

Introduction

At the end of her provocative memoir about her experiences with schizophrenia, law professor Elyn Saks expresses the value of a good life for everyone, including those with mental illness: “What I rather wish to say is that the humanity we all share is more important than the mental illness we may not. With proper treatment, someone who is mentally ill can lead a full and rich life. What makes life wonderful—good friends, a satisfying job, loving relationships—is just as valuable for those of us who struggle with schizophrenia as for anyone else.”¹ Even while struggling with illness, people can acquire the components of a good life, including supportive friends, care from loved ones, and a job or other activity that provides meaning. In order to achieve these aspects of a good life, however, they must learn how to cope successfully with their illness. And in order to cope, they must develop some resilience.

Ken Steele, who also recovered from schizophrenia, conveys his hope for the future at the end of his memoir, *The Day the Voices Stopped*. He looks forward to a time when people with mental illness will no longer live secluded from society but rather be integrated into it, living the kinds of lives that those without mental illness are capable of living: “I have a vision that goes like this: In this new century [the twenty-first century], mentally ill people will have the science, the organized voting strength, and the means to leave our ghettos of isolation behind us. We will finally join with the mainstream community, where we’ll be able to live as independent individuals and not as a group of people who are known and feared by the names of our illness.”² In his vision, Steele imagines that mental illness will no longer dominate a person’s life and the way they are seen by society; instead, a person will be able to manage their illness and not be defined by it.

In order for a person to avoid having illness control their life and to be able to live a life of meaning despite having illness—and thus, in a certain sense, to be able to engage in recovery—they must have the resources, support, and opportunities that enable them to manage their illness and grow from it rather than be diminished by it. Living a life beyond illness requires having the resilience to cope with struggles and to adapt to changing and challenging circumstances, a resilience that can only be attained through the support of individuals and institutions that can provide the resources and opportunities needed to cope. Steele’s hope for the future is attainable—if society supports those with mental illness by providing them with the tools they need.

Resilience is the capacity to cope with difficult circumstances by changing the situation or—when one lacks the power to change one’s situation—by changing oneself to adapt. With resilience, people can deal with adversity successfully, in a way that allows them to flourish as human beings. Resilience is a necessary component of recovery from mental illness, for people can learn to cope with their illness, even if they cannot control the fact that they have illness or how it manifests, when they have the tools that enable them to cope. As this book argues, society plays an important role in creating the conditions that allow people to be resilient, making it possible for people with mental illness to cope with their illness successfully. With adequate support, resources, and opportunities, individuals and institutions in society can provide what is needed so that people with mental illness have the resilience to be able to recover.

I started thinking about resilience after my recovery from psychosis in the early 2020s. Having been diagnosed with bipolar I disorder when I was twenty-five years old, I cycled through manic, depressive, and mixed episodes (interspersed with periods of feeling “normal”) for over a dozen years. Then, in 2017, I had a psychotic break and struggled with psychosis for much of the next two years, sometimes also depressed and suicidal and sometimes not. When I was very depressed and psychotic in April 2018, I was hospitalized for a week; after that, I spent months in an intensive outpatient program in between teaching my classes.³

Over the course of these two years of being sick with psychosis and depression, I made several medication changes as my psychiatrist tried to stabilize me with various antipsychotic, antidepressant, and anti-anxiety medications. When I reached a sufficient dose of mirtazapine in January 2019, the suicidal thoughts and depression finally went away. It wasn’t

until I was on a relatively high dose of ziprasidone and a small dose of risperidone, beginning in July 2019, that the psychosis finally receded.

Recovery did not happen immediately; it took me many months of working hard after beginning the risperidone to be able to recover. Although the risperidone eliminated the strange experiences I had been having—what are chalked up as hallucinations and delusions—it did not by itself make me better. I had learned all kinds of harmful habits of thought and feeling, and I had developed a dependency on my husband and a sense of helplessness and lack of autonomy and agency. Now in recovery, I had to relearn how to make decisions for myself and how to act in the world and interact with others appropriately. After two years of feeling generally incompetent, I had to relearn how to be competent at many activities in my life, and I had to develop the confidence and trust in myself that I could handle whatever came my way. After about a year of no longer being psychotic, I finally started to feel “normal” and started to learn to trust myself to be able to act in the world in the right sorts of ways.

