of higher purpose. In other words, the pursuit of the American dream has the potential to create an "empty self" (Cushman, 1990) that seeks fulfillment through comparably meaningless possessions and activities. Speaking from the position

of a first-generation American of Eastern European descent, Ruta also had a critical point of view of the American dream. Like Will, she was cognizant of her counterpositioning to American cultural scripts of the good life. She also discussed her juxtaposition between two very different cultures. Ruta initially pursued a traditional path of self-reliance in an attempt to achieve a successful, happy life. In retrospect, she realized that the ideals promoted by the American script of the good life were a destructive illusion. Both Ruta and Will currently live lives based on the values of simplicity, a sense of community, meaningful relationships, and service to social, political, and environmental causes.

Will's narrative about the good life also introduced the idea of destiny or calling, which helped in avoiding the potential to fall into relativism when talking about what it means to live a good life. He demonstrated why living a good life is more than just doing what you want to do or a personal expression. Living a good life means living in service of what your life (or calling) asks of you. Different cultures of therapy, such as cognitive-behavioral and biological psychiatry, offer their own versions of what it means to live a good life, but these approaches place the focus on the individual's psyche (or neurotransmitters) rather than the state of person's environment. The psychiatric survivors who participated in this study have adopted a more holistic approach to living a good life that is in service to others as an engaged political citizen.

It is vital to make a distinction between the individual and the collective when discussing what it means to live a good life for the psychiatric survivors interviewed. The master narrative of recovery seeks to quell individual dis-ease without honoring the larger context and meaning of such suffering. The goal of recovery is relieving a person's discomfort, whereas the alternative narrative focuses on living a meaningful or purposeful life, which most likely will include some periods of distress. In other words, the alternative narrative eliminates the dichotomy of either health or illness and replaces it with simply living. The survivors then connected the idea of living a good life to a life in the service of some higher purpose that is greater than the individual and that gives back for the benefit of the general good. However, this notion of the good life also opens up the question, Are there some narratives of the good life that are better than others? Who is to say what is good and what is not? In the following section, we will discuss our thoughts regarding these questions in light of the participants' narratives and our own clinical experiences.

IMPLICATIONS FOR MENTAL HEALTH PROFESSIONALS

The etiology and maintenance of psychopathology, we believe, are tied to the notion of not living a "good life," a complicated idea that is connected to ideals of living a life of meaning and purpose, service to others, humility, and selflessness. Briefly described, each of our lives has a unique purpose, but we never can be certain of exactly what our purpose or destiny is, nor if we are on the right course toward fulfilling it. However, we get clues through dreams, exploring the imaginal realm of the world, and exploring the significance and meanings of psychopathology.

The primary role of the psychotherapist is to bear witness to the client's psychopathology and join with him or her in an exploration of its many layers of meaning and implications for what it means to the person to live a good life. The process or journey of therapy and healing is the focus rather than a fixed goal or final outcome, because as our lives continue to change, so will our goals and aspirations. Recovery or living a good life does not guarantee a happy ending—a life free of worry, pain, and unexpected tragedies. All of these things will inevitably continue, but what changes is how the person experiences or makes meaning from them. Having a good life means experiencing *more*; a life lived more deeply. This is not the same as living happier, better, or healthier. Experiencing more means living with the joys as well as the sorrows and recognizing that it is all part of the journey.

When one experiences more, the person may be able to embody and express anger for the first time since the occurrence of a trauma. In the case of ex-patients and survivors, an important part of recovery means construing and using that anger in a new way—turning it outward to address the social systems and institutions that led them to believe that they were sick, insane, and defective. The anger and fear are no longer directed toward oneself for being a dysfunctional, broken person. It is reconstrued as a vehicle for social protest against the doctors and the system at large that crushed his or her spirit for so long.

The survivors we spoke with generally agreed that for them, a good life necessitates qualities such as humility and compassion, a selfless desire to improve the lives of others, and a sense of purpose or commitment to some higher cause greater than ourselves. Such a selfless commitment to others may suggest a transcendence of ego, but it is more accurate to say that in these survivors' lives, there exists a balance between care of oneself and care for the

well-being of others. For there would be a potential risk in focusing only on the collective to the exclusion of the individual, which means losing one's unique voice and special gifts to the world by becoming completely absorbed by the community. Like so many things in life, the good life requires a delicate balance between recognizing the individual's uniqueness and abilities and using those same talents to give back to others instead of focusing exclusively on self-growth and self-transformation. As Buber points out "you *begin* with yourself, but you do not *aim* at yourself" (cited in Friedman, 1992, p. 17). Thus, living at either extreme of the continuum freezes our meaning-making processes, limits our ability connect with others, and leads us further astray from the path of the good life.

Different visions of the good life have the potential of collapsing into relativism. Maybe one distinction to be made between relativism and a firm philosophical basis on which to stand is the capacity and willingness to help others live out their good lives. Medicalization of people's problems in living may discourage them from recognizing their strengths and derail them from the path of their good life. They remain trapped in a holding pattern of normality or functioning in a world that is harmful to maintain and adapt to. Adaptation to a society of greed, corruption, violence, sexism, racism, and homophobia is hardly a good outcome; many unknowingly maintain these standards by playing into the ideals of radical individuality and progress and efficiency at any cost.

One example of an alternative narrative connects the individual voice to political movements and activism groups that challenge and critique the status quo. For many people, the psychiatric survivor community provides a dialogical space for those who do not conceptualize or narrate their struggles and distress in the language of the medical model. The survivors interviewed rejected the notion that the problems in their lives and various experiences of altered consciousness were the result of a biochemical imbalance. Instead, they connected personal problems with political, societal, and existential ones, such as oppression, discrimination, unemployment, poverty, and life's lack of meaning and purpose. This blending of the personal and political also served as a catalyst for involvement in local activism, resistance, and working to change the status quo that they believe created the conditions for dis-order and dis-ease in the first place. In this sense, recovery or the good life meant recovering a connection to one's life purpose—helping and serving others by passing on your story, experiences, and wisdom to them.

For further readings and resources on the psychiatric survivor movement, please see the following:

http://www.mindfreedom.org
http://www.narpa.org
http://www.freedom-center.org
http://power2u.org

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