As I continued my recovery, I wondered what it was that enabled me to recover besides being on the right medication. What attitudes did I have to have to be able to try new treatments, to do what my psychiatrist and therapist suggested, and to participate consistently in my recovery? What skills did I learn that were useful, and what virtues did I develop in working on my recovery? What inner resources was I able to draw upon and what external resources did I need to rely upon to make recovery possible? How did having more privilege than the average person with severe mental illness help me to recover more easily? In short, I wondered what made me resilient during this time of recovery.

During the two years that I was sick, every step forward in my healing (for example, attending therapy and psychiatrist appointments, trying to do what my doctor and therapist suggested) was accompanied by a step back and a return of the psychosis and/or suicidal thoughts. During this time, I could not sustain positive change. While I was sick, recovery had seemed impossible, which made me feel like I was incapable of getting better. What, besides medication, made it different this time? What enabled me to get better after two years of feeling so stuck?

Resilience is the process of being able to deal with adversity by learning how to manage difficult situations, and oneself, so that one is not torn apart by the experience of difficulty. When I was sick, psycho-

sis severed me by destroying my sense of self, agency, autonomy, and identity. At times, I welcomed the strange experiences I was having and let the psychosis do what it would to me. At other times, when I was in sufficient despair, I tried taking steps to manage the psychosis, such as trying new medications and trying different therapeutic techniques my therapist recommended. But I could never manage it sufficiently to not be undone by it. The psychosis always came back, with full force, as if I hadn't done anything to try to mitigate it. Until it didn't.

After trying the risperidone, and practicing many techniques my therapist taught me, I was finally able to manage the psychosis—and myself—so that the psychosis no longer undid me. Remnants of psychosis remained, but I was able to control them. With intensive outpatient therapy and weekly sessions with my talk therapist, I had changed enough of my self—improving my agency and autonomy, increasing my capabilities and competence in many things, getting better at accepting what I couldn't control, and taking responsibility for what I could—that I could deal with the difficulties of psychosis itself and the effects it had had on me for those years. I had changed myself, and I was able to manage my circumstances better so psychosis no longer locked me in its grip. And I wondered: How did I eventually become resilient enough to be able to deal with psychosis and its aftermath? How was I finally able to change after so many times of trying?

My heroes have always been the people who face significant adversity—particularly the inner demons of various forms of psychological torment—and are compromised by that adversity, yet somehow manage to continue to fight it. They are the people who, no matter how many times adversity knocks them down, and no matter how many times they have to try again, reengage the fight as many times as it takes. They don't give up, not for good. They might give up temporarily—inner demons tend to make us give up on ourselves at some points—but they somehow manage to reengage. The perseverance involved with fighting adversity is what I admire most in people. People who are resilient have this perseverance: they continue to reengage, trying to manage their adversity, no matter how many times and how badly it knocks them down.

The particular people whom I have admired have changed over time. When I was younger, and my manic and depressive states were overwhelming, I admired other bipolar individuals and fixated on Scott Weiland, who was the lead singer for the 1990s band Stone Temple Pilots. I interpreted all of his songs as being about being knocked down and

getting back up to fight, and I was deeply inspired by what I saw as his resilience, his perseverance in not ultimately giving up. Over the years, I developed fantastical beliefs tying my own fate to his, so that when he ultimately died of a drug overdose, I thought it was a premonition of my own demise. Antipsychotic medication has released me from these delusions so that I no longer connect my fate to his. Rather, I am sorry that he ultimately lost the fight. I am also grateful for, and inspired by, all the fighting he did along the way.

Today my heroes tend to be people who have suffered from psychosis and have learned how to live successful lives on their own terms, managing their illness so it does not rule their lives. I am especially inspired by people like Steele and Saks, both of whom have overcome significant difficulties related to their experiences with psychosis in order to live meaningful and purposive lives. This book borrows from their stories to offer a more complete and humanistic account of the kind of resilience necessary to address mental illness. There is much we can learn from the experiences of others. In my analysis, I draw upon the experience of Steele and Saks to explore what resilience is in the context of recovery from mental illness and what it requires. I summarize aspects of these individuals' stories and reflect on the significance of their experiences throughout this book.

One of the major themes that arises from looking at these two individuals' stories is that social and institutional support is necessary for people to be able to cope with mental illness, but that social and institutional support, in order to be efficacious, must be just. As we shall see, Saks believed that she could overcome her mental illness on her own if she only tried hard enough, but she learned through many setbacks that she could not do this alone; she needed social and institutional help. It was necessary for institutions and individuals to provide the support, resources, and opportunities required for resilience. At the same time, supplying aid and support is not sufficient; as we shall see from Steele's story, resources, support, and opportunities need to be provided in just ways in order for people to be able to access and use them efficaciously. Steele was victim to many different kinds of structural injustices in our society and was only able to access the resources, support, and opportunities he needed when the systems that he was working within were structured more justly. Being able to cope with mental illness requires social and institutional support, which must be given in a context of social justice.

Being beaten down by illness and then finding ways to manage it without losing one's agency, autonomy, and identity is something that

many people with mental illness experience in the process of recovery. Mental illness makes people vulnerable to specific kinds of harms, some direct and others indirect, which can cause a person to lose functioning, agency, and autonomy. Mental illness interferes with people's basic need for mental health, sometimes making it difficult for a person to go on living as a human being. When people find ways to manage their mental health challenges, they are often able to recover from mental illness, not in the sense that mental illness disappears—for some people, it is never eliminated—but in the sense that it no longer has to dominate a person's life.

Recovery from mental illness can be understood as finding a way to go on living and having a rich, full life despite having mental illness. It involves figuring out how to live the kind of life a person wishes to live, given the constraints they have. Recovery is a nonlinear journey that can involve various obstacles and setbacks, not necessarily progressing toward a continuously better end, but progressing nevertheless toward the ends a person desires at a given time, based on where they are at that time. While vulnerabilities can create major constraints that people have to deal with and work around, recovery provides them with the openings and options that allow them possibilities in going forth.

Recovery requires resilience, because it requires that people learn how to cope with their illness so that they control it rather than the other way around, and how to direct themselves in ways that allow them to cope. When a person finds a way to manage their mental illness, they are able to mitigate the losses mental illness tends to produce and sometimes even grow from their experiences of adversity, making it easier for a person to go on living, and even to flourish, despite having illness. Overcoming mental illness is not always possible; sometimes people live with illness for long periods, even their whole adult lives. Yet they can still be in recovery from mental illness when they are able to live meaningful lives despite their illness.

Understanding the types of vulnerability mental illness produces and the kind of resilience needed to address it involves, for me (as a philosopher), philosophical analyses of resilience, vulnerability, responsibility, internal and external resources, social support, and meaning. While resilience is addressed extensively in some fields, including psychology, ecology, engineering, and crisis management, it has not been studied to the same degree in philosophy. A philosophical account of resilience in the context of mental illness requires assessment of the concept of resilience; analysis of the concept of vulnerability to better understand

the nature of harm to which mental illness subjects people; delineation of social support; analysis of responsibility for getting basic needs met and for creating structural justice; examination of meaning; and analysis of necessary components of resilience, including internal and external resources, support, and opportunities.

This book begins with an assessment of the concept of resilience, arguing that we should understand resilience not as “bouncing back” from adversity but rather as having the capacity to mobilize adequate resources, support, and opportunities effectively to deal with adversity in a way that enables a person to flourish as a human being by increasing their core capacities of agency, autonomy, and meaning-making. Resilience is traditionally thought of as the responsibility of the individuals coping with adversity to cope on their own, but in fact resilience typically has a social context where people learn how to be resilient from others and where they acquire the tools necessary for resilience from society. Resilience is thus the responsibility of all individuals and institutions within a society; individuals and institutions create the conditions that enable resilience by providing people with the resources, support, and opportunities necessary for coping with mental health and other life challenges.

Chapter 2 analyzes the concept of vulnerability as it applies to mental illness, explicating the various types of vulnerabilities to which people with mental illness are subject. Mental illness makes people especially vulnerable because of the way it creates and exacerbates a wide variety of potential and actual harms, compounding a person’s vulnerability. Many of the harms that people are subject to are social in nature, arising from the ways that people are situated in relation to others within their society; addressing these vulnerabilities thus requires addressing the social conditions that give rise to them.

In chapters 3–7, I examine what inner resources and external resources, support, and opportunities are required for resilience, showing how these all have a social context in that they can only be obtained through social provision and social interaction. Chapter 3 shows that people develop the inner resources that enable resilience only through social interaction and learning from others. People can cope with their circumstances only by changing them (when they have control over them) or by adjusting to them (when they do not) when they learn the requisite virtues, skills, and dispositions through social engagement.

Social interventions provide the means that enable resilience. Chapters 4–7 look at what responsibilities individuals and institutions have to

provide the resources, support, and opportunities that people need to be able to cope with adversity. Social support is delineated in chapter 4, which argues that individuals have a duty to protect the vulnerable and a duty to care. Both of these duties require people to interact intentionally with those who have mental illness in ways that support them, which helps diminish their mental disorder symptoms and makes life more manageable for them.

The responsibilities of institutions to realize people's human rights and to create structural justice are analyzed in chapters 5 and 6. Chapter 5 argues that the vulnerability of individuals gives rise to the responsive state, which creates institutions specifically designed to realize people's human rights in part by meeting their basic needs. As the United Nations recognizes, individuals have a right to mental health, which must be fulfilled by institutions that have as their responsibility to meet people's mental healthcare needs by providing them with the resources and opportunities needed for resilience. Chapter 6 argues that institutions have duties of structural justice to create conditions that are just so as not to subject people to negative social factors that imperil mental health. Part of how they accomplish this is by carrying out duties to listen and to be responsive to the needs and concerns of vulnerable individuals.

Opportunities for finding and creating meaning and purpose in one's life experiences are explored in chapter 7. One of the factors that enables resilience is the ability to find and create meaning through social engagement, meaning-making, and participating in meaningful activities such as work. When people interact with others in meaningful ways, they develop support and a sense of belonging that helps them cope with difficulty. When people are able to engage in cognitive reappraisal and narrative construction, they can make sense of their experience by making it intelligible. And when people participate in meaningful activities such as work, caretaking, volunteering, making art, and being in nature, they can experience the present moment peacefully as well as develop and work toward goals that are meaningful to them. By creating meaning in their lives, vulnerable people can use this meaning and purpose to help themselves cope with difficult circumstances such as mental illness and other life challenges.

This book is primarily intended for philosophers, students, and other academics interested in the topic of resilience, as there are no book-length treatments of resilience in the field of philosophy besides anthologies, and a philosophical analysis of the concept is badly needed. However, the book

is also useful for mental health professionals and the institutions they work for who want to better understand how they can support people with mental illness in their recovery; this book shows that interventions must be pluralistic and focus in part on increasing social connections, social interactions, and social relationships, as well as social provisions of resources and opportunities. In addition, the book can be used to guide policy around mental health services, as it explores the institutional responsibility that various institutions within a state government have to protect, support, and meet the needs of people with mental illness. Finally, the book may also be useful to individuals supporting people with mental illness who want a better understanding of the social context required for resilience and recovery so they can better understand the parameters of their own responsibility in offering support.

Some of my examination of what is needed for resilience applies to other contexts besides mental health. In any context, people need their basic needs to be met and to be protected from harms and injustices so that they can exercise their inner resources and mobilize the external resources, opportunities, and support necessary for resilience. Care and protection provide necessary support to people undergoing any kind of adversity. In order to face any kind of difficulty, individuals need opportunities to develop inner resources and to find meaning and purpose, which help in resilience. Thus, while my focus is on the resilience needed by people with mental illness, and the requirements that enable that resilience, some of my arguments apply more broadly to anyone facing adversity.

Resilience is a key component of recovery for many people who have mental illness, yet it is not always clear what is needed for people to be able to be resilient. This book shows that resilience has a necessarily social context in which individuals and institutions both play a role in creating the conditions that enable resilience. They do this by providing the resources, support, and opportunities that people need in order to cope with their mental health struggles. In this way, they can contribute to people's recovery from mental illness